MITR041082 >F

Hand-enter Your Transmittal Number → W 041121
Transmittal Number

Your unique Transmittal Number can be accessed online: http://www.state.ma.us/scripts/dep/trasmfrm.stm or call DEP's InfoLine at 617-338-2255 or 800-462-0444 (from 508, 781, and 978 area codes).

MAR041082

Massachusetts Department of Environmental Protection

Transmittal Form for Permit Application and Payment

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

2. Make your check payable to the Commonwealth of Massachusetts and mail it with a copy of this form to: DEP, P.O. Box 4062, Boston, MA 02211.

3. Three 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. Permit Information

BRPWM08A — Permit Code: 7 or 8 character code from permit instructions
Stormwater — Name of Permit Category
NPDES Stormwater General Permit — Type of Project or Activity

B. Applicant Information – Firm or Individual

City of Somerville — Name of Firm - Or, if party needing this approval is an individual enter name below:

Last Name of Individual | **First Name** of Individual | MI

1 Franey Road — Street Address

Somerville	MA	02145	617-625-6600, Ext 5410
City/Town	State	Zip Code	Telephone # and extension

Joan Lastovica, Director of Engineering — Contact Person
e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

City of Somerville Storm Drainage System — DEP Facility Number (if Known) | Federal I.D. Number (if Known)
same as above — Street Address
e-mail address (optional)

City/Town	State	Zip Code	Telephone # and extension

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

Camp Dresser & McKee Inc. — Name of Firm Or Individual
50 Hampshire Street — Address

Cambridge	MA	02139	617452-6000
City/Town	State	Zip Code	Telephone # and extension

Scott Craig — Contact Person
LSP Number (21E only)

E. Permit - Project Coordination

Is this project subject to MEPA review? ☐ yes ☒ no If yes, enter the project's EOEA file number - assigned when an Environmental Notification Form is submitted to the MEPA unit: EOEA file number _____
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 #** if application already submitted

JUL 29 2003
MUNICIPAL ASSISTANCE UNIT

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 Number	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

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)

W041121
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 Somerville
   Name

   Mailing Address

   Somerville — City/Town
   MA — State

   617-625-6600 — Telephone Number
   Email (if available)

2. Municipality Name

   Somerville
   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:

   NA

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

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
Alewife Brook (Name)	5 (Number)	☒ Yes ☐ No	Metals, nutrients, organic enrichment/low DO, pathogens, oil & grease, taste, odor, color, objectionable deposits (Specify)
Mystic River (Name)	7 (Number)	☒ Yes ☐ No	Metals, nutrients, pathogens, priority organics, other inorganics, oil & grease, taste, odor, color, (Specify)

D. Stormwater Management Program Summary

1. Public Education:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1-1	Article/brochure/flyer about stormwater mailed to residents and businesses	Conservation Commission/DPW	Article/brochure/flyer distributed annually starting in the second permit year
1-2	Article about stormwater published in local newspaper and/or the Mystic River Watershed Association newsletter	Conservation Commission	Article submitted annually for publication starting in the second permit year
1-3	Update City website to include stormwater management information	Conservation Commission/Communications	City website updated in the second permit year

D. Stormwater Management Program Summary (Cont.)

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1-4	Install additional signs (if needed) and maintain signs for pet waste clean-up at parks	DPW	Annual inspection and maintenance of signs starting in second permit year
1-5	Annual update of Stormwater Management Plan at televised Board of Aldermen meeting	DPW/Conservation Commission	Annual update of SWMP at Board of Aldermen meeting
1-6	Post information on stormwater management on local access television	DPW/Communications	Information posted and updated on local access channel.

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2-1	Comply with state public notification guidelines at MGL Chapter 39 Section 23B	Planning Board/Zoning Board of Appeals/DPW/Conservation Commission/City Clerk	Notices posted in designated locations.
2-2	Stencil catch basins with "don't dump" message	DPW/Conservation Commission	Number of catch basins stenciled annually
2-3	Co-Sponsor Cleanup Days for rivers and water bodies affected by Somerville discharges	Conservation Commission/DPW	Co-sponsor and participate in river cleanup events

3. Illicit Discharge Detection and Elimination:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
3-1	Conduct dry weather outfall screening	DPW	Percent of outfalls screened

D. Stormwater Management Program Summary (Cont.)

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
3-2	Map stormwater outfalls and receiving waters	DPW	Map created
3-3	Map stormwater collection system in GIS	DPW / IT	GIS of stormwater system created
3-4	Develop and implement plan to identify and remove non-stromwater discharges	DPW	Number of illicit connections found and removed
3-5	Identify twin-invert manholes and implement sanitary inflow prevention measures	DPW	Number of twin-invert manholes identified and corrected
3-6	Develop ordinance that prohibits illicit connections, allows access to buildings, and requires redirection of illicit connections found	City Solicitor/DPW	Draft ordinance developed in second permit year and presented to Board of Aldermen
3-7	Continue inspection of new construction for correct connection to sanitary sewer	DPW	New construction inspected

