Hand-enter Your Transmittal Number → W 035677

Your unique Transmittal Number can be accessed through DEP's web site or by calling the DEP InfoLine as listed on the last page of this document

Massachusetts Department of Environmental Protection

Transmittal Form for Permit Application and Payment

1003

Instructions

1. Please type or print. A separate Transmittal Form must be completed for each permit application.

2. Your check should be made payable to the Commonwealth of Massachusetts. Please mail your check along with a copy of this form to: DEP, P.O. Box 4062, Boston, MA 02211.

3. Three (3) copies of this form will be needed.

Copy 1 (the original) must accompany your permit application. **Copy 2** must accompany your fee payment. **Copy 3** should be retained for your records

4. Both fee-paying and exempt applicants must mail a copy of this transmittal form to DEP, P.O. Box 4062, Boston, MA 02211

For DEP Use Only
Permit No._____
Rec'd Date_____
Reviewer_____

A. Application Information

DEP Permit Code (the 7 or 8 character code from first page of permit application instructions):
BRPWM08A

Name of Permit Category:
NOI for MS4s

Type of Project or Activity:
stormwater

B. Applicant Information (Firm or Individual)

Name of Firm:
City of Chicopee c/o Department of Public Works

Or, if party needing this approval is clearly an individual:

Individual's Last Name:	First Name	MI

Street Address
115 Baskin Drive

City/Town	State	Zip Code	Telephone Number
Chicopee	MA	01020	(413) 594-3557 ext.

Contact:
Stanley Kulig, Supertintendent - DPW

e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual
City of Chicopee c/o DPW

DEP Facility Number (if Known)

Street Address
115 Baskin Drive

e-mail address:
(optional)

City/Town	State	Zip Code	Telephone Number
Chicopee	MA	01020	(413) 594-3557 ext.

D. Application Prepared by (if different from Section B)

Name of Individual or Firm:
Tighe & Bond Consulting Engineers

Address
53 Southampton Road

City/Town	State	Zip Code	Telephone Number
Westfield	MA	01085	(413) 562-1600 ext.

Contact:
David Partridge, P.E.

LSP Number (21E only)

E. Permit - Project Coordination

Is this project subject to MEPA review? ☐ yes ☒ no

If yes, indicate the project's EOEA file number (assigned when an Environmental Notification Form is submitted to the MEPA unit)

EOEA # Is an Environmental Impact Report Required? ☐ yes ☒ no

Is this application part of a larger project for which two or more DEP permits are being or will be sought? ☐ yes ☒ no

List any other DEP permits that apply to this project:

Permit Category	Date of Submission (tentative or actual)	Transmittal Number (if application already submitted)

F. Amount Due

Special Provisions:

☒ Fee Exempt* (city, town or municipal housing authority)(state agency if fee is $100 or less)
☐ Hardship Request [payment extensions according to 310 CMR 4.04(3)(c)]
☐ Alternative Schedule Project (according to 310 CMR 4.05 and 4.10)

*There are no fee exemptions for 21E, regardless of applicant status

Check #:	Dollar Amount:	Date:

Please make check payable to the Commonwealth of Massachusetts and mail check and one copy of this form to DEP, P.O. Box 4062, Boston, MA 02211

JUL 30 2003
MUNICIPAL ASSISTANCE UNIT

rev: 03/21/00

Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Watershed Management

BRP WM 08A NPDES Stormwater General Permit

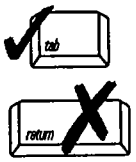
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

W 035677
Transmittal Number

Facility ID (if known)

