



Hand-enter Your Transmittal Number

W 035677

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

1003

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: NOI for MS4s
Type of Project or Activity: stormwater

B. Applicant Information (Firm or Individual)

Name of Firm: City of Chicopee c/o Department of Public Works
Or, if party needing this approval is clearly an individual:
Individual's Last Name: First Name MI
Street Address: 115 Baskin Drive
City/Town: Chicopee State: MA Zip Code: 01020 Telephone Number: (413) 594-3557 ext.
Contact: Stanley Kulig, Superintendent - DPW e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual: City of Chicopee c/o DPW DEP Facility Number (if Known)
Street Address: 115 Baskin Drive e-mail address (optional)
City/Town: Chicopee State: MA Zip Code: 01020 Telephone Number: (413) 594-3557 ext.

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

Name of Individual or Firm: Tighe & Bond Consulting Engineers
Address: 53 Southampton Road
City/Town: Westfield State: MA Zip Code: 01085 Telephone Number: (413) 562-1600 ext.
Contact: David Partridge, P.E. LSP Number (21E only)

E. Permit - Project Coordination

Is this project subject to MEPA review? [] yes [x] no
If yes, indicate the project's EOE file number (assigned when an Environmental Notification Form is submitted to the MEPA unit)
EOEA # Is an Environmental Impact Report Required? [] yes [x] no
Is this application part of a larger project for which two or more DEP permits are being or will be sought? [] yes [x] no
List any other DEP permits that apply to this project:

Table with 3 columns: Permit Category, Date of Submission (tentative or actual), Transmittal Number (if application already submitted)

F. Amount Due

Special Provisions: [x] 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 30 2003
MUNICIPAL ASSISTANCE UNIT



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

W 035677
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 Chicopee, c/o Department of Public Works
Name
115 Baskin Drive
Mailing Address
Chicopee MA 01020
City/Town State
(413) 594-3557
Telephone Number Email (if available)

2. Municipality Name

Chicopee
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:

Mass Highway Dept., MWRA, Mass Turnpike Authority

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



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

W 035677
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)

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 |
|----------------------------|----------------------------|---|--|
| Connecticut River Name | To be determined Number | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Priority Organics, Pathogens, Suspended Solids Specify |
| Cooley Brook Name | To be determined Number | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Specify |
| Chicopee River Name | To be determined Number | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Pathogens Specify |
| Fuller Brook Name | To be determined Number | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Specify |
| Abbey Brook Name | To be determined Number | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Specify |
| Bemis Pond Name | To be determined Number | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Suspended Solids Specify |
| Mountain Lake Name | To be determined Number | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Noxious Aquatic Plants, Turbidity Specify |
| Langewald Pond Name | To be determined Number | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Specify |
| Willimansett Brook Name | To be determined Number | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Specify |
| Isolated Wetlands Name | To be determined Number | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Specify |
| Name | Number | <input type="checkbox"/> Yes <input type="checkbox"/> No | Specify |
| Name | Number | <input type="checkbox"/> Yes <input type="checkbox"/> No | Specify |
| Name | Number | <input type="checkbox"/> Yes <input type="checkbox"/> No | Specify |
| Name | Number | <input type="checkbox"/> Yes <input type="checkbox"/> No | Specify |
| Name | Number | <input type="checkbox"/> Yes <input type="checkbox"/> No | Specify |
| Name | Number | <input type="checkbox"/> Yes <input type="checkbox"/> No | Specify |
| Name | Number | <input type="checkbox"/> Yes <input type="checkbox"/> No | Specify |
| Name | Number | <input type="checkbox"/> Yes <input type="checkbox"/> No | Specify |
| Name | Number | <input type="checkbox"/> Yes <input type="checkbox"/> No | Specify |



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

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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)

D. Stormwater Management Program Summary

1. Public Education:

| | | |
|----------------------------------|-------------------------------|--|
| <u>1A</u> BMP ID # | | |
| Educational Displays | DPW | 1 Display in a municipal building per year, Year 1-5. |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
| <u>1B</u> BMP ID # | | |
| Classroom Education | School Dept | Support Environmental Club, Year 2-5. |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
| <u>1C</u> BMP ID # | | |
| Local Cable Access | DPW | Post informational bulletins annually, Year 1-5. Produce stormwater video for broadcast, Year 5. |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
| <u>1D</u> BMP ID # | | |
| Informational Pamphlets | DPW | Mail 1 per year, and distribute doorhangers in areas during catch basin cleaning, Year 1-5. |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
| <u>1E</u> BMP ID # | | |
| Hazardous Waste Collection | DPW | Publicity for annual collection event, Year 1-5. |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
| <u>1F</u> BMP ID # | | |
| Newspaper Press Release | DPW | One per year in local newspaper, Years 1-5. |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |

2. Public Participation:

| | | |
|----------------------------------|-------------------------------|--|
| <u>2A</u> BMP ID # | | |
| Community Hotline | DPW | WWTP phone for reporting of illicit discharges, Year 1-5. |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
| <u>2B</u> BMP ID # | | |
| Attitude Surveys | DPW | Continue current Customer Survey program, add storm water related questions, Year 1-5. |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |

| | | |
|----------------------------------|-------------------------------|--|
| <u>2C</u> BMP ID # | | |
| Storm Drain Marking | DPW | Supervise marking anticipated 200 catch basins per year, Year 1-5. |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
| <u>2D</u> BMP ID # | | |
| Watershed Committee | DPW | Support Chicopee River Watershed Council, Year 1-5. |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
| <u>2E</u> BMP ID # | | |
| Seasonal Cleanup | Cons. Comm. | One cleanup per year, Year 1-5. |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |

