



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

1057

W035316

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:

Donald E. Goodwin, Jr., DPW Supt.
Name
320R Charger Street
Mailing Address
Revere MA
City/Town State
781 286-8149
Telephone Number Email (if available)

2. Municipality Name

Revere
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:

unknown

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)

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D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

TMDL-1

BMP ID # Parking lot
and street sweeping
Specify Best Management Practice

DPW/Don Goodwin
Responsible Dept./Person Name

Program set up within 1 y
Specify Measurable Goal

TMDL-2

BMP ID # Catch basin cleaning
Specify Best Management Practice

DPW/Don Goodwin
Responsible Dept./Person Name

Program set up within 1 y
Specify Measurable Goal

TMDL-3

BMP ID # Install deep sumps
Specify Best Management Practice

DPW/Don Goodwin
Responsible Dept./Person Name

Requirement set up for
newly constructed catch
basins within 1 year
Specify Measurable Goal

TMDL-4

BMP ID # Install
gas and oil separators
Specify Best Management Practice

DPW/Don Goodwin
Responsible Dept./Person Name

Requirement set up for
newly constructed catch
basins within 1 year
Specify Measurable Goal

TMDL-5

BMP ID # Detention areas
Specify Best Management Practice

DPW/Don Goodwin
Responsible Dept./Person Name

Requirement established
for large development sit
within 2 years
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.

Thomas G. Ambrosino, Mayor
Printed Name

Thomas G. Ambrosino
Signature

10/2/03
Date



Hand-enter Your Transmittal Number

MAR 04/057 AH
W 035316

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

JUN 06 2003

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)	BRP WM 08A		MUNICIPAL ASSISTANCE UNIT	
Name of Permit Category:	NPDES STORMWATER GENERAL PERMIT			
Type of Project or Activity:	DISCHARGES FROM MS4S			

B. Applicant Information (Firm or Individual)

Name of Firm:			CITY OF REVERE	
<i>Or, if party needing this approval is clearly an individual:</i>				
Individual's Last Name:	First Name	MI		
Street Address				
REVERE CITY HALL, 281 BROADWAY				
City/Town	State	Zip Code	Telephone Number	
REVERE	MA	02151	(781) 286-8149 ext.	
Contact:		e-mail address (optional)		
DON GOODWIN, DPW SUPT.				

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual		DEP Facility Number (if Known)		
CITY OF REVERE				
Street Address		e-mail address: (optional)		
281 BROADWAY				
City/Town	State	Zip Code	Telephone Number	
REVERE	MA	02151	(781) 286-8149 ext.	

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

Name of Individual or Firm:			
CITY OF REVERE			
Address			
281 BROADWAY			
City/Town	State	Zip Code	Telephone Number
REVERE	MA	02151	(781) 286-8183 ext.
Contact:		LSP Number (21E only)	
FRANK STRINGI, CITY PLANNER			

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 #:	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		



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Facility ID (if known)

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B. Applicant Information

1. Small MS4 Operator/Owner Information:

Donald E. Goodwin, Jr., DPW Supt.
Name
320R Charger Street
Mailing Address
Revere MA
City/Town State
781 286-8149
Telephone Number Email (if available)

2. Municipality Name

Revere
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



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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
Chelsea River	4	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens, priority organics, oil & grease
Name Diamond Creek (Pines River)	Number 8	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Specify Pathogens
Name Town Line Brook (Pines River)	Number 5	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Specify Pathogens
Name Pines River	Number 10	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Specify Pathogens
Name Sales Creek	Number 7	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Specify Pathogens
Name Belle Isle Inlet	Number 2	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Specify Pathogens
Name BROADSOUND (Atlantic Ocean)	Number 3	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Specify Pathogens
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
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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



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D. Stormwater Management Program Summary

1. Public Education:

<u>PE-1</u> BMP ID #		Education and outreach program developed <u>within one year</u> Specify Measurable Goal
<u>Partnership Program</u> Specify Best Management Practice	<u>Planning/John Squibb</u> Responsible Dept./Person Name	
<u>PE-2</u> BMP ID #		Web site for stormwater <u>pollutions prevention</u> with: Specify Measurable Goal <u>one year</u>
<u>Web site creation</u> Specify Best Management Practice	<u>MIS/Glen De Rosa</u> Responsible Dept./Person Name	
<u>PE-3</u> BMP ID #		Household brochures and fact sheets distributed <u>with water & sewer bills</u> Specify Measurable Goal <u>within 1 yr</u>
<u>Household brochures and fact sheets</u> Specify Best Management Practice	<u>DPW/Don Goodwin</u> Responsible Dept./Person Name	
<u>PE-4</u> BMP ID #		Commercial brochures and fact sheets distributed <u>within 1 yr with water & sewer bills</u> Specify Measurable Goal
<u>Commercial brochures & fact sheets</u> Specify Best Management Practice	<u>DPW/Don Goodwin</u> Responsible Dept./Person Name	
<u>PE-5</u> BMP ID #		<u>50% of K-12 every 2 years</u> Specify Measurable Goal
<u>Classroom education on stormwater</u> Specify Best Management Practice	<u>School/David Lyons</u> Responsible Dept./Person Name	

