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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 Sewer 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 [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) SEP - 3 2003
[ ] 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: MUNICIPAL ASSISTANCE UNIT

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)

W036136  
 Transmittal Number  
 Facility ID (if known)

**D. Stormwater Management Program Summary (cont.)**

7. BMPs for Meeting TMDL:

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

**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 & SUPV PUBLIC WORKS  
 Printed Name  
[Signature]  
 Signature  
07.25.03  
 Date  
[Signature]  
ROBERT DOLAN, MAYOR  
 Signature  
ROBERT J. DOLAN, MAYOR  
 Printed Name  
JULY 25, 2003  
 DATE



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

W036136  
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:

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

SEP 23 2003

MUNICIPAL ASSISTANCE UNIT



**Massachusetts Department of Environmental Protection**  
 Bureau of Resource Protection - Watershed Management  
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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   |
|-----------------------------------|--------------------|---|--|
| <u>Ell Pond</u><br>Name           | <u>4</u><br>Number | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Nutrients, Pathogens, Suspended Solids</u><br>Specify |
| <u>Spot Pond Brook</u><br>Name    | <u>2</u><br>Number | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Specify</u>   |
| <u>Towners Pond</u><br>Name       | <u>1</u><br>Number | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Specify</u>   |
| <u>Swains Pond</u><br>Name        | <u>1</u><br>Number | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Specify</u>   |
| <u>Swains Pond Brook</u><br>Name  | <u>1</u><br>Number | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Specify</u>   |
| <u>Long Pond</u><br>Name          | <u>0</u><br>Number | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Specify</u>   |
| <u>Long Pond Brook</u><br>Name    | <u>2</u><br>Number | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Specify</u>   |
| <u>Bennets Pond Brook</u><br>Name | <u>1</u><br>Number | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Specify</u>   |
| <u>Penny Road Brook</u><br>Name   | <u>0</u><br>Number | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Specify</u>   |
| <u>Wetland</u><br>Name            | <u>1</u><br>Number | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Specify</u>   |

**D. Stormwater Management Program Summary**

1. Public Education:

1-1  
 BMP ID #

Message with water sewer bills on stormwater topic  
 Specify Best Management Practice

Department of Public Works  
 Responsible Dept./Person Name

Message distributed with water and sewer bills twice in permit term  
 Specify Measurable Goal

1-2  
 BMP ID #

Select and stock brochures at various locations in City  
 Specify Best Management Practice

Department of Public Works  
 Responsible Dept./Person Name

Brochures selected and stocked in Years 2 through 5  
 Specify Measurable Goal



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Facility ID (if known)

1-3

BMP ID #

Update City website to include information on stormwater management

Specify Best Management Practice

1-4

BMP ID #

Staff a booth at the annual Victorian Fair

Specify Best Management Practice

1-5

BMP ID #

Install and maintain signs at athletic fields

Specify Best Management Practice

1-6

BMP ID #

Annual update of the Stormwater Management Plan at a televised Aldermen's meeting

Specify Best Management Practice

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

Department of Public Works

Responsible Dept./Person Name

Parks Department/School Department/Department of Public Works

Responsible Dept./Person Name

Department of Public Works

Responsible Dept./Person Name

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

Booth staffed annually starting in Year 2

Specify Measurable Goal

Signs installed at athletic fields near Ell Pond by end of second quarter of Year 2 and inspected annually

Specify Measurable Goal

Annual update of the SWMP at a televised Aldermen's meeting, starting in Year 2

Specify Measurable Goal

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

2-2

BMP ID #

Stencil catch basins with "don't dump" message

Specify Best Management Practice

City Clerk

Responsible Dept./Person Name

Department of Public Works

Responsible Dept./Person Name

Notices posted in designated locations

Specify Measurable Goal

25 catch basins stenciled per year, in Years 2 through 5 of the permit

Specify Measurable Goal



**BRP WM 08A NPDES Stormwater General Permit**

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

2-3

BMP ID #

Assist in clean-up events  
Specify Best Management Practice

Department of Public Works  
Responsible Dept./Person Name

Assist the Ell Pond Committee on its annual clean-up events  
Specify Measurable Goal

**D. Stormwater Management Program Summary (Cont.)**

3. Illicit Discharge Detection and Elimination:

3-1

BMP ID #

Conduct dry weather outfall screening  
Specify Best Management Practice

Department of Public Works  
Responsible Dept./Person Name

Percent of outfalls screened in Years 1 and 5  
Specify Measurable Goal

3-2

BMP ID #

Map stormwater outfalls  
Specify Best Management Practice

Department of Public Works  
Responsible Dept./Person Name

Map showing all known stormwater outfalls in Year 1  
Specify Measurable Goal

3-3

BMP ID #

Map stormwater collection system in GIS  
Specify Best Management Practice

Department of Public Works  
Responsible Dept./Person Name

GIS of stormwater system by end of Year 2  
Specify Measurable Goal

3-4

BMP ID #

Develop and implement a plan to identify and remove non-stormwater discharges to the MS4  
Specify Best Management Practice

Department of Public Works  
Responsible Dept./Person Name

Number of illicit connections investigated, found and removed  
Specify Measurable Goal

3-5

BMP ID #

Strengthen ordinance for access to buildings and requiring redirection of illicit connections  
Specify Best Management Practice

City Attorney/Department of Public Works  
Responsible Dept./Person Name

Draft ordinance developed and presented to Aldermen  
Specify Measurable Goal

3-6

BMP ID #

Develop ordinance requiring inspection of new construction for correct connection to sanitary sewer  
Specify Best Management Practice

City Attorney/Department of Public Works  
Responsible Dept./Person Name

Draft ordinance developed and presented to Aldermen  
Specify Measurable Goal



**BRP WM 08A NPDES Stormwater General Permit**

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

4. Construction Site Runoff Control:

4-1

BMP ID #

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

Responsible Dept./Person Name

Draft ordinance developed and presented to Aldermen

Specify Measurable Goal

Specify Best Management Practice

BMP ID #

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

Responsible Dept./Person Name

Inspection reports submitted to the City

Specify Measurable Goal

Specify Best Management Practice

4-3

BMP ID #

Review site plans for stormwater impacts

Planning Board / Department of Public Works/Inspection Services

Responsible Dept./Person Name

Site plans for construction impacts greater than 1 acre reviewed for erosion and sediment control

Specify Measurable Goal

Specify Best Management Practice

4-4

BMP ID #

Consideration of public input

Department of Public Works/Inspection Services

Responsible Dept./Person Name

Public review and comment periods held; signs posted at each construction site

Specify Measurable Goal

Specify Best Management Practice

**D. Stormwater Management Program Summary (Cont.)**

5. Post Construction Runoff Control:

5-1

BMP ID #

Develop an 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

Responsible Dept./Person Name

Draft ordinance developed and presented to Board of Aldermen

Specify Measurable Goal

Specify Best Management Practice