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Hand-enter Your Transmittal Number → W 035930

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

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:

NPDES Stormwater General Permit

Type of Project or Activity:

Notice of Intent for Discharges from Small MS4

B. Applicant Information (Firm or Individual)

Name of Firm:

City of Everett

Or, If party needing this approval is clearly an Individual:

Individual's Last Name:

First Name

MI

Street Address

484 Broadway

City/Town

Everett

State

MA

Zip Code

02149

Telephone Number

(617) 394-2251 ext.

Contact:

Julius Ofurie, City Engineer

e-mail address (optional)

Julius.Ofurie@ci.everett.ma.us

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual

City of Everett MS4

DEP Facility Number (if Known)

Street Address

e-mail address: (optional)

City/Town

Everett

State

MA

Zip Code

()

Telephone Number

ext.

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

Name of Individual or Firm:

S E A Consultants Inc.

Address

485 Massachusetts Avenue

City/Town

Cambridge

State

MA

Zip Code

02139

Telephone Number

(617) 498-4622

ext.

Contact:

Betsy Frederick

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)
None		

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 3 1 2003
MUNICIPAL ASSISTANCE UNIT



Massachusetts Department of Environmental Protection

Bureau of Resource Protection - Watershed Management

W035930

Transmittal Number

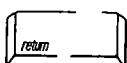
BRP WM 08A NPDES Stormwater General Permit

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

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 Everett

Name

484 Broadway

Mailing Address

Everett

City/Town

(617) 394-2251

Telephone Number

MA

State

Julius.Ofurie@ci.everett.ma.us

Email (if available)

2. Municipality Name

Everett

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:

State highway

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

The U.S. Fish and Wildlife Service has confirmed that there are no federally-listed threatened or endangered species nor any critical habitat in Everett.

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MUNICIPAL ASSISTANCE UNIT

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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

The Vice Chairman of the Everett Historical Commission has confirmed that, to the best of his knowledge, the Everett MS4 meets the eligibility criteria for the protection of historic properties.

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
Malden River	TBD	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Organic enrichment/low DO, pathogens, oil and grease, taste, odor and color, suspended solids; objectionable deposits Specify
Mystic River – Outlet of Lower Mystic Lake to Amelia Earhart Dam	TBD	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Metals, nutrients, pathogens Specify
Mystic River – Amelia Earhart Dam to confluence with Chelsea River, including Island End River	TBD	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Priority organics, metals, unionized ammonia, other inorganics, pathogens, oils and grease, taste, odor and color Specify
Name	Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify



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Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary

1. Public Education:

1-1.1

BMP ID #

Develop and distribute educational material to residential property owners; and post on City web site for municipal employees. Include information on the hazards associated with illicit discharges and improper disposal of waste and steps the public can take to minimize pollution from stormwater runoff

Specify Best Management Practice

Conservation Commission

Responsible Dept./Person Name

Year 1: Procure, develop or adapt one brochure/fact sheet on stormwater issues; post stormwater information on City web site

Years 2 through 5: Distribute information quarterly, utility customers, both residential and commercial, and distribute at City Hall, the library and Waterfront Fairs. Also during Years 2 through 5, post information on the City web site and update the web site semi-annually, and air information on cable television annually.

Specify Measurable Goal

1-1.2

BMP ID #

Revise dog licensing materials to include information on stormwater issues related to pet waste management, and use revised materials. Conduct limited visual survey of City-owned parklands to determine where additional signs, pooper scooper stations or repairs to same may be needed. Install/repair signage and pooper scooper stations in selected locations.

Specify Best Management Practice

Conservation Commission

Responsible Dept./Person Name

Year 1: Revise dog licensing materials.

Years 2 through 5: Use revised materials.

Years 2 and 4: Conduct limited visual survey of City-owned parklands.

Years 3 and 5: Install/repair signage and pooper scooper stations based on survey results.

Specify Measurable Goal



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Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

1-1.3

BMP ID #

Develop and distribute educational material to business property owners; and post on City web site for municipal employees. Include information on the hazards associated with illicit discharges and improper disposal of waste

Specify Best Management Practice

Conservation Commission
Responsible Dept./Person Name

Year 1: Procure, develop or adapt one brochure/fact sheet on stormwater issues; post stormwater information on City web site

Years 2 through 5: Distribute information quarterly, via either mailing a brochure/fact sheet to business property owners based on tax assessor records; airing information on the City's community television station; distributing a brochure/fact sheet at a community event; or making a brochure/fact sheet available at City Hall, libraries or other municipal facilities open to the public. Update the web site semi-annually.