A. Instructions

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Submission of this Notice of Intent constitutes notice that the entity named at item B1. of this form intends to be authorized by the DEP General Permit issued jointly with EPA for stormwater discharges from the small municipal separate storm sewer system (MS4), in the location identified at item B2. of this form. Submission of the Notice of Intent also constitutes notice that the party identified at item B1. has read, understands and meets the eligibility conditions of Part I.B. of the NPDES Small MS4 General Permit, agrees to comply with all applicable terms and conditions of the NPDES Small MS4 General Permit, and understands that continued authorization to discharge is contingent on maintaining eligibility for coverage. **In order to be granted coverage, all information required on BRP WM 08A, including the Stormwater Management Program Summary and Time Frames form, must be completed. Please read the permit and make sure you comply with all requirements, including the requirement to develop and implement a stormwater management program.**

B. Applicant Information

1. Small MS4 Operator/Owner Information:

   City of Chicopee, c/o Department of Public Works
   Name

   115 Baskin Drive
   Mailing Address

   Chicopee — City/Town
   MA 01020 — State

   (413) 594-3557 — Telephone Number
   Email (if available)

2. Municipality Name

   Chicopee
   City/Town

3. Legal Status:

   ☐ Federal ☒ City/Town ☐ State ☐ Tribal ☐ Private

   ☐ Other public entity: _____
   Specify Public Entity

4. Other regulated MS4(s) within municipal boundaries:

   Mass Highway Dept., MWRA, Mass Turnpike Authority

5. Based on the instructions provided in Part I of the NPDES Small MS4 General Permit, have the eligibility criteria for "listed species" and critical habitat been met?

   ☐ yes ☒ pending ☐ no

Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Watershed Management

BRP WM 08A NPDES Stormwater General Permit

Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

W 035677
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Facility ID (if known)

B. Applicant Information (cont.)

6. Based on the instructions provided in Part I of the NPDES Small MS4 General Permit, have the eligibility criteria for protection of historic properties been met?

☐ yes ☒ pending ☐ no

Note: Section C may be duplicated to accommodate a larger list of receiving waters

C. Names of (Presently Known) Receiving Waters

Receiving Water:	No. of Outfalls	Listed as Impaired?	Impairment
Connecticut River (Name)	To be determined (Number)	☒ Yes ☐ No	Priority Organics, Pathogens, Suspended Solids (Specify)
Cooley Brook (Name)	To be determined (Number)	☐ Yes ☒ No	(Specify)
Chicopee River (Name)	To be determined (Number)	☒ Yes ☐ No	Pathogens (Specify)
Fuller Brook (Name)	To be determined (Number)	☐ Yes ☒ No	(Specify)
Abbey Brook (Name)	To be determined (Number)	☐ Yes ☒ No	(Specify)
Bemis Pond (Name)	To be determined (Number)	☒ Yes ☐ No	Suspended Solids (Specify)
Mountain Lake (Name)	To be determined (Number)	☒ Yes ☐ No	Noxious Aquatic Plants, Turbidity (Specify)
Langewald Pond (Name)	To be determined (Number)	☐ Yes ☒ No	(Specify)
Willimansett Brook (Name)	To be determined (Number)	☐ Yes ☒ No	(Specify)
Isolated Wetlands (Name)	To be determined (Number)	☐ Yes ☒ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)

Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Watershed Management

BRP WM 08A NPDES Stormwater General Permit

Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

W 035677
Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary

1. Public Education:

1A BMP ID #		
Educational Displays	DPW	1 Display in a municipal building per year, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1B BMP ID #		
Classroom Education	School Dept	Support Environmental Club, Year 2-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1C BMP ID #		
Local Cable Access	DPW	Post informational bulletins annually, Year 1-5. Produce stormwater video for broadcast, Year 5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1D BMP ID #		
Informational Pamphlets	DPW	Mail 1 per year, and distribute doorhangers in areas during catch basin cleaning, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1E BMP ID #		
Hazardous Waste Collection	DPW	Publicity for annual collection event, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1F BMP ID #		
Newspaper Press Release	DPW	One per year in local newspaper, Years 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

2. Public Participation:

2A BMP ID #		
Community Hotline	DPW	WWTP phone for reporting of illicit discharges, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2B BMP ID #		
Attitude Surveys	DPW	Continue current Customer Survey program, add storm water related questions, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

2C
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Storm Drain Marking	DPW	Supervise marking anticipated 200 catch basins per year, Year 1-5.

