



Hand-enter Your Transmittal Number

MTR041082 >1

W 041121

Transmittal Number

Your unique Transmittal Number can be accessed online: http://www.state.ma.us/scripts/dep/trasmfrm.stm or call DEP's InfoLine at 617-338-2255 or 800-462-0444 (from 508, 781, and 978 area codes).

MAR041082

Massachusetts Department of Environmental Protection Transmittal Form for Permit Application and Payment

1. Please type or print. A separate Transmittal Form must be completed for each permit application.

A. Permit Information

BRPWM08A	Stormwater
Permit Code: 7 or 8 character code from permit instructions	Name of Permit Category
NPDES Stormwater General Permit	
Type of Project or Activity	

2. Make your check payable to the Commonwealth of Massachusetts and mail it with a copy of this form to: DEP, P.O. Box 4062, Boston, MA 02211.

B. Applicant Information - Firm or Individual

City of Somerville			
Name of Firm - Or, if party needing this approval is an individual enter name below:			
Last Name of Individual	First Name of Individual	MI	
1 Franey Road			
Street Address			
Somerville	MA	02145	617-625-6600, Ext 5410
City/Town	State	Zip Code	Telephone # and extension
Joan Lastovica, Director of Engineering			
Contact Person	e-mail address (optional)		

3. Three 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

C. Facility, Site or Individual Requiring Approval

City of Somerville Storm Drainage System same as above			
DEP Facility Number (if Known)		Federal I.D. Number (if Known)	
Street Address			
e-mail address (optional)			
City/Town	State	Zip Code	Telephone # and extension

4. Both fee-paying and exempt applicants must mail a copy of this transmittal form to DEP, P.O. Box 4062, Boston, MA 02211

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

Camp Dresser & McKee Inc.			
Name of Firm Or Individual			
50 Hampshire Street			
Address			
Cambridge	MA	02139	617452-6000
City/Town	State	Zip Code	Telephone # and extension
Scott Craig			
Contact Person	LSP Number (21E only)		

For DEP Use Only
Permit No. _____
Rec'd Date _____
Reviewer _____

E. Permit - Project Coordination

Is this project subject to MEPA review? yes no If yes, enter the project's EOE file number - assigned when an Environmental Notification Form is submitted to the MEPA unit: EOE file number _____
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 # if application already submitted
_____	_____	_____
_____	_____	_____

F. Amount Due

JUL 29 2003

Special Provisions:

- Fee Exempt* (city, town or municipal housing authority) (state agency 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 Number _____ 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

MUNICIPAL ASSISTANCE UNIT



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:

City of Somerville

Name

Mailing Address

Somerville

MA

City/Town

State

617-625-6600

Telephone Number

Email (if available)

2. Municipality Name

Somerville

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:

NA

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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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
Alewife Brook Name	5 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Metals, nutrients, organic enrichment/low DO, pathogens, oil & grease, taste, odor, color, objectionable deposits Specify
Mystic River Name	7 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Metals, nutrients, pathogens, priority organics, other inorganics, oil & grease, taste, odor, color, Specify

D. Stormwater Management Program Summary

1. Public Education:

1-1 BMP ID # Article/brochure/flyer about stormwater mailed to residents and businesses Specify Best Management Practice	Conservation Commission/DPW Responsible Dept./Person Name	Article/brochure/flyer distributed annually starting in the second permit year Specify Measurable Goal
1-2 BMP ID # Article about stormwater published in local newspaper and/or the Mystic River Watershed Association newsletter Specify Best Management Practice	Conservation Commission Responsible Dept./Person Name	Article submitted annually for publication starting in the second permit year Specify Measurable Goal
1-3 BMP ID # Update City website to include stormwater management information Specify Best Management Practice	Conservation Commission/Communications Responsible Dept./Person Name	City website updated in the second permit year Specify Measurable Goal



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D. Stormwater Management Program Summary (Cont.)

