



## Hand-enter Your Transmittal Number

W 035578

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 Gen Permit Notice of Intent for Discharges from Small MS4s

Type of Project or Activity:  
Municipal Small MS4 NPDES Phase II 5-Year Stormwater Management Plan

### B. Applicant Information (Firm or Individual)

Name of Firm:  
City of Medford, Massachusetts

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

Individual's Last Name:	First Name	MI
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Street Address  
85 George P. Hassett Drive Room 300

City/Town Medford	State MA	Zip Code 02155	Telephone Number (781) 393-2417 ext.
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Contact: Commissioner Paul Gere	e-mail address (optional) PGere@medford.org
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### C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual City of Medford	DEP Facility Number (if Known)
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Street Address 85 George P. Hassett Drive Room 300	e-mail address: (optional)
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City/Town Medford	State MA	Zip Code 02155	Telephone Number (781) 393-2417 ext.
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### D. Application Prepared by (if different from Section B)

Name of Individual or Firm: Vannasse Hangen Brustlin, Inc.
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Address 101 Walnut Street, P.O. Box 9151
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City/Town Watertown	State MA	Zip Code 02471 9151	Telephone Number (617) 924-1770 ext.
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Contact: Bethany Eisenberg	LSP Number (21E only)
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### 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 #: N/A	Dollar Amount: N/A	Date: March 10, 2003
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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



## 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)

W035578

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 Medford, Massachusetts

Name

85 George P. Hassett Drive

Mailing Address

Medford

City/Town

(781) 393-2417

Telephone Number

*Donald Overlette, C. fy Eng.*

*per 9/9/03 T.C. for PWS*

Massachusetts

State

PGere@medford.org

Email (if available)

#### 2. Municipality Name

Medford, Massachusetts

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:

Metropolitan District Commission

#### 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



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**BRP WM 08A NPDES Stormwater General Permit**

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

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**Transmittal Number**

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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

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

### **C. Names of (Presently Known) Receiving Waters**



## 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)

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Transmittal Number

Facility ID (if known)

### D. Stormwater Management Program Summary

#### 1. Public Education:

1A

BMP ID #

Recycling/HHW Info. On Website

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

1B

BMP ID #

Recycling/HHW Information Pamphlet

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

1C

BMP ID #

Recycling/HHW Mailing

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

1D

BMP ID #

Bilingual Education

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

1E

BMP ID #

Arbor Day Talks at Schools

Specify Best Management Practice

Dept't of Public Works/Tree Warden

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

1F

BMP ID #

"No Dumping Allowed" Signs

Specify Best Management Practice

Dept't of Public Works/Parks

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

1G

BMP ID #

"No Dogs or Animals" Signs

Specify Best Management Practice

Dept't of Public Works/Parks

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

1H

BMP ID #

"Do Not Feed the Geese" Signs

Specify Best Management Practice

Dept't of Public Works/Parks

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

1I

BMP ID #

"No Littering" Signs

Specify Best Management Practice

Dept't of Public Works/Parks

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

1J

BMP ID #

"No Household Trash" Signs

Specify Best Management Practice

Dept't of Public Works/Parks

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

1K

BMP ID #

Geese Dropping Article in Paper

Specify Best Management Practice

Dept't of Public Works/Env. Agent

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

**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)**

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Transmittal Number

Facility ID (if known)

**D. Stormwater Management Program Summary (Cont.)**

<u>1L</u> BMP ID # <u>Pet Waste Article in Paper</u> Specify Best Management Practice	<u>Dep't of Public Works/Env. Agent</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
<u>1M</u> BMP ID # <u>Stormwater Video on Local Cable</u> Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
<u>1N</u> BMP ID # <u>Stormwater Display in Library</u> Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
<u>1O</u> BMP ID # <u>Publicize Fines in Local Paper</u> Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
<u>1P</u> BMP ID # <u>Good Housekeeping Flyer to Businesses</u> Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
<u>1Q</u> BMP ID # <u>Stormwater Info. At Existing Events</u> Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal

**2. Public Participation:**

<u>2A</u> BMP ID # <u>Oil-based Paint Collection</u> Specify Best Management Practice	<u>Dep't of Public Works/Recycling</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
<u>2B</u> BMP ID # <u>Household Hazardous Waste Drop-off</u> Specify Best Management Practice	<u>Dep't of Public Works/Recycling</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
<u>2C</u> BMP ID # <u>Curbside Recycling</u> Specify Best Management Practice	<u>Dep't of Public Works/Recycling</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
<u>2D</u> BMP ID # <u>Mercury Exchange</u> Specify Best Management Practice	<u>Dep't of Public Works/Board of Health</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
<u>2E</u> BMP ID # <u>Nickel-Cadmium Battery Recycling</u> Specify Best Management Practice	<u>Dep't of Public Works/Recycling</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal



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### D. Stormwater Management Program Summary (Cont.)