2. Public Participation:

<u>PP 1</u> BMP ID #		Organize watershed <u>committee within 1 year</u> Specify Measurable Goal
<u>Watershed organization</u> Specify Best Management Practice	<u>Conservation/Andy De Santis</u> Responsible Dept./Person Name	
<u>PP-2</u> BMP ID #		Hold at least 2 <u>stakeholder meetings every year</u> Specify Measurable Goal
<u>Stakeholder meetings</u> Specify Best Management Practice	<u>Conservation/Andy De Santis</u> Responsible Dept./Person Name	
<u>PP-3</u> BMP ID #		Hold at least 2 stream <u>clean up campaigns every year</u> Specify Measurable Goal
<u>Stream cleanings campaign</u> Specify Best Management Practice	<u>DPW/Don Goodwin</u> Responsible Dept./Person Name	
<u>PP-4</u> BMP ID #		Complete water quality <u>monitoring within 2 years</u> Specify Measurable Goal
<u>Volunteer monitoring</u> Specify Best Management Practice	<u>Saugus River Watershed</u> Responsible Dept./Person Name	
<u>PP-5</u> BMP ID #		Complete storm drain <u>stenciling within 3 years</u> Specify Measurable Goal
<u>Storm drain stenciling</u> Specify Best Management Practice	<u>Conservation/Joe James</u> Responsible Dept./Person Name	



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D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

<u>IDDE-1</u> BMP ID #		
<u>Storm drain map</u> Specify Best Management Practice	<u>Engineering/Tom Terranova</u> Responsible Dept./Person Name	<u>Update storm drain map within 2 years</u> Specify Measurable Goal
<u>IDDE-2</u> BMP ID #		
<u>Non stormwater discharge ordinance</u> Specify Best Management Practice	<u>Planning/Frank Stringi</u> Responsible Dept./Person Name	<u>Adopt non stormwater discharge ordinance within 2 years</u> Specify Measurable Goal
<u>IDDE-3</u> BMP ID #		
<u>Industrial/Business connections</u> Specify Best Management Practice	<u>Building/Bob Misiano</u> Responsible Dept./Person Name	<u>Establish industrial/business connection monitoring program within 1 year</u> Specify Measurable Goal
<u>IDDE-4</u> BMP ID #		
<u>Illicit discharge & elimination</u> Specify Best Management Practice	<u>DPW/Don Goodwin</u> Responsible Dept./Person Name	<u>Establish and illicit discharge & elimination program within 1 year</u> Specify Measurable Goal
<u>IDDE- 5</u> BMP ID #		
<u>Illegal dumping task force</u> Specify Best Management Practice	<u>Conservation/Andy De Santis</u> Responsible Dept./Person Name	<u>Form an illegal dumping task force within 1 year. Hold quarterly task force meetings</u> Specify Measurable Goal

4. Construction Site Runoff Control:

<u>CSRC-1</u> BMP ID #		
<u>Site plan review</u> Specify Best Management Practice	<u>Planning/Frank Stringi</u> Responsible Dept./Person Name	<u>Establish site plan review standards within 2 years</u> Specify Measurable Goal
<u>CSRC-2</u> BMP ID #		
<u>Erosion/sediment control ordinance</u> Specify Best Management Practice	<u>Planning/Frank Stringi</u> Responsible Dept./Person Name	<u>Develop erosion/sediment control ordinance within 2 years</u> Specify Measurable Goal
<u>CSRC-3</u> BMP ID #		
<u>Stormwater pollution prevention plan</u> Specify Best Management Practice	<u>DPW/Stormwater</u> Responsible Dept./Person Name	<u>Require stormwater pollution prevention plan for all construction projects within 1 yr</u> Specify Measurable Goal
<u>CSRC-4</u> BMP ID #		
<u>Inspection program guidelines</u> Specify Best Management Practice	<u>Building/Lance Kelley</u> Responsible Dept./Person Name	<u>Set up guidelines for an inspection program within 1 year</u> Specify Measurable Goal
<u>CSRC-5</u> BMP ID #		
<u>BMP measures for sediment/erosion</u> Specify Best Management Practice	<u>DPW/Don Goodwin</u> Responsible Dept./Person Name	<u>Establish BMP measures for construction site operations within 1 year</u> Specify Measurable Goal