<u>1-4</u> BMP ID # Install additional signs (if needed) and maintain signs for pet waste clean-up at parks Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	Annual inspection and maintenance of signs starting in second permit year Specify Measurable Goal
<u>1-5</u> BMP ID # Annual update of Stormwater Management Plan at televised Board of Aldermen meeting Specify Best Management Practice	<u>DPW/Conservation Commission</u> Responsible Dept./Person Name	Annual update of SWMP at Board of Aldermen meeting Specify Measurable Goal
<u>1-6</u> BMP ID # Post information on stormwater management on local access television Specify Best Management Practice	<u>DPW/Communications</u> Responsible Dept./Person Name	Information posted and updated on local access channel. Specify Measurable Goal

2. Public Participation:

<u>2-1</u> BMP ID # Comply with state public notification guidelines at MGL Chapter 39 Section 23B Specify Best Management Practice	<u>Planning Board/Zoning Board of Appeals/DPW/Conservation Commission/City Clerk</u> Responsible Dept./Person Name	Notices posted in designated locations. Specify Measurable Goal
<u>2-2</u> BMP ID # Stencil catch basins with "don't dump" message Specify Best Management Practice	<u>DPW/Conservation Commission</u> Responsible Dept./Person Name	Number of catch basins stenciled annually Specify Measurable Goal
<u>2-3</u> BMP ID # Co-Sponsor Cleanup Days for rivers and water bodies affected by Somerville discharges Specify Best Management Practice	<u>Conservation Commission/DPW</u> Responsible Dept./Person Name	Co-sponsor and participate in river cleanup events Specify Measurable Goal

3. Illicit Discharge Detection and Elimination:

<u>3-1</u> BMP ID # Conduct dry weather outfall screening Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	Percent of outfalls screened Specify Measurable Goal
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D. Stormwater Management Program Summary (Cont.)

<p><u>3-2</u> BMP ID # Map stormwater outfalls and receiving waters Specify Best Management Practice</p>	<p><u>DPW</u> Responsible Dept./Person Name</p>	<p><u>Map created</u> Specify Measurable Goal</p>
<p><u>3-3</u> BMP ID # Map stormwater collection system in GIS Specify Best Management Practice</p>	<p><u>DPW / IT</u> Responsible Dept./Person Name</p>	<p><u>GIS of stormwater system created</u> Specify Measurable Goal</p>
<p><u>3-4</u> BMP ID # Develop and implement plan to identify and remove non-stormwater discharges Specify Best Management Practice</p>	<p><u>DPW</u> Responsible Dept./Person Name</p>	<p><u>Number of illicit connections found and removed</u> Specify Measurable Goal</p>
<p><u>3-5</u> BMP ID # Identify twin-invert manholes and implement sanitary inflow prevention measures Specify Best Management Practice</p>	<p><u>DPW</u> Responsible Dept./Person Name</p>	<p><u>Number of twin-invert manholes identified and corrected</u> Specify Measurable Goal</p>
<p><u>3-6</u> BMP ID # Develop ordinance that prohibits illicit connections, allows access to buildings, and requires redirection of illicit connections found Specify Best Management Practice</p>	<p><u>City Solicitor/DPW</u> Responsible Dept./Person Name</p>	<p><u>Draft ordinance developed in second permit year and presented to Board of Aldermen</u> Specify Measurable Goal</p>
<p><u>3-7</u> BMP ID # Continue inspection of new construction for correct connection to sanitary sewer Specify Best Management Practice</p>	<p><u>DPW</u> Responsible Dept./Person Name</p>	<p><u>New construction inspected</u> Specify Measurable Goal</p>

4. Construction Site Runoff Control:

<p><u>4-1</u> BMP ID # Develop city-wide construction site erosion and sediment control ordinance for sites greater than 1 acre Specify Best Management Practice</p>	<p><u>City Solicitor/Planning Dept/DPW</u> Responsible Dept./Person Name</p>	<p><u>Draft ordinance developed in second permit year and presented to Board of Aldermen</u> Specify Measurable Goal</p>
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D. Stormwater Management Program Summary (Cont.)

4-2

BMP ID #

Review site plans for stormwater impacts for sites greater than 1 acre

Specify Best Management Practice

Conservation
Commission/Planning Board
Responsible Dept./Person Name

Number of site plans reviewed
Specify Measurable Goal

4-3

BMP ID #

Consideration of public input

Specify Best Management Practice

Planning Board
Responsible Dept./Person Name

Public review and comment periods held; signs posted at construction sites
Specify Measurable Goal

5. Post Construction Runoff Control:

5-1

BMP ID #

Develop ordinance to apply Performance Standards 2,3,4,7,and 9 of the MA Stormwater Policy to developments disturbing more than 1 acre.

Specify Best Management Practice

City Solicitor/Planning Dept
Responsible Dept./Person Name

Draft ordinance developed in second permit year and presented to Board of Aldermen
Specify Measurable Goal

5-2

BMP ID #

Specify a stormwater BMP manual to be used for consistent design and performance standards.

Specify Best Management Practice

Conservation
Commission/Planning Dept
Responsible Dept./Person Name

BMP manual selected
Specify Measurable Goal

5-3

BMP ID #

Ensure long-term maintenance of structural BMPs.