Specify Measurable Goal

1-1.4

BMP ID #

Develop and distribute educational material to owners of properties on which land uses with higher potential pollutant loads have been identified; and post on City web site for municipal employees. Include information on the hazards associated with illicit discharges and improper disposal of waste

Specify Best Management Practice

Conservation Commission
Responsible Dept./Person Name

Year 2: Procure, develop or adapt one brochure/fact sheet on stormwater issues; post stormwater information on City web site

Years 3 through 5: Distribute information bi-annually, via either mailing a brochure/fact sheet to property owners based on tax assessor or DEP RCRA generator or other records; airing information on the City's community television station; distributing a brochure/fact sheet at a community event. Update the web site semi-annually.

Specify Measurable Goal

1-1.5

BMP ID #

Conduct Waterfront Fairs to provide outreach to residents and businesses.

Specify Best Management Practice

Conservation Commission
Responsible Dept./Person Name

Conduct one Waterfront Fair in 2003 and two Waterfront Fairs per year during Years 2 through 5.

Specify Measurable Goal



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Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

1-2

BMP ID #

Develop and implement an
educational program for
Everett public school children.

Specify Best Management Practice

Director, Mayor's Office of
Community and Economic
Development

Responsible Dept./Person Name

Conceptual and final program
development will occur in
Years 1 and 2, respectively.
The program will be conducted
once annually during Years 3
through 5.

Specify Measurable Goal

2. Public Participation:

2-1

BMP ID #

Establish Stormwater Task
Force

Specify Best Management Practice

Director, Mayor's Office of
Community and Economic
Development

Responsible Dept./Person Name

Identify individuals to serve on
the Task Force within the first
eight months of the permit
period. The task force will
hold at least four meetings per
year. It will prepare and
submit the required annual
reports.

Specify Measurable Goal

2-2

BMP ID #

Implement Catch Basin
Stenciling Program

Specify Best Management Practice

Director, Mayor's Office of
Community and Economic
Development

Responsible Dept./Person Name

Year 1: Contact Mystic River
Watershed Association and/or
other organization and
develop phased stenciling
plan. Years 2 through 5:
Implement phased plan,
Stencil 30% of all City-owned
catch basins over five year
permit term.

Specify Measurable Goal

2-3

BMP ID #

Conduct River Clean-up Day

Specify Best Management Practice

Director, Mayor's Office of
Community and Economic
Development

Responsible Dept./Person Name

Year 1: Develop program and
invite participation of other
organizations. Years 2
through 5: Conduct one clean-
up day annually.

Specify Measurable Goal



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Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

2-4

BMP ID #

Establish Stormwater Hotline

Specify Best Management Practice

Conservation Commission

Responsible Dept./Person Name

Year 1: Create database of stormwater related issues, including operation and maintenance concerns, possible illicit connections and unusual outfall discharges. During Years 1 through 5, publicize hotline number, update database regularly, undertake follow-up action on 80% of the items. Share data with Engineering Department, DPW, Mayor's Office of Community and Economic Development, and Board of Health.

Specify Measurable Goal

2-5

BMP ID #

Seek easement to waterfront

Specify Best Management Practice

Director, Mayor's Office of Community and Economic Development

Responsible Dept./Person Name

Year 1: Propose easement to property owner by Year 2.

Specify Measurable Goal

3. Illicit Discharge Detection and Elimination:

3-1

BMP ID #

Conduct hydraulic study of drainage system

Specify Best Management Practice

City Engineer/DPW

Responsible Dept./Person Name

Complete hydraulic modeling by the end of Year 2.

Specify Measurable Goal



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Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

3-2

BMP ID #

Conduct dry weather outfall
screening

Specify Best Management Practice

City Engineer/DPW

Responsible Dept./Person Name

Year 1: Conduct dry weather screening of up to 25 outfalls. Evaluate those that are observed to have dry weather flow with field screening procedures. Sample outfalls for fecal coliform on two separate occasions. If warranted based upon field screening, conduct additional screening and analysis for some or all of the pollutants in the proposed 2002 "Massachusetts Integrated List of Waters" on up to five outfalls over the permit term beginning in Year 3. Year 5: Conduct dry weather screening of all City-owned outfalls.

Specify Measurable Goal

3-3

BMP ID #

Map stormwater outfalls and
show names of receiving
waters

Specify Best Management Practice

City Engineer/DPW

Responsible Dept./Person Name

Year 1: Locate all known City-owned outfalls using GPS and develop a GIS data layer showing those outfalls.

Specify Measurable Goal

3-4

BMP ID #

Map the stormwater collection
system in a GIS

Specify Best Management Practice

City Engineer/DPW

Responsible Dept./Person Name

Year 2: Create a GIS of stormwater system showing locations of known City-owned pipes, manholes, catch basins, outfalls. Attribute information such as pipe size, construction material, age, etc., will be entered into the system where available.

