Hand-enter Your Transmittal Number

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

A. Application Information

DEP Permit Code (the 7 or 8 character code from first page of permit application instructions):
BRPWM06A

Name of Permit Category:
NPDES Stormwater General Permit

Type of Project or Activity:
Notice of Intent for Discharges from Small Municipal MS4s

B. Applicant Information (Firm or Individual)

Name of Firm:
City of Quincy

Individual's Last Name: MI
First Name

Street Address
1305 Hancock Street

City/Town
Quincy

State
MA

Zip Code
02169

Telephone Number
(617) 376-1000
ext.

Contact:
Jay Fink, P.E., DPW Commissioner
e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual

DEP Facility Number (if Known)

Street Address

City/Town

State

Zip Code

Telephone Number

ext.

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

Name of Individual or Firm:
BETA Group, Inc.

Address
315 Norwood Park South

City/Town
Norwood

State
MA

Zip Code
02062

Telephone Number
(781) 255-1982
ext.

Contact:
Michael S. Vignale

LSP Number (21E only)

E. Permit - Project Coordination

Is this project subject to MEPA review? 

If yes, indicate the project's EOA file number (assigned when an Environmental Notification Form is submitted to the MEPA unit):

Is an Environmental Impact Report Required? 

If yes, please note:

Is this application part of a larger project for which two or more DEP permits are being or will be sought?

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 4.06 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

rev: 03/21/06
A. Instructions

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 Quincy
   Name
   1305 Hancock Street
   Mailing Address
   Quincy
   City/Town
   (617) 376-1000
   Telephone Number
   MA, 02169
   State
   Email (if available)

2. Municipality Name
   Quincy
   City/Town

3. Legal Status:
   - [ ] Federal
   - [x] City/Town
   - [ ] State
   - [ ] Tribal
   - [ ] Private

   [ ] Other public entity: Specify Public Entity

4. Other regulated MS4(s) within municipal boundaries:

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?

   - [x] yes
   - [ ] pending
   - [ ] no

AUG 9 5 2003
MUNICIPAL ASSISTANCE UNIT
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

C. Names of (Presently Known) Receiving Waters

<table>
<thead>
<tr>
<th>Receiving Water</th>
<th>No. of Outfalls</th>
<th>Listed as Impaired?</th>
<th>Impairment</th>
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</thead>
<tbody>
<tr>
<td>Quincy Bay</td>
<td>N/A Number</td>
<td>☒ Yes ☐ No</td>
<td>Pathogens</td>
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<tr>
<td>Name</td>
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<tr>
<td>Furnace Brook</td>
<td>N/A Number</td>
<td>☒ Yes ☐ No</td>
<td>Specify</td>
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<tr>
<td>Name</td>
<td></td>
<td></td>
<td>Specify</td>
</tr>
<tr>
<td>Black Creek</td>
<td>N/A Number</td>
<td>☒ Yes ☐ No</td>
<td>Specify</td>
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<tr>
<td>Name</td>
<td></td>
<td></td>
<td>Specify</td>
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<tr>
<td>Weymouth Fore River</td>
<td>N/A Number</td>
<td>☒ Yes ☐ No</td>
<td>Specify</td>
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<tr>
<td>Name</td>
<td></td>
<td></td>
<td>Specify</td>
</tr>
<tr>
<td>Hingham Bay</td>
<td>N/A Number</td>
<td>☒ Yes ☐ No</td>
<td>Specify</td>
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<tr>
<td>Name</td>
<td></td>
<td></td>
<td>Specify</td>
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<tr>
<td>Dorchester Bay</td>
<td>N/A Number</td>
<td>☒ Yes ☐ No</td>
<td>Specify</td>
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<tr>
<td>Name</td>
<td></td>
<td></td>
<td>Specify</td>
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<tr>
<td>Town River Bay</td>
<td>N/A Number</td>
<td>☒ Yes ☐ No</td>
<td>Specify</td>
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<tr>
<td>Name</td>
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<tr>
<td>Rock Island Cove</td>
<td>N/A Number</td>
<td>☒ Yes ☐ No</td>
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<td>Name</td>
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<td>Town River</td>
<td>N/A Number</td>
<td>☒ Yes ☐ No</td>
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<td>Name</td>
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<tr>
<td>The Canal</td>
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<td>Name</td>
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<td>Blue Hills River</td>
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<td>Bouncing Brook</td>
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<tr>
<td>Name</td>
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<td>Specify</td>
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<tr>
<td>Giant Cedar Swamp</td>
<td>N/A Number</td>
<td>☒ Yes ☐ No</td>
<td>Specify</td>
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<tr>
<td>Name</td>
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<tr>
<td>Town Brook</td>
<td>N/A Number</td>
<td>☒ Yes ☐ No</td>
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<td>Name</td>
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<tr>
<td>Blue Hills Reservoir</td>
<td>N/A Number</td>
<td>☒ Yes ☐ No</td>
<td>Specify</td>
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<tr>
<td>Name</td>
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<td>Specify</td>
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<tr>
<td>Pine Tree Brook</td>
<td>N/A Number</td>
<td>☒ Yes ☐ No</td>
<td>Specify</td>
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<td>Name</td>
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<td>Specify</td>
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<tr>
<td>Neponset River</td>
<td>N/A Number</td>
<td>☒ Yes ☐ No</td>
<td>Specify</td>
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<tr>
<td>Name</td>
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<td></td>
<td>Specify</td>
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<tr>
<td>Sagamore Creek</td>
<td>N/A Number</td>
<td>☒ Yes ☐ No</td>
<td>Specify</td>
</tr>
</tbody>
</table>
D. Stormwater Management Program Summary

1. Public Education:

1-1
BMP ID #
Classroom Education on Storm Water
Specify Best Management Practice

DPW Commissioner
Responsible Dept./Person Name
Materials distributed to City Hall and Library, expand Quincy Ecology Program
Specify Measurable Goal

1-2
BMP ID #
Flyer and Brochure Distribution
Specify Best Management Practice

DPW Commissioner
Responsible Dept./Person Name
Develop one flyer and two fact sheets, distribute flyers as utility inserts
Specify Measurable Goal

1-3
BMP ID #
Using the Media and Internet
Specify Best Management Practice

DPW Commissioner
Responsible Dept./Person Name
One local cable public service annually, one storm water press release annually, one storm water article annually, provide links on web site
Specify Measurable Goal

2. Public Participation:

2-1
BMP ID #
Storm Water Committee
Specify Best Management Practice

DPW Commissioner
Responsible Dept./Person Name
Establish panel and meet quarterly
Specify Measurable Goal

2-2
BMP ID #
Stream cleanup and Monitoring
Specify Best Management Practice

DPW Commissioner
Responsible Dept./Person Name
Track # cleanup activities, participants & miles cleaned and track water quality
Specify Measurable Goal

2-3
BMP ID #
Stencil Storm Drains
Specify Best Management Practice

DPW Commissioner
Responsible Dept./Person Name
Stencil 50 storm drains per year starting in year two
Specify Measurable Goal

2-4
BMP ID #
Pet Waste Collection
Specify Best Management Practice

DPW Commissioner
Responsible Dept./Person Name
Track # of dog parks, signs posted, educational materials, and "pooper-scooper" stations
Specify Measurable Goal
D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

3-1
BMP ID #
Drainage System Mapping
Specify Best Management Practice
DPW Commissioner
Responsible Dept./Person Name
Locate all outfalls and complete drainage system mapping
Specify Measurable Goal

3-2
BMP ID #
Outfall Testing Program
Specify Best Management Practice
DPW Commissioner
Responsible Dept./Person Name
Inspect all discharges, sample discharges with flow present, and complete follow-up testing
Specify Measurable Goal

3-3
BMP ID #
Illegal Dumping Education
Specify Best Management Practice
DPW Commissioner
Responsible Dept./Person Name
Distribute materials, document and investigate reported illegal dumps, enforce penalties, document dumps as cleaned-up
Specify Measurable Goal

3-4
BMP ID #
Ordinance Review and Update
Specify Best Management Practice
DPW Commissioner
Responsible Dept./Person Name
Review and revise ordinances
Specify Measurable Goal

4. Construction Site Runoff Control:

4-1
BMP ID #
Ordinance Review and Updates
Specify Best Management Practice
DPW City Engineer
Responsible Dept./Person Name
Review and revise erosion and sediment control ordinances
Specify Measurable Goal
D. Stormwater Management Program Summary (Cont.)