3. Illicit Discharge Detection and Elimination:

| | | |
|-----------------------------------|-------------------------------|---|
| <u>3A</u> BMP ID # | | |
| Mapping Stormwater Outfalls | DPW | Develop map of stormwater outfalls, Year 1. Field inspect / verify 25%, Year 2-5. |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
| <u>3B</u> BMP ID # | | |
| Develop Illicit Discharge Plan | DPW | Evaluate Year 1. Draft plan Year 2. Propose for adoption by Year 3. Implement Year 3-5. |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
| <u>3C</u> BMP ID # | | |
| Stormwater Discharge Ordinance | DPW | Evaluate Year 1. Draft ordinance Year 2. Propose for adoption by Year 3. Enforce Year 3-5. |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
| <u>3D</u> BMP ID # | | |
| Illegal Dumping | DPW | Post signage at common dumping areas, Year 1. Cleanup of illegally dumped trash, Year 1-5. |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
| <u>3E</u> BMP ID # | | |
| Recreational Septage | Sewer Commission | Continue to allow Chicopee residents' recreational vehicles to dump at WWTP for free, Year 1-5. |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
| <u>3F</u> BMP ID # | | |
| Failing Septic Systems | Health Department | Keep Records for Annual Report, Year 1-5. |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
| <u>3G</u> BMP ID # | | |
| Industrial / Business Connections | DPW | Evaluate Industrial Pretreatment Program sites once every year, Year 1-5. |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |

3H

BMP ID #

| | | |
|----------------------------------|-------------------------------|--|
| Video Inspection | DPW | Inspect storm drain pipes as needed, Year 1-5. |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |

4. Construction Site Runoff Control:

4A

BMP ID #

| | | |
|----------------------------------|-------------------------------|--|
| Construction Runoff Ordinance | Planning Dept / DPW | Evaluate existing regulations Year 1. Draft revisions Year 2. Propose for adoption by Year 3. Enforcement under adopted ordinance, Year 3-5. |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |

4B

BMP ID #

| | | |
|----------------------------------|-------------------------------|---|
| Construction Plan Review | Planning Dept / DPW | Enforcement under existing City regulations, Year 1 and 2. Enforcement under adopted ordinance, Year 3-5. |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |

4C

BMP ID #

| | | |
|----------------------------------|-------------------------------|--|
| Inspection / Reporting | Building Commissioner/DPW | Enforcement under adopted ordinance, Year 3-5. |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |

5. Post Construction Runoff Control:

5A

BMP ID #

| | | |
|------------------------------------|-------------------------------|--|
| Post Construction Runoff Ordinance | DPW/Planning Dept | Evaluate current regulations Year 1. Draft revisions Year 2. Propose for adoption Year 3. Enforcement under adopted ordinance, Year 3-5. |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |

5B

BMP ID #

| | | |
|----------------------------------|-------------------------------|---|
| Site Plan Review | Planning Dept / DPW | Enforcement under existing City regulations, Year 1 and 2. Enforcement under adopted ordinance, Year 3-5. |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |

5C

BMP ID #

| | | |
|------------------------------------|-------------------------------|--|
| Stormwater System Maintenance Plan | DPW | Enforcement under adopted ordinance, Year 3-5. |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |

6. Municipal Good Housekeeping:

6A

BMP ID #

| | | |
|--|-------------------------------|--|
| Municipal Maintenance Activity Program | Mayor's Office | Evaluate and Draft additional policies as necessary, Year 1. Comply, Year 2-5. |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |

6B

BMP ID #

| | | |
|---|-------------------------------|---|
| Training of Municipal Employees | Mayor's Office | Initial Good Housekeeping training, Year 1. Annual refresher, Year 2-5. |
| Specify Best Management Practice <u>6C</u> BMP ID # | Responsible Dept./Person Name | Specify Measurable Goal |
| Stormwater Pollution Prevention Plan / MSGP | Mayor's Office | Implementation of SWPP Year 1. Comply Year 2-5. |
| Specify Best Management Practice <u>6D</u> BMP ID # | Responsible Dept./Person Name | Specify Measurable Goal |
| Catch Basin Cleaning Program | DPW | Clean approximately 500 catch basins per year, Year 1-5. |
| Specify Best Management Practice <u>6E</u> BMP ID # | Responsible Dept./Person Name | Specify Measurable Goal |
| Street Sweeping | DPW | Sweep streets once per year and Central Business Districts monthly (spring - fall), Year 1-5. |
| Specify Best Management Practice <u>6F</u> BMP ID # | Responsible Dept./Person Name | Specify Measurable Goal |
| Used Oil Recycling | DPW | Collection and re-use, Years 1-5. |
| Specify Best Management Practice <u>6G</u> BMP ID # | Responsible Dept./Person Name | Specify Measurable Goal |
| Hazardous Waste Collection | DPW | Annual collection event, Year 1-5. |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |

7. BMPs for Meeting TMDL:

| | | |
|--|-------------------------------|-------------------------|
| <u>7A</u> BMP ID # See Section 7 of the attached narrative, Appendix A | | |
| Specify Best Management Practice <u>7B</u> BMP ID # | Responsible Dept./Person Name | Specify Measurable Goal |
| Specify Best Management Practice <u>7C</u> BMP ID # | Responsible Dept./Person Name | Specify Measurable Goal |
| Specify Best Management Practice <u>7D</u> BMP ID # | Responsible Dept./Person Name | Specify Measurable Goal |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |

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.

Richard J. Kos, Mayor

Printed Name

Signature



7-28-03

Date