2F

BMP ID #

Leaf and Yard Waste Collection  
Specify Best Management Practice

Dep't of Public Works/Recycling  
Responsible Dept./Person Name

See Attached Outline  
Specify Measurable Goal

2G

BMP ID #

Mystic River Cleanup Day  
Specify Best Management Practice

Friends of the Mystic River/Dep't of  
Public Works  
Responsible Dept./Person Name

See Attached Outline  
Specify Measurable Goal

2H

BMP ID #

Annual Public Meeting  
Specify Best Management Practice

Department of Public Works  
Responsible Dept./Person Name

See Attached Outline  
Specify Measurable Goal

2I

BMP ID #

Stormwater Contact  
Specify Best Management Practice

Dep't of Public Works/Engineering  
Responsible Dept./Person Name

See Attached Outline  
Specify Measurable Goal

2J

BMP ID #

Stormwater Earth Day Activity  
Specify Best Management Practice

Dep't of Public Works/Engineering  
Responsible Dept./Person Name

See Attached Outline  
Specify Measurable Goal

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

See Attached Outline  
Specify Measurable Goal

### 3. Illicit Discharge Detection and Elimination:

3A

BMP ID #

Establish Fines for Illegal Dumping  
Specify Best Management Practice

Department of Public Works  
Responsible Dept./Person Name

See Attached Outline  
Specify Measurable Goal

3B

BMP ID #

Enforce Littering/Pet Waste Fines  
Specify Best Management Practice

Police Department  
Responsible Dept./Person Name

See Attached Outline  
Specify Measurable Goal

3C

BMP ID #

Storm Sewer Map  
Specify Best Management Practice

Dep't of Public Works/Engineering  
Responsible Dept./Person Name

See Attached Outline  
Specify Measurable Goal

3D

BMP ID #

Illicit Discharge Bylaw  
Specify Best Management Practice

Dep't of Public Works/Engineering/  
Building/Law  
Responsible Dept./Person Name

See Attached Outline  
Specify Measurable Goal

3E

BMP ID #

Detection and Elimination Plan  
Specify Best Management Practice

Dep't of Public Works/Engineering  
Responsible Dept./Person Name

See Attached Outline  
Specify Measurable Goal



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### D. Stormwater Management Program Summary (Cont.)

3F

BMP ID #

Public Education

Specify Best Management Practice

Dep't of Public Works

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

3G

BMP ID #

Municipal Employee Education

Specify Best Management Practice

Dep't of Public Works

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

### 4. Construction Site Runoff Control:

4A

BMP ID #

Construction Site Runoff Bylaw

Specify Best Management Practice

Dep't of Public Works/Engineering/  
Building/Law

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

4B

BMP ID #

Erosion/Sediment Control BMPs

Specify Best Management Practice

Dep't of Public Works/Engineering/  
Building/Law

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

4C

BMP ID #

Site Plan Review Procedures

Specify Best Management Practice

Dep't of Public Works/Engineering/  
Building/Law

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

4D

BMP ID #

Site Inspection Procedures

Specify Best Management Practice

Dep't of Public Works/Engineering/  
Building/Law

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

4E

BMP ID #

Stormwater Contact - Construction

Specify Best Management Practice

Dep't of Public Works/Engineering

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

### 5. Post Construction Runoff Control:

5A

BMP ID #

Formalize Better Site Design

Encouragement

Specify Best Management Practice

Dep't of Public Works/Engineering/  
Building/Law

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

5B

BMP ID #

Post-Construction Bylaw

Specify Best Management Practice

Dep't of Public Works/Engineering

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

5C

BMP ID #

Choose BMPs

Specify Best Management Practice

Dep't of Public Works/Engineering

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

**Massachusetts Department of Environmental Protection**

Bureau of Resource Protection - Watershed Management

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Transmittal Number

Facility ID (if known)

**D. Stormwater Management Program Summary (cont.)**5D

BMP ID #

BMP Maintenance Procedures

Specify Best Management Practice

Dep't of Public Works/Engineering

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

5E

BMP ID #

BMP Implementation Procedures

Specify Best Management Practice

Dep't of Public Works/Engineering

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

**6. Municipal Good Housekeeping:**6A

BMP ID #

Regular Street Sweeping

Specify Best Management Practice

Dep't of Public Works/Highway

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

6B

BMP ID #

Regular Catch Basin Cleaning

Specify Best Management Practice

Dep't of Public Works/Highway

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

6C

BMP ID #

Implement SPCC Plan

Specify Best Management Practice

Dep't of Public Works/Highway

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

6D

BMP ID #

Employee Training

Specify Best Management Practice

Dep't of Public Works/Engineering

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

6E

BMP ID #

Municipal Operation/Maintenance

Specify Best Management Practice

Dep't of Public Works/Engineering

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

6F

BMP ID #

SWPPP for Municipal Yard

Specify Best Management Practice

Dep't of Public Works/Highway

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

6G

BMP ID #

SWPPP for Oak Grove Cemetery

Specify Best Management Practice

Dep't of Public Works/Cemetery Div.

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

**7. BMPs for Meeting TMDL:**

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal



**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)**

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**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.

PAUL GERE

Printed Name

Paul Gere

Signature

3-05-03

Date

Paul Gere

Signature

6-24-03

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**

BMP ID #	PERMIT YEAR ONE			PERMIT YEAR TWO			PERMIT YEAR THREE			PERMIT YEAR FOUR			PERMIT YEAR FIVE			Next Permit		
	Spring 03	Summer 03	Winter 03-04	Spring 04	Summer 04	Winter 04-05	Spring 05	Summer 05	Fall 05	Winter 05-06	Spring 06	Summer 06	Fall 06	Winter 06-07	Spring 07	Summer 07	Fall 07	Winter 07-08
1A																		
1B																		
1C				X														
1D																		X
1E	X				X													
1F																		X
1G																		
1H																		
1I																		
1J																		
1K		X																
1L		X																
1M																		
1N																		
1O					X													
1P								X										
1Q								X										
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2B																		
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2D																		
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2F																		
2G				X					X									
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