MAR041050 AH

Hand-enter Your Transmittal Number → **W 036136**

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: Discharges from Small Municipal Separate Storm Sewar Systems (MS4s)

B. Applicant Information (Firm or Individual)

Name of Firm: Department of Public Works

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

Individual's Last Name:	First Name	MI

Street Address: Melrose City Hall, 562 Main St.			
City/Town: Melrose	State: MA	Zip Code: 02176	Telephone Number: (781) 9794170 ext.
Contact: Robert E. Beshara, P.E.		e-mail address (optional)	

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual: City of Melrose		DEP Facility Number (if Known)	
Street Address: Melrose City Hall, 562 Main St.		e-mail address: (optional)	
City/Town: Melrose	State: MA	Zip Code: 02176	Telephone Number: (781) 9794170 ext.

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

Name of Individual or Firm: Camp Dresser & McKee Inc.			
Address: One Cambridge Place, 50 Hampshire Street			
City/Town: Cambridge	State: MA	Zip Code: 02139	Telephone Number: (617) 4526000 ext.
Contact: Brent McCarthy, 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

☐ 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

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MUNICIPAL ASSISTANCE UNIT

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

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)

W036136
Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
----	TMDLs have not been developed for any impaired water body in Melrose.	----	----

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.

ROBERT E. BESHARA, P.E. CITY ENGINEER & SUP'T PUBLIC WORKS
Printed Name

Signature

07.25.03
Date

ROBERT DOLAN, MAYOR

JULY 25, 2003
DATE

ROBERT J. DOLAN, MAYOR

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

BRP WM 08A NPDES Stormwater General Permit

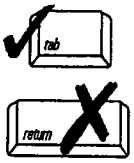
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

W036136
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:

   Robert E. Beshara, P.E., Superintendent and City Engineer
   Name

   Department of Public Works, Melrose City Hall, 562 Main St.
   Mailing Address

   Melrose
   City/Town

   Massachusetts
   State

   (781) 979-4170
   Telephone Number

   Email (if available)

2. Municipality Name

   City of Melrose
   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:

   Massachusetts Highway Department, MDC

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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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
Ell Pond (Name)	4 (Number)	☒ Yes ☐ No	Nutrients, Pathogens, Susupened Solids (Specify)
Spot Pond Brook (Name)	2 (Number)	☐ Yes ☒ No	(Specify)
Towners Pond (Name)	1 (Number)	☐ Yes ☒ No	(Specify)
Swains Pond (Name)	1 (Number)	☐ Yes ☒ No	(Specify)
Swains Pond Brook (Name)	1 (Number)	☐ Yes ☒ No	(Specify)
Long Pond (Name)	0 (Number)	☐ Yes ☒ No	(Specify)
Long Pond Brook (Name)	2 (Number)	☐ Yes ☒ No	(Specify)
Bennets Pond Brook (Name)	1 (Number)	☐ Yes ☒ No	(Specify)
Penny Road Brook (Name)	0 (Number)	☐ Yes ☒ No	(Specify)
Wetland (Name)	1 (Number)	☐ Yes ☒ No	(Specify)

D. Stormwater Management Program Summary

1. Public Education:

1-1
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Message with water sewer bills on stormwater topic	Department of Public Works	Message distributed with water and sewer bills twice in permit term

1-2
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Select and stock brochures at various locations in City	Department of Public Works	Brochures selected and stocked in Years 2 through 5

1-3
BMP ID #

Update City website to include information on stormwater management Specify Best Management Practice	Department of Public Works Responsible Dept./Person Name	City website updated to include information on stormwater management issues throughout first permit term, starting Year 2 Specify Measurable Goal

1-4
BMP ID #

Staff a booth at the annual Victorian Fair Specify Best Management Practice	Department of Public Works Responsible Dept./Person Name	Booth staffed annually starting in Year 2 Specify Measurable Goal

1-5
BMP ID #

Install and maintain signs at athletic fields Specify Best Management Practice	Parks Department/School Department/Department of Public Works Responsible Dept./Person Name	Signs installed at athletic fields near Ell Pond by end of second quarter of Year 2 and inspected annually Specify Measurable Goal

1-6
BMP ID #

Annual update of the Stormwater Management Plan at a televised Aldermen's meeting Specify Best Management Practice	Department of Public Works Responsible Dept./Person Name	Annual update of the SWMP at a televised Aldermen's meeting, starting in Year 2 Specify Measurable Goal

1-7
BMP ID #

Post information on stormwater management issues on local access TV Specify Best Management Practice	Department of Public Works Responsible Dept./Person Name	Stormwater information posted and updated on local access cable television channel during periods of non-programming Specify Measurable Goal

2. Public Participation:

2-1
BMP ID #

Comply with state public notification guidelines at MGL Chapter 39 Section 23B Specify Best Management Practice	City Clerk Responsible Dept./Person Name	Notices posted in designated locations Specify Measurable Goal

2-2
BMP ID #

Stencil catch basins with "don't dump" message Specify Best Management Practice	Department of Public Works Responsible Dept./Person Name	25 catch basins stenciled per year, in Years 2 through 5 of the permit Specify Measurable Goal

2-3
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Assist in clean-up events	Department of Public Works	Assist the Ell Pond Committee on its annual clean-up events

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

3-1
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Conduct dry weather outfall screening	Department of Public Works	Percent of outfalls screened in Years 1 and 5

3-2
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Map stormwater outfalls	Department of Public Works	Map showing all known stormwater outfalls in Year 1

3-3
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Map stormwater collection system in GIS	Department of Public Works	GIS of stormwater system by end of Year 2

3-4
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Develop and implement a plan to identify and remove non-stormwater discharges to the MS4	Department of Public Works	Number of illicit connections investigated, found and removed

3-5
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Strengthen ordinance for access to buildings and requiring redirection of illicit connections	City Attorney/Department of Public Works	Draft ordinance developed and presented to Aldermen

3-6
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Develop ordinance requiring inspection of new construction for correct connection to sanitary sewer	City Attorney/Department of Public Works	Draft ordinance developed and presented to Aldermen

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
4-1	Develop a Construction Site Erosion and Sediment Control ordinance for construction sites greater than 1 acre in area	Planning Board/Zoning Board of Appeals/Department of Public Works/Inspection Services	Draft ordinance developed and presented to Aldermen
4-2	Require construction site operators to submit monthly erosion and sediment control inspection reports to the City for sites greater than 1 acre	Department of Public Works/Zoning Board of Appeals/Inspection Services	Inspection reports submitted to the City
4-3	Review site plans for stormwater impacts	Planning Board / Department of Public Works/Inspection Services	Site plans for construction impacts greater than 1 acre reviewed for erosion and sediment control
4-4	Consideration of public input	Department of Public Works/Inspection Services	Public review and comment periods held; signs posted at each construction site

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
5-1	Develop a ordinance to apply standards 2,3,4,7 and 9 for the Massachusetts Stormwater Policy (MSP) to the developments disturbing more than 1 acre throughout entire City	Planning Board/Zoning Board of Appeals/Department of Public Works/Inspection Services	Draft ordinance developed and presented to Board of Aldermen