2D
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Watershed Committee	DPW	Support Chicopee River Watershed Council, Year 1-5.

2E
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Seasonal Cleanup	Cons. Comm.	One cleanup per year, Year 1-5.

3. Illicit Discharge Detection and Elimination:

3A
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Mapping Stormwater Outfalls	DPW	Develop map of stormwater outfalls, Year 1. Field inspect / verify 25%, Year 2-5.

3B
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Develop Illicit Discharge Plan	DPW	Evaluate Year 1. Draft plan Year 2. Propose for adoption by Year 3. Implement Year 3-5.

3C
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Stormwater Discharge Ordinance	DPW	Evaluate Year 1. Draft ordinance Year 2. Propose for adoption by Year 3. Enforce Year 3-5.

3D
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Illegal Dumping	DPW	Post signage at common dumping areas, Year 1. Cleanup of illegally dumped trash, Year 1-5.

3E
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Recreational Septage	Sewer Commission	Continue to allow Chicopee residents' recreational vehicles to dump at WWTP for free, Year 1-5.

3F
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Failing Septic Systems	Health Department	Keep Records for Annual Report, Year 1-5.

3G
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Industrial / Business Connections	DPW	Evaluate Industrial Pretreatment Program sites once every year, Year 1-5.

3H
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Video Inspection	DPW	Inspect storm drain pipes as needed, Year 1-5.

4. Construction Site Runoff Control:

4A
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Construction Runoff Ordinance	Planning Dept / DPW	Evaluate existing regulations Year 1. Draft revisions Year 2. Propose for adoption by Year 3. Enforcement under adopted ordinance, Year 3-5.

4B
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Construction Plan Review	Planning Dept / DPW	Enforcement under existing City regulations, Year 1 and 2. Enforcement under adopted ordinance, Year 3-5.

4C
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Inspection / Reporting	Building Commissioner/DPW	Enforcement under adopted ordinance, Year 3-5.

5. Post Construction Runoff Control:

5A
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Post Construction Runoff Ordinance	DPW/Planning Dept	Evaluate current regulations Year 1. Draft revisions Year 2. Propose for adoption Year 3. Enforcement under adopted ordinance, Year 3-5.

5B
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Site Plan Review	Planning Dept / DPW	Enforcement under existing City regulations, Year 1 and 2. Enforcement under adopted ordinance, Year 3-5.

5C
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Stormwater System Maintenance Plan	DPW	Enforcement under adopted ordinance, Year 3-5.

6. Municipal Good Housekeeping:

6A
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Municipal Maintenance Activity Program	Mayor's Office	Evaluate and Draft additional policies as necessary, Year 1. Comply, Year 2-5.

6B
BMP ID #

Training of Municipal Employees	Mayor's Office	Initial Good Housekeeping training, Year 1. Annual refresher, Year 2-5.
Specify Best Management Practice 6C BMP ID #	Responsible Dept./Person Name	Specify Measurable Goal
Stormwater Pollution Prevention Plan / MSGP	Mayor's Office	Implementation of SWPP Year 1. Comply Year 2-5.
Specify Best Management Practice 6D BMP ID #	Responsible Dept./Person Name	Specify Measurable Goal
Catch Basin Cleaning Program	DPW	Clean approximately 500 catch basins per year, Year 1-5.
Specify Best Management Practice 6E BMP ID #	Responsible Dept./Person Name	Specify Measurable Goal
Street Sweeping	DPW	Sweep streets once per year and Central Business Districts monthly (spring - fall), Year 1-5.
Specify Best Management Practice 6F BMP ID #	Responsible Dept./Person Name	Specify Measurable Goal
Used Oil Recycling	DPW	Collection and re-use, Years 1-5.
Specify Best Management Practice 6G BMP ID #	Responsible Dept./Person Name	Specify Measurable Goal
Hazardous Waste Collection	DPW	Annual collection event, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

