



Hand-enter Your Transmittal Number

1077
W 041253
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).

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

BRP WM 08A

Permit Code: 7 or 8 character code from permit instructions

Discharges from MS4

Type of Project or Activity

Stormwater

Name of Permit Category

B. Applicant Information - Firm or Individual

City of Chelsea

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

Last Name of Individual

500 Broadway

Street Address

Chelsea

City/Town

Andrew B. DeSantis

Contact Person

First Name of Individual

MI

MA

02150

State

Zip Code

617-889-8376

Telephone # and extension

adesantis@ci.chelsea.ma.us

e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

City of Chelsea

Name of Facility, Site or Individual

500 Broadway

Street Address

Chelsea

City/Town

046-001-384

DEP Facility Number (if Known)

Federal I.D. Number (if Known)

adesantis@ci.chelsea.ma.us

e-mail address (optional)

MA

02150

State

Zip Code

617-889-8376

Telephone # and extension

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

Name of Firm Or Individual

Address

City/Town

State

Zip Code

Telephone # and extension

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 EOE file number - assigned when an Environmental Notification Form is submitted to the MEPA unit: EOE 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

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)

SEP 11 2003

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

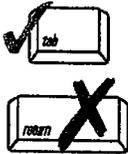
W041253
Transmittal Number

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:

Andrew B. DeSantis, Assistant Director DPW
Name

500 Broadway, Room 310
Mailing Address

Chelsea
City/Town

MA
State

617-889-8376
Telephone Number

adesantis@ci.chelsea.ma.us
Email (if available)

2. Municipality Name

City of Chelsea
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:

Tobin Bridge – Massport, Route 1 & Eastern Avenue – Massachusetts Highway Department, Route 16, Revere Beach Parkway – Massachusetts Department of Conservation and Recreation

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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Facility ID (if known)

<u>BMP ID #</u>		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>BMP ID #</u>		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

<u>PCRC-1</u> BMP ID #		
<u>Post Construction Ordinance</u> Specify Best Management Practice	<u>DPW/Andrew B. DeSantis</u> Responsible Dept./Person Name	<u>Develop within 1 year.</u> Specify Measurable Goal
<u>PCRC-2</u> BMP ID #		
<u>Operation and Maintenance Agreement</u> Specify Best Management Practice	<u>DPW/Andrew B. DeSantis</u> Responsible Dept./Person Name	<u>Develop within 1 year</u> Specify Measurable Goal
<u>PCRC-3</u> BMP ID #		
<u>Inspection program guidelines</u> Specify Best Management Practice	<u>DPW/Andrew B. DeSantis</u> Responsible Dept./Person Name	<u>Set up inspection program for post construction runoff controls within 2 years.</u> Specify Measurable Goal
<u>BMP ID #</u>		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>BMP ID #</u>		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

6. Municipal Good Housekeeping:

<u>MGH-1</u> BMP ID #		
<u>Street Cleaning Program</u> Specify Best Management Practice	<u>DPW/Andrew B. DeSantis</u> Responsible Dept./Person Name	<u>Continue ongoing program of sweeping every street twice a month from April 1 to November 30</u>
<u>MGH-2</u> BMP ID #		



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<u>Programmed Catch Basin Cleaning</u> Specify Best Management Practice	<u>DPW/Andrew B. DeSantis</u> Responsible Dept./Person Name	<u>Continue ongoing contracted catch basin cleaning at the rate of 33% of all catch basins per year</u> Specify Measurable Goal
<u>MGH-3</u> BMP ID #		
<u>Spill Response & Prevention</u> Specify Best Management Practice	<u>DPW/Andrew B. DeSantis</u> Responsible Dept./Person Name	<u>Review existing response plan and update within 1 year</u> Specify Measurable Goal
<u>BMP ID #</u>		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>BMP ID #</u>		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

<u>TMDL-1</u> BMP ID #		
<u>Street Sweeping</u> Specify Best Management Practice	<u>DPW/Andrew B. DeSantis</u> Responsible Dept./Person Name	<u>Continue contracted program of cleaning every street 2x/month April 1 to November 30</u> Specify Measurable Goal
<u>TMDL-2</u> BMP ID #		
<u>Catch Basin Cleaning</u> Specify Best Management Practice	<u>DPW/Andrew B. DeSantis</u> Responsible Dept./Person Name	<u>Continue contracted program of cleaning 33% of catch basin per year</u> Specify Measurable Goal
<u>TMDL-3</u> BMP ID #		
<u>Deep Sump Catch Basins</u> Specify Best Management Practice	<u>DPW/Andrew B. DeSantis</u> Responsible Dept./Person Name	<u>Require new and replacement catch basins to have deep sumps as part of CSRC-1</u> Specify Measurable Goal
<u>TMDL-4</u> BMP ID #		
<u>Oil and gas separators</u> Specify Best Management Practice	<u>DPW/Andrew B. DeSantis</u> Responsible Dept./Person Name	<u>Institute requirement in conjunction with CSRC-1</u>
<u>BMP ID #</u>		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>



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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.

Jay Ash
Printed Name
Jay Ash City Manager 9/5/03
Signature Date



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**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								
	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	
PE-1				X				X				X					X				X
PE-2					X		X		X		X		X					X			
PE-3																					
PP-1			X		X		X		X		X		X								
PP-2																					
PP-3																					
PP-4					X				X				X								
IDDE-1			X				X														
IDDE-2																					
IDDE-3																					
IDDE-4																					
CSRC-1																					
CSRC-2																					
CSRC-3																					
PCRC-1																					
PCRC-2																					
PCRC-3																					
MGH-1																					
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