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D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

<u>PCRC-1</u>		
BMP ID #	Post	Adopt a post construction runoff ordinance
<u>construction runoff ordinance</u>	Planning/Frank Stringi	within 2 years
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>PCRC-2</u>		
BMP ID #		Adopt site plan review standards for post construction within 2 years
<u>Site plan review</u>	Planning/Frank Stringi	
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>PCRC-3</u>		
BMP ID #	Operation and maintenance agreement	Develop an operation and maintenance model agreement within 2 years
<u>Specify Best Management Practice</u>	DPW/Don Goodwin	
	Responsible Dept./Person Name	Specify Measurable Goal
<u>PCRC-4</u>		
BMP ID #	Inspection program guidelines	Set up inspection program for post construction runoff control within 2 years
<u>Specify Best Management Practice</u>	Health/Nick Catinazo	
	Responsible Dept./Person Name	Specify Measurable Goal
<u>PCRC-5</u>		
BMP ID #	BMP measures	Establish BMP measures for post construction within 2 years
<u>Specify Best Management Practice</u>	Don Goodwin/DPW	
	Responsible Dept./Person Name	Specify Measurable Goal

6. Municipal Good Housekeeping:

<u>MGH-1</u>		
BMP ID #		Distribute pet waste brochures to pet owners within 1 year
<u>Pet waste collection</u>	Health/Nick Catinanzo	
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>MGH-2</u>		
BMP ID #	Parking lot and street cleaning	Implement a parking lot and street cleaning program within 1 year
<u>Specify Best Management Practice</u>	DPW/Don Goodwin	
	Responsible Dept./Person Name	Specify Measurable Goal
<u>MGH-3</u>		
BMP ID #	Catch Basin cleaning	Implement a catch basin cleaning program within 1 year
<u>Specify Best Management Practice</u>	DPW/Don Goodwin	
	Responsible Dept./Person Name	Specify Measurable Goal
<u>MGH-4</u>		
BMP ID #	Road salt storage	Institute measures for road salt storage within 1 year
<u>Specify Best Management Practice</u>	DPW-Don Goodwin	
	Responsible Dept./Person Name	Specify Measurable Goal
<u>MGH-5</u>		
BMP ID #	Spill response & prevention	Implement a spill response and prevention plan within 2 years
<u>Specify Best Management Practice</u>	Fire Dept/Gene Doherty	
	Responsible Dept./Person Name	Specify Measurable Goal
<u>BMP ID #</u>		
		Specify Best Management Practice



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D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

<u>TMDL-1</u>		
<u>BMP ID #</u> Parking lot and street sweeping	<u>DPW/Don Goodwin</u>	<u>Program set up within 1 yr</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>TMDL-2</u>		
<u>BMP ID #</u>		
<u>Catch basin cleaning</u>	<u>DPW/Don Goodwin</u>	<u>Program set up within 1 yr</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>TMDL-3</u>		
<u>BMP ID #</u>		
<u>Install deep sumps</u>	<u>DPW/Don Goodwin</u>	<u>Requirement set up for newly constructed catch basins within 1 year</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>TMDL-4</u>		
<u>BMP ID #</u> Install		
<u>gas and oil separators</u>	<u>DPW/Don Goodwin</u>	<u>Requirement set up for newly constructed catch basins within 1 year</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>TMDL-5</u>		
<u>BMP ID #</u>		
<u>Detention areas</u>	<u>DPW/Don Goodwin</u>	<u>Requirement established for large development site within 2 years</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

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.

Frank Stringi

Printed Name

Signature

Frank Stringi

Date

6/2/03



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F. Storm Water Management Program TIME FRAMES

BMP ID #	PERMIT YEAR ONE		PERMIT YEAR TWO		PERMIT YEAR THREE		PERMIT YEAR FOUR		PERMIT YEAR FIVE		Next Permitt												
	Spring 03	Summer 03	Fall 03	Winter 03-04	Spring 04	Summer 04	Fall 04	Winter 04-05	Spring 05	Summer 05		Fall 05	Winter 05-06	Spring 06	Summer 06	Fall 06	Winter 06-07	Spring 07	Summer 07	Fall 07	Winter 07-08		
PE-1																							
PE-2																							
PE-3																							
PE-4																							
PE-5																							
PP-1																							
PP-2					X					X					X						X		
PP-3										X					X						X		
PP-4																							
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