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
4-1	Develop city-wide construction site erosion and sediment control ordinance for sites greater than 1 acre	City Solicitor/Planning Dept/DPW	Draft ordinance developed in second permit year and presented to Board of Aldermen

D. Stormwater Management Program Summary (Cont.)

4-2
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Review site plans for stormwater impacts for sites greater than 1 acre	Conservation Commission/Planning Board	Number of site plans reviewed

4-3
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Consideration of public input	Planning Board	Public review and comment periods held; signs posted at construction sites

5. Post Construction Runoff Control:

5-1
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Develop ordinance to apply Performance Standards 2,3,4,7,and 9 of the MA Stormwater Policy to developments disturbing more than 1 acre.	City Solicitor/Planning Dept	Draft ordinance developed in second permit year and presented to Board of Aldermen

5-2
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Specify a stormwater BMP manual to be used for consistent design and performance standards.	Conservation Commission/Planning Dept	BMP manual selected

5-3
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Ensure long-term maintenance of structural BMPs.	City Solicitor/Planning Dept/DPW	Draft ordinance developed in second permit year and presented to Board of Alderment

6. Municipal Good Housekeeping:

6-1
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Employee Training	DPW	Number/percent of DPW employees who receive stormwater training each year.

D. Stormwater Management Program Summary (Cont.)

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
6-2	Continue street and municipal parking lot sweeping	DPW	City streets swept twice monthly from April to November, municipal parking lots swept in spring.
6-3	Storm drain maintenance	DPW	Clean 100 percent of stormwater catch basins every three years
6-4	Evaluate street sweeping and catch basin cleaning equipment.	DPW	Continually evaluate existing equipment
6-5	Roadway deicing	DPW	Amount and type of deicers used.
6-6	Continue spill prevention and response training at DPW facility	DPW/Fire Dept	Periodic training of employees.
6-7	Develop a written spill prevention and response plan for the DPW facility	DPW/Fire Dept	Written spill prevention and response plan developed and reviewed annually
6-8	Minimize impacts from vehicle maintenance at DPW	DPW	Amount of hazardous materials used

D. Stormwater Management Program Summary (Cont.)

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
6-9	Minimize impacts from vehicle washing at DPW	DPW	City departments educated on proper vehicle washing practices
6-10	Continue tree planting and maintenance program.	DPW/OHCD	Number of trees planted.
6-11	Continue to hold Household Hazardous Waste Collection Events.	DPW/Environmental Engineer	Household Hazardous Waste Collection Day held.
6-12	Continue to provide hazardous waste drop offs and collection services for other waste products throughout the year.	DPW/Environmental Engineer	Hazardous waste drop offs and normal waste collection services provided year-round.
6-13	Monitor pollution prevention programs for effectiveness and suggest improvements as needed.	Stormwater Management Team/Conservation Commission/DPW/Planning Dept/City Solicitor's Office	Stormwater management program and pollution prevention measures evaluated for improvement on regular basis.

7. BMPs for Meeting TMDL: NONE REQUIRED; NO TMDLs in Somerville.

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.

DOROTHY A. KELLY GAY. MAYOR

Printed Name

Dorothy A. Kelly Gay. 7/28/03

Signature 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. Example Storm Water Management Program TIME FRAMES

Transmittal Number W041121

Facility ID (if known) _____

Page ____ of ____

	PERMIT YEAR ONE				PERMIT YEAR TWO				PERMIT YEAR THREE				PERMIT YEAR FOUR				PERMIT YEAR FIVE				
BMP ID #	Spring 03	Summer 03	Fall 03	Winter 03-04	Spring 04	Summer 04	Fall 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	Next Permit
1-1										X				X				X			
1-2										X				X				X			
1-3																					
1-4					X				X				X				X				
1-5				X				X				X				X				X	
1-6																					
2-1																					
2-2					X				X				X				X				
2-3						X				X				X				X			
3-1																					
3-2																					
3-3																					
3-4																					
3-5																					
3-6									Done if passed by Board of Aldermen												
3-7																					
4-1									Done if passed by Board of Aldermen												
4-2																					
4-3																					
5-1									Done if passed by Board of Aldermen												
5-2																					
5-3																					
6-1																					
6-2																					
6-3																					
6-4																					
6-5				X				X				X				X				X	
6-6																					
6-7												X				X				X	
6-8																					
6-9																					
6-10																					
6-11																					
6-12																					
6-13																					