



Hand-enter Your Transmittal Number

W 040908

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: Notice of Intent for Small MS4 Discharges Type of Project or Activity: Municipal Small Ms4 NPDES Phase II - 5 year implementation plan

B. Applicant Information (Firm or Individual)

Name of Firm: City of Springfield Or, if party needing this approval is clearly an individual: Individual's Last Name: First Name MI Street Address City/Town State Zip Code Telephone Number Contact: e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual: City of Springfield, Massachusetts DEP Facility Number (if Known) Street Address e-mail address: (optional) City/Town State Zip Code Telephone Number

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

Name of Individual or Firm: City Of Springfield, Massachusetts Department of Public Works Address: 36 Court St. 70 Tapley St. City/Town State Zip Code Telephone Number Contact: Georganne Hoyman LSP Number (21E only)

E. Permit - Project Coordination

Is this project subject to MEPA review? Is an Environmental Impact Report Required? 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:

Table with 3 columns: Permit Category, Date of Submission, Transmittal Number

F. Amount Due

Special Provisions: Fee Exempt\* (city, town or municipal housing authority) Hardship Request Alternative Schedule Project

\*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

JUL 30 2003 MUNICIPAL ASSISTANCE UNIT



**ORIGINAL**

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

W 040908  
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: *Georganne Hayman (per 9/10/03 T.C.)*

<u>City of Springfield</u>		<u>Department of Public Works</u>	
Name			
<u>36 Court St. (City Hall)</u>		<u>70 Tapley Street (DPW)</u>	
Mailing Address			
<u>Springfield</u>		<u>MA</u>	<u>01104</u>
City/Town		State	
<u>413-787-6100(City Hall)</u>	<u>787-6224 (DPW)</u>		
Telephone Number		Email (if available)	

2. Municipality Name

City of Springfield  
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

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
Connecticut River Name	16 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Priority Org, Pathogens, SS Specify
Mill River Name	5 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Not Assessed Specify
North & South Br. Mill River Name	15n - 16s Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Bass Pond Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Lake Lookout Name	2 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Turb, Nox aquatic plants Specify
Noonan Cove Name	3 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Turb, Nox aquatic plants Specify
Watershops Pond Name	14 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Turb, Nox aquatic plants Specify
Venture Pond Name	7 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	turb, Nox Aq PI, Nutr, Org En Specify
Mill Pond Name	3 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Nox Aq PI, Color, Odor, Taste Specify
Porter Lake Name	5 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Nox Aq PI, Turbidity Specify
Chicopee River Name	7 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens Specify
Van Horn Park Name	5 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Nox Aq Plants, Turbidity Specify
Long Pond Name	3 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Noxious Aquatic Plants Specify
Loon Pond Name	2 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Nutrients, Nox Aqu Plants Specify
Mona Lake Name	3 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Noxious Aquatic Plants Specify
Dimmock Pond Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Not Assessed Specify
Lake Lorraine Name	6 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Exotic Species Specify
Five Mile Pond Name	9 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify



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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
Island Pond Name	5 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Abbey Brook Name	6 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Poor Brook Name	15 Number	<input type="checkbox"/> Yes <input checked="" 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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**D. Stormwater Management Program Summary (Cont.)**

3. Illicit Discharge Detection and Elimination:

3-1 BMP ID # <u>Storm Sewer Map</u> Specify Best Management Practice	<u>See Attached Outline</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
3-2 BMP ID # <u>Illicit Discharge Ordinance</u> Specify Best Management Practice	<u>See Attached Outline</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
3-3 BMP ID # <u>Illicit Discharge Det. &amp; Elim.</u> Specify Best Management Practice	<u>See Attached Outline</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
_____ BMP ID # _____ Specify Best Management Practice	_____ Responsible Dept./Person Name	_____ 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 # <u>Wetland Protections</u> Specify Best Management Practice	<u>See Attached Outline</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
4-2 BMP ID # <u>Erosion &amp; Sediment Ord.</u> Specify Best Management Practice	<u>See Attached Outline</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
_____ BMP ID # _____ Specify Best Management Practice	_____ Responsible Dept./Person Name	_____ Specify Measurable Goal
_____ BMP ID # _____ Specify Best Management Practice	_____ Responsible Dept./Person Name	_____ Specify Measurable Goal
_____ BMP ID # _____ Specify Best Management Practice	_____ Responsible Dept./Person Name	_____ Specify Measurable Goal



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

5. Post Construction Runoff Control:

5-1 BMP ID # Wetlands Protections Specify Best Management Practice	See Attached Outline Responsible Dept./Person Name	See Attached Outline Specify Measurable Goal
5-2 BMP ID # Site Plan Review Specify Best Management Practice	See Attached Outline Responsible Dept./Person Name	See Attached Outline Specify Measurable Goal
5-3 BMP ID # Post Construction Regulation Specify Best Management Practice	See Attached Outline Responsible Dept./Person Name	See Attached Outline Specify Measurable Goal
BMP ID # Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
BMP ID # Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

6. Municipal Good Housekeeping:

6-1 BMP ID # System Maintenance Specify Best Management Practice	See Attached Outline Responsible Dept./Person Name	See Attached Outline Specify Measurable Goal
6-2 BMP ID # Employee Pollution Prevention Specify Best Management Practice	See Attached Outline Responsible Dept./Person Name	See Attached Outline Specify Measurable Goal
6-3 BMP ID # Employee Education Specify Best Management Practice	See Attached Outline Responsible Dept./Person Name	See Attached Outline Specify Measurable Goal
6-4 BMP ID # Special Projects Specify Best Management Practice	See Attached Outline Responsible Dept./Person Name	See Attached Outline Specify Measurable Goal
6-5 BMP ID # Open Space Protection Specify Best Management Practice	See Attached Outline Responsible Dept./Person Name	See Attached Outline Specify Measurable Goal



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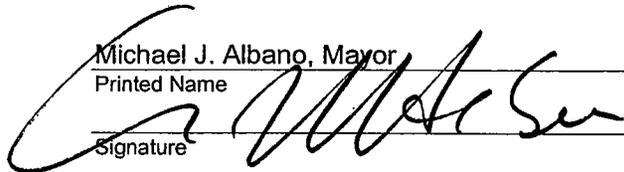
**D. Stormwater Management Program Summary (cont.)**

7. BMPs for Meeting TMDL:

4-1 BMP ID #		
Wetlands Protections Specify Best Management Practice	See Attached Outline Responsible Dept./Person Name	See Attached Outline Specify Measurable Goal
5-1 BMP ID #		
Educational Outreach Specify Best Management Practice	See Attached Outline Responsible Dept./Person Name	See Attached Outline Specify Measurable Goal
3-3 BMP ID #		
Illicit Discharge Detection Specify Best Management Practice	See Attached Outline Responsible Dept./Person Name	See Attached Outline Specify Measurable Goal
2-2 BMP ID #		
SWMP Public Participation Specify Best Management Practice	See Attached Outline Responsible Dept./Person Name	See Attached Outline Specify Measurable Goal
6-1 BMP ID #		
TMDL Targeted Maintenance Specify Best Management Practice	DPW Responsible Dept./Person Name	See Attached Outline 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.

Michael J. Albano, Mayor  
 Printed Name  
 \_\_\_\_\_  
 Signature  \_\_\_\_\_  
 Date July 25, 2003  
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