Specify Measurable Goal



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Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

3-5

BMP ID #

Develop and implement a plan to identify and remove non-stormwater discharges to the MS4

Specify Best Management Practice

City Engineer/DPW

Responsible Dept./Person Name

Year 1: Prioritize outfalls, evaluate funding sources for identifying and removing illicit connections, and develop a system for maintaining electronic records of the program. Conduct field investigations of prioritized area to locate and remove illicit connections within two years of dry weather field screening subject to funding constraints.

Specify Measurable Goal

3-6

BMP ID #

Develop an ordinance to make it illegal to improperly connect a sanitary sewer to the storm drain system or to dump pollutants into the system

Specify Best Management Practice

City Engineer/DPW

Responsible Dept./Person Name

Year 1: Draft ordinance and present to the Mayor/Common Council/Board of Aldermen. If ordinance is adopted, develop and adopt regulations. If not, repeat in Years 2 through 5.

Specify Measurable Goal

4. Construction Site Runoff Control:

4-1

BMP ID #

Revise Site Plan Review Ordinance/Regulations/Procedures

Specify Best Management Practice

Director, Mayor's Office of Community and Economic Development

Responsible Dept./Person Name

Year 1: Develop draft changes to the ordinance. Year 2: Present proposed changes to Mayor/Common Council/Board of Aldermen. If not approved, revise if necessary and present in Years 3 through 5 until approved. Develop and present to Planning Board revised Site Plan Review regulations and/or procedures within six months of adoption of ordinance.

Specify Measurable Goal



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Facility ID (if known)

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.

Printed Name

Signature

Date

**Massachusetts Department of Environmental Protection**

Bureau of Resource Protection - Watershed Management

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Transmittal Number

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D. Stormwater Management Program Summary (Cont.)4-2

BMP ID #

Develop site inspection and enforcement of construction control measures program

Specify Best Management Practice

Conservation Commission

Responsible Dept./Person Name

Year 2: Develop program. Years 3 through 5: implement program.

Specify Measurable Goal

4-3

BMP ID #

Identify Preferred Standard Construction Site Runoff Controls

Specify Best Management Practice

Conservation Commission

Responsible Dept./Person Name

Year 1: Identify preferred best management practices. Year 3: Complete a draft "Preferred Standard Construction Site Runoff Controls" document. Year 4: Distribute to contractors.

Specify Measurable Goal

4-4

BMP ID #

Develop procedures to receive and consider information submitted by the public regarding stormwater issues on construction sites

Specify Best Management Practice

Conservation Commission

Responsible Dept./Person Name

Year 1: Create database and advertise hotline telephone number. Years 2 through 5: Accept and document inquiries, convey information to appropriate department for follow-up, review database monthly.

Specify Measurable Goal

4-5

BMP ID #

Develop site inspection and enforcement of control measures program

Specify Best Management Practice

City Engineer/DPW

Responsible Dept./Person Name

Year 2: Develop program. Years 3 through 5: Implement program.

Specify Measurable Goal



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Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

5-1

BMP ID #

Develop post-construction
runoff control ordinance,
regulations, procedures and
guidance

Specify Best Management Practice

Planning Board

Responsible Dept./Person Name

Year 2: Draft the post-
construction runoff ordinance
and hold a public meeting.
Year 3: present the final
ordinance to the Mayor /
Common Council / Board of
Aldermen. Present in Years 4
and 5 if necessary. Present
the regulations, procedures
and guidance to the
appropriate board and conduct
a public hearing thereon within
six months of ordinance
adoption.

Specify Measurable Goal

5-2

BMP ID #

5-2.1

BMP ID #

Require DPW review of
selected structural BMPs

Specify Best Management Practice

City Engineer/DPW

Responsible Dept./Person Name

Year 1: Develop draft
procedures for evaluation of
BMPs for operation and
maintenance issues. Year 2:
Develop final procedure.
Years 3-5 implement
procedure.

Specify Measurable Goal

5-2.2

BMP ID #

Establish a mechanism to fund
operation and maintenance of
structural BMPs

Specify Best Management Practice

City Engineer/DPW

Responsible Dept./Person Name

Year 1: Investigate potential
funding mechanisms, develop
a draft funding mechanism,
and hold a public meeting to
solicit input from the
community. Year 2: revise
draft and present to Mayor /
Common Council / Board of
Aldermen. If not adopted,
revise and present in Years 3
through 5.

Specify Measurable Goal



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D. Stormwater Management Program Summary (Cont.)

6. Municipal Good Housekeeping:

6-1

BMP ID #

Develop and Implement a Plan
to Prevent and Reduce
Pollutant Runoff from
Municipal Operations

Specify Best Management Practice

City Engineer/DPW

Responsible Dept./Person Name

By the end of Year 2, develop
and adopt a plan. Implement
plan beginning in Year 3.

Specify Measurable Goal

7. BMPs for Meeting TMDL: NOT APPLICABLE

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal



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Printed Name

Signature

Date

Printed Name

Signature

Date