Specify Best Management Practice

City Solicitor/Planning Dept/DPW
Responsible Dept./Person Name

Draft ordinance developed in second permit year and presented to Board of Alderment

6. Municipal Good Housekeeping:

6-1

BMP ID #

Employee Training

Specify Best Management Practice

DPW
Responsible Dept./Person Name

Number/percent of DPW employees who receive stormwater training each year.
Specify Measurable Goal



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D. Stormwater Management Program Summary (Cont.)

<p>6-2 _____ BMP ID # Continue street and municipal parking lot sweeping _____ Specify Best Management Practice</p>	<p>DPW _____ Responsible Dept./Person Name</p>	<p>City streets swept twice monthly from April to November, municipal parking lots swept in spring. _____ Specify Measurable Goal</p>
<p>6-3 _____ BMP ID # Storm drain maintenance _____ Specify Best Management Practice</p>	<p>DPW _____ Responsible Dept./Person Name</p>	<p>Clean 100 percent of stormwater catch basins every three years _____ Specify Measurable Goal</p>
<p>6-4 _____ BMP ID # Evaluate street sweeping and catch basin cleaning equipment. _____ Specify Best Management Practice</p>	<p>DPW _____ Responsible Dept./Person Name</p>	<p>Continually evaluate existing equipment _____ Specify Measurable Goal</p>
<p>6-5 _____ BMP ID # Roadway deicing _____ Specify Best Management Practice</p>	<p>DPW _____ Responsible Dept./Person Name</p>	<p>Amount and type of deicers used. _____ Specify Measurable Goal</p>
<p>6-6 _____ BMP ID # Continue spill prevention and response training at DPW facility _____ Specify Best Management Practice</p>	<p>DPW/Fire Dept _____ Responsible Dept./Person Name</p>	<p>Periodic training of employees. _____ Specify Measurable Goal</p>
<p>6-7 _____ BMP ID # Develop a written spill prevention and response plan for the DPW facility _____ Specify Best Management Practice</p>	<p>DPW/Fire Dept _____ Responsible Dept./Person Name</p>	<p>Written spill prevention and response plan developed and reviewed annually _____ Specify Measurable Goal</p>
<p>6-8 _____ BMP ID # Minimize impacts from vehicle maintenance at DPW _____ Specify Best Management Practice</p>	<p>DPW _____ Responsible Dept./Person Name</p>	<p>Amount of hazardous materials used _____ Specify Measurable Goal</p>



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D. Stormwater Management Program Summary (Cont.)

6-9 BMP ID # Minimize impacts from vehicle washing at DPW Specify Best Management Practice	DPW Responsible Dept./Person Name	City departments educated on proper vehicle washing practices Specify Measurable Goal
6-10 BMP ID # Continue tree planting and maintenance program. Specify Best Management Practice	DPW/OHCD Responsible Dept./Person Name	Number of trees planted. Specify Measurable Goal
6-11 BMP ID # Continue to hold Household Hazardous Waste Collection Events. Specify Best Management Practice	DPW/Environmental Engineer Responsible Dept./Person Name	Household Hazardous Waste Collection Day held. Specify Measurable Goal
6-12 BMP ID # Continue to provide hazardous waste drop offs and collection services for other waste products throughout the year. Specify Best Management Practice	DPW/Environmental Engineer Responsible Dept./Person Name	Hazardous waste drop offs and normal waste collection services provided year-round. Specify Measurable Goal
6-13 BMP ID # Monitor pollution prevention programs for effectiveness and suggest improvements as needed. Specify Best Management Practice	Stormwater Management Team/Conservation Commission/DPW/Planning Dept./City Solicitor's Office Responsible Dept./Person Name	Stormwater management program and pollution prevention measures evaluated for improvement on regular basis. Specify Measurable Goal

7. BMPs for Meeting TMDL: NONE REQUIRED; NO TMDLs in Somerville.



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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.

DOROTHY A. KELLY GAY Mayor
Printed Name
Dorothy A. Kelly Gay
Signature
7/28/03
Date



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)**
F. Example Storm Water Management Program TIME FRAMES

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BMP ID #	PERMIT YEAR ONE		PERMIT YEAR TWO		PERMIT YEAR THREE		PERMIT YEAR FOUR		PERMIT YEAR FIVE		Next Permit									
	Spring 03	Summer 03	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	
1-1																				
1-2																				
1-3																				
1-4			X																	
1-5						X														
1-6							X													X
2-1																				
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Done if passed by Board of Aldermen
Done if passed by Board of Aldermen
Done if passed by Board of Aldermen