



Hand-enter Your Transmittal Number

W 035938

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): BRPVM08A
Name of Permit Category: NOI for MS4s
Type of Project or Activity: stormwater

B. Applicant Information (Firm or Individual)

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

Street Address 26 Central Street			
City/Town West Springfield	State MA	Zip Code 01089	Telephone Number (413) 263-3249 ext.
Contact: James Lyons, P.E.		e-mail address (optional) jlyons@west-springfield.ma.us	

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual Same		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: Tighe & Bond Consulting Engineers			
Address 53 Southampton Road			
City/Town Westfield	State MA	Zip Code 01085	Telephone Number (413) 562-1600 ext.
Contact: Robert Peirent, P.E.		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)
 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		



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 West Springfield

Name

26 Central Street

Mailing Address

West Springfield

City/Town

MA 01089

State

(413) 263-3249 (James Lyons, P.E.)

Telephone Number

jlyons@west-springfield.ma.us

Email (if available)

2. Municipality Name

West 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:

Mass Highway Dept.

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



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

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BRP WM 08A NPDES Stormwater General Permit

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

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
<u>Connecticut River</u> Name	To be determined Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Priority Organics, Pathogens, Suspended Solids Specify
<u>Paucatuck Brook</u> Name	To be determined Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
<u>Westfield River</u> Name	To be determined Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
<u>Piper Brook</u> Name	To be determined Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
<u>Bagg Brook</u> Name	To be determined Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
<u>Block Brook</u> Name	To be determined Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
<u>Schoolhouse Brook</u> Name	To be determined Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
<u>Goldine Brook</u> Name	To be determined Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
<u>Isolated Wetlands</u> Name	To be determined 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
_____ 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
_____ 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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Facility ID (if known)

D. Stormwater Management Program Summary

1. Public Education:

<u>1A</u> BMP ID #		
Educational Displays	DPW	One display in a municipal building per year, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>1B</u> BMP ID #		
Classroom Education	DPW	DPW classroom presentation Years 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>1C</u> BMP ID #		
Newspaper press release	DPW	Press release to local newspaper. 2 per year, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>1D</u> BMP ID #		
Local Cable Access	DPW	Post community service bulletins twice per year, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>1E</u> BMP ID #		
Informational Pamphlets	DPW	Develop pamphlet, Year 1. Mail 1 per year with water bills, Year 1, 3, 5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>1F</u> BMP ID #		
Open House	DPW	Publicize and support annual event at Transfer Station, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>1G</u> BMP ID #		
Community Website	DPW	2 notices per year on local "Virtual Town Hall" website, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

2. Public Participation:

<u>2A</u> BMP ID #		
Adopt-a-Road	City Council	Support the "Revive the Pride" activities in Merrick section, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>2B</u> BMP ID #		
Adopt-a-Stream	DPW / Conservation Commission	Support volunteer groups, maintain signage identifying stream names, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

<u>2C</u> BMP ID #		
Attitude Surveys	DPW	Include storm water survey on website, Year 2 and 5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>2D</u> BMP ID #		
Community Hotline	DPW	Place phone number on Town website for reporting of illicit discharges, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>2E</u> BMP ID #		
Storm Drain Stenciling	DPW	Support volunteers for stenciling anticipated 100 catch basins per year, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>2F</u> BMP ID #		
Water Quality Monitoring	DPW	Visual inspection of priority outfalls by volunteers, 10 per year, Year 2-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>2G</u> BMP ID #		
Watershed Committee	DPW / Conservation Commission	Support Westfield River Watershed Association, inform of DPW activities, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>2H</u> BMP ID #		
Hazardous Waste Collection	Board of Health	Publicize annual event collecting Universal Wastes, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

3. Illicit Discharge Detection and Elimination:

<u>3A</u> BMP ID #		
Mapping Stormwater Outfalls	DPW	Develop map of stormwater outