



Hand-enter Your Transmittal Number

MAR 04 10 2003
W 041020
1081
SP

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: Notice of Intent for Discharges from Small Municipal MS4s

B. Applicant Information (Firm or Individual)

Name of Firm: City of Quincy		
<i>Or, if party needing this approval is clearly an individual:</i>		
Individual's Last Name:	First Name	MI

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		e-mail address: (optional)	
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? yes 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 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 #:	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		

AUG 25 2003
MUNICIPAL ASSISTANCE UNIT



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:

Jay Fink-

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

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?

yes

pending

no

AUG 25 2003
MUNICIPAL ASSISTANCE UNIT



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

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
Quincy Bay Name	N/A Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens Specify
Furnace Brook Name	N/A Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Black Creek Name	N/A Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Weymouth Fore River Name	N/A Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Hingham Bay Name	N/A Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Dorchester Bay Name	N/A Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Town River Bay Name	N/A Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Rock Island Cove Name	N/A Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Town River Name	N/A Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
The Canal Name	N/A Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Blue Hills River Name	N/A Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Bouncing Brook Name	N/A Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Giant Cedar Swamp Name	N/A Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Town Brook Name	N/A Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Blue Hills Reservoir Name	N/A Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Pine Tree Brook Name	N/A Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Neponset River Name	N/A Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Sagamore Creek Name	N/A Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify



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

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



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

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

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

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

4-2

BMP ID #



BRP WM 08A NPDES Stormwater General Permit

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

D. Stormwater Management Program Summary (Cont.)

Construction Reviews
Specify Best Management Practice

DPW City Engineer
Responsible Dept./Person Name

Develop and implement
standard construction project
review procedures, details,
inspection review procedures,
document inadequate
sites/plans, and non-compliant
permits

Specify Measurable Goal

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



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 (cont.)

6-2

BMP ID # _____

Street Cleaning
Specify Best Management Practice

DPW Commissioner
Responsible Dept./Person Name

Continue program, review the effectiveness of the program
Specify Measurable Goal

6-3

BMP ID # _____

Investigate City Owned BMPs, for Retrofit Opportunities
Specify Best Management Practice

DPW Commissioner
Responsible Dept./Person Name

Inspect three structural BMPs per year & implement two retrofit projects
Specify Measurable Goal

6-4

BMP ID # _____

Municipal Employee Training
Specify Best Management Practice

DPW Commissioner
Responsible Dept./Person Name

Continue current practices
Specify Measurable Goal

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

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

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

2-4

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

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



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 (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