<table>
<thead>
<tr>
<th>Construction Reviews</th>
<th>DPW City Engineer</th>
<th>Responsible Dept./Person Name</th>
<th>Develop and implement standard construction project review procedures, details, inspection review procedures, document inadequate sites/plans, and non-compliant permits</th>
<th>Specify Measurable Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specify Best Management Practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4-3
BMP ID #
Public Information
Specify Best Management Practice
DPW City Engineer
Responsible Dept./Person Name
Continue hot-line, document and investigate complaints, inform residents in "The Worksheet" | Specify Measurable Goal |

5. Post Construction Runoff Control:

5-1
BMP ID #
Ordinance Review and Update
Specify Best Management Practice
DPW City Engineer
Responsible Dept./Person Name
Review and revise storm water ordinances, develop and implement standard construction details and policies | Specify Measurable Goal |

5-2
BMP ID #
Project Review
Specify Best Management Practice
DPW City Engineer
Responsible Dept./Person Name
Develop and implement standard construction project review procedures, standard construction details, inspection review procedures, document inadequate sites/plans reported and non-compliant permits | Specify Measurable Goal |

6. Municipal Good Housekeeping:

6-1
BMP ID #
Predictive Catch Basin Program
Specify Best Management Practice
DPW Commissioner
Responsible Dept./Person Name
Develop, collect data and refine program | Specify Measurable Goal |
### D. Stormwater Management Program Summary (cont.)

<table>
<thead>
<tr>
<th>6-2</th>
<th>BMP ID #</th>
<th>Street Cleaning</th>
<th>Specify Best Management Practice</th>
<th>DPW Commissioner</th>
<th>Responsible Dept./Person Name</th>
<th>Continue program, review the effectiveness of the program</th>
<th>Specify Measurable Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-3</td>
<td>BMP ID #</td>
<td>Investigate City Owned BMPs, for Retrofit Opportunities</td>
<td>Specify Best Management Practice</td>
<td>DPW Commissioner</td>
<td>Responsible Dept./Person Name</td>
<td>Inspect three structural BMPs per year &amp; implement two retrofit projects</td>
<td>Specify Measurable Goal</td>
</tr>
<tr>
<td>6-4</td>
<td>BMP ID #</td>
<td>Municipal Employee Training</td>
<td>Specify Best Management Practice</td>
<td>DPW Commissioner</td>
<td>Responsible Dept./Person Name</td>
<td>Continue current practices</td>
<td>Specify Measurable Goal</td>
</tr>
</tbody>
</table>

### 7. BMPs for Meeting TMDL: (Draft TMDL for the Neponset River)

<table>
<thead>
<tr>
<th>1-2</th>
<th>BMP ID #</th>
<th>Flyer and Brochure Distribution</th>
<th>Specify Best Management Practice</th>
<th>DPW Commissioner</th>
<th>Responsible Dept./Person Name</th>
<th>Develop one flyer and two fact sheets, distribute flyers as utility inserts</th>
<th>Specify Measurable Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-2</td>
<td>BMP ID #</td>
<td>Stream cleanup and Monitoring</td>
<td>Specify Best Management Practice</td>
<td>DPW Commissioner</td>
<td>Responsible Dept./Person Name</td>
<td>Track # cleanup activities, participants &amp; miles cleaned and track water quality</td>
<td>Specify Measurable Goal</td>
</tr>
<tr>
<td>2-4</td>
<td>BMP ID #</td>
<td>Pet Waste Collection</td>
<td>Specify Best Management Practice</td>
<td>DPW Commissioner</td>
<td>Responsible Dept./Person Name</td>
<td>Track # of dog parks, signs posted, educational materials, and &quot;pooper-scooper&quot; stations</td>
<td>Specify Measurable Goal</td>
</tr>
<tr>
<td>3-2</td>
<td>BMP ID #</td>
<td>Outfall Testing Program</td>
<td>Specify Best Management Practice</td>
<td>DPW Commissioner</td>
<td>Responsible Dept./Person Name</td>
<td>Inspect all discharges, sample discharges with flow present, and complete follow-up testing</td>
<td>Specify Measurable Goal</td>
</tr>
</tbody>
</table>
D. Stormwater Management Program Summary (cont.)

3-3
BMP ID #
Illegal Dumping Education  Specify Best Management Practice
DPW Commissioner  Responsible Dept./Person Name
Distribute materials, document and investigate reported illegal dumps, enforce penalties, document dumps as cleaned-up
Specify Measurable Goal

3-4
BMP ID #
Septic System Controls (Board of Health)  Specify Best Management Practice
DPW Commissioner  Responsible Dept./Person Name
Document # and location of systems, distribute additional educational flyers
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.

Mr. William J. Phelan, Mayor
Printed Name
Signature  7/28/03
Date
<table>
<thead>
<tr>
<th>BMP ID #</th>
<th>PERMIT YEAR ONE</th>
<th>PERMIT YEAR TWO</th>
<th>PERMIT YEAR THREE</th>
<th>PERMIT YEAR FOUR</th>
<th>PERMIT YEAR FIVE</th>
<th>Next Permit</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Spring 03</td>
<td>Summer 03</td>
<td>Winter 03-04</td>
<td>Spring 04</td>
<td>Summer 04</td>
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