





Hand-enter Your Transmittal Number

1249
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): BRPWW08A
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		
<i>Or, if party needing this approval is clearly an individual:</i>		
Individual's Last Name:	First Name	MI

Street Address 85 George P. Hassett Drive Room 300			
City/Town Medford	State MA	Zip Code 02155	Telephone Number (781) 393-2417 ext.
Contact: Commissioner Paul Gere		e-mail address (optional) PGere@medford.org	

C. Facility, Site or Individual Requiring Approval

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

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

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

E. Permit - Project Coordination

Is this project subject to MEPA review? yes no
 If yes, indicate the project's EOE file number (assigned when an Environmental Notification Form is submitted to the MEPA unit)
 EOE # _____ 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



BRP WM 08A NPDES Stormwater General Permit
Notice of Intent for Discharges from Small Municipal Separate
Storm Sewer Systems (MS4s)

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

Donald Ouellette, City Eng.

Name

85 George P. Hassett Drive

per 9/9/03 T.C. to VMS

Mailing Address

Medford

Massachusetts

City/Town

State

(781) 393-2417

PGere@medford.org

Telephone Number

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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Storm Sewer Systems (MS4s)

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	Dep'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	Dep'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	Dep'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	Dep'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	Dep'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	Dep'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	Dep't of Public Works/Env. Agent Responsible Dept./Person Name	See Attached Outline Specify Measurable Goal



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D. Stormwater Management Program Summary (Cont.)

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

2. Public Participation:

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



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D. Stormwater Management Program Summary (Cont.)

<u>2F</u> BMP ID #		
<u>Leaf and Yard Waste 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>2G</u> BMP ID #		
<u>Mystic River Cleanup Day</u> Specify Best Management Practice	<u>Friends of the Mystic River/Dep't of Public Works</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
<u>2H</u> BMP ID #		
<u>Annual Public Meeting</u> Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
<u>2I</u> BMP ID #		
<u>Stormwater Contact</u> Specify Best Management Practice	<u>Dep't of Public Works/Engineering</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
<u>2J</u> BMP ID #		
<u>Stormwater Earth Day Activity</u> Specify Best Management Practice	<u>Dep't of Public Works/Engineering</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
<u>BMP ID #</u>		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>See Attached Outline</u> Specify Measurable Goal

3. Illicit Discharge Detection and Elimination:

<u>3A</u> BMP ID #		
<u>Establish Fines for Illegal Dumping</u> Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
<u>3B</u> BMP ID #		
<u>Enforce Littering/Pet Waste Fines</u> Specify Best Management Practice	<u>Police Department</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
<u>3C</u> BMP ID #		
<u>Storm Sewer Map</u> Specify Best Management Practice	<u>Dep't of Public Works/Engineering</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
<u>3D</u> BMP ID #		
<u>Illicit Discharge Bylaw</u> Specify Best Management Practice	<u>Dep't of Public Works/Engineering/ Building/Law</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
<u>3E</u> BMP ID #		
<u>Detection and Elimination Plan</u> Specify Best Management Practice	<u>Dep't of Public Works/Engineering</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal



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D. Stormwater Management Program Summary (Cont.)

<u>3F</u>		
BMP ID #		
<u>Public Education</u>	<u>Dep't of Public Works</u>	<u>See Attached Outline</u>
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

<u>3G</u>		
BMP ID #		
<u>Municipal Employee Education</u>	<u>Dep't of Public Works</u>	<u>See Attached Outline</u>
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

4. Construction Site Runoff Control:

<u>4A</u>		
BMP ID #		
<u>Construction Site Runoff Bylaw</u>	<u>Dep't of Public Works/Engineering/ Building/Law</u>	<u>See Attached Outline</u>
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

<u>4B</u>		
BMP ID #		
<u>Erosion/Sediment Control BMPs</u>	<u>Dep't of Public Works/Engineering/ Building/Law</u>	<u>See Attached Outline</u>
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

<u>4C</u>		
BMP ID #		
<u>Site Plan Review Procedures</u>	<u>Dep't of Public Works/Engineering/ Building/Law</u>	<u>See Attached Outline</u>
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

<u>4D</u>		
BMP ID #		
<u>Site Inspection Procedures</u>	<u>Dep't of Public Works/Engineering/ Building/Law</u>	<u>See Attached Outline</u>
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

<u>4E</u>		
BMP ID #		
<u>Stormwater Contact - Construction</u>	<u>Dep't of Public Works/Engineering</u>	<u>See Attached Outline</u>
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

5. Post Construction Runoff Control:

<u>5A</u>		
BMP ID #		
<u>Formalize Better Site Design Encouragement</u>	<u>Dep't of Public Works/Engineering/ Building/Law</u>	<u>See Attached Outline</u>
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

<u>5B</u>		
BMP ID #		
<u>Post-Construction Bylaw</u>	<u>Dep't of Public Works/Engineering</u>	<u>See Attached Outline</u>
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

<u>5C</u>		
BMP ID #		
<u>Choose BMPs</u>	<u>Dep't of Public Works/Engineering</u>	<u>See Attached Outline</u>
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal



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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



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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
Signature *Paul Gere*
Date 3-05-03

Paul Gere
Signature
Date 6-24-03