7. BMPs for Meeting TMDL:

7A BMP ID # See Section 7 of the attached narrative, Appendix A		
Specify Best Management Practice 7B BMP ID #	Responsible Dept./Person Name	Specify Measurable Goal
Specify Best Management Practice 7C BMP ID #	Responsible Dept./Person Name	Specify Measurable Goal
Specify Best Management Practice 7D BMP ID #	Responsible Dept./Person Name	Specify Measurable Goal
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

E. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Richard J. Kos, Mayor
Printed Name

Signature

7-28-03
Date

Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Watershed Management
BRP WM 08A NPDES Stormwater General Permit Notice of Intent
for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)
F. Storm Water Management Program TIME FRAMES

Transmittal Number W - 035677

Facility ID (if known)

Minimum Control	BMP ID	Description of BMP	Permit Year 1				Permit Year 2				Permit Year 3				Permit Year 4				Permit Year 5				
			Spring '03	Summer '03	Fall '03	Winter '03	Spring '04	Summer '04	Fall '04	Winter '04	Spring '05	Summer '05	Fall '05	Winter '05	Spring '06	Summer '06	Fall '06	Winter '06	Spring '07	Summer '07	Fall '07	Winter '07	Next Permit
No. 1 - Public Education / Outreach Program	1A	Educational Displays			X				X				X				X				X		X
	1B	Classroom Education					X				X				X				X				X
	1C	Local Cable Access			X				X				X				X				X		X
	1D	Informational Pamphlets			X				X				X				X				X		X
	1E	Hazardous Waste Collection	X				X				X				X				X				X
	1F	Newspaper Press Releases				X				X				X				X				X	X
No. 2 - Public Involvement / Participation	2A	Community Hotline		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	2B	Attitude Surveys				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	2C	Storm Drain Marking	X				X				X				X				X				X
	2D	Watershed Committee				X				X				X				X				X	X
	2E	Seasonal Cleanup	X				X				X				X				X				X
No. 3 - Illicit Discharge Detection and Elimination	3A	Mapping Stormwater Outfalls	Permit Not in Effect			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	3B	Develop Illicit Discharge Plan				X				X				X	X	X	X	X	X	X	X	X	X
	3C	Stormwater Discharge Ordinance				X				X	X	X	X	X	X	X	X	X	X	X	X	X	X
	3D	Illegal Dumping			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	3E	Recreational Septage			X		X	X	X		X	X	X		X	X	X		X	X	X		X
	3F	Failing Septic Sysytems			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	3G	Industrial / Business Connections				X				X				X				X				X	X
	3H	Video Inspection				X				X				X				X				X	X
No. 4 - Construction Site Runoff	4A	Construction Runoff Ordinance				X				X	X	X	X	X	X	X	X	X	X	X	X	X	X
	4B	Plan review			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	4C	Inspection / Reporting									X	X	X	X	X	X	X	X	X	X	X	X	X
No. 5 - Post-Construction	5A	Post Construction Runoff Ordinance				X				X	X	X	X	X	X	X	X	X	X	X	X	X	X
	5B	Site Plan Review			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	5C	Stormwater System Maint. Plans									X	X	X	X	X	X	X	X	X	X	X	X	X
No. 6 - Good Housekeeping	6A	Municipal Maint. Activity Program				X				X				X				X				X	X
	6B	Training of Municipal Employees				X				X				X				X				X	X
	6C	Stormwater Pollution Prev. Plan / MSGP				X				X				X				X				X	X
	6D	Catch Basin Cleaning Program	X	X	X		X	X	X		X	X	X		X	X	X		X	X	X		X
	6E	Street Sweeping	X	X	X		X	X	X		X	X	X		X	X	X		X	X	X		X
	6F	Used Oil Recycling	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	6G	Hazardous Waste Collection	X				X				X				X				X				X

Spring: April, May, June / Summer: July, August, September / Fall: October, November, December / Winter: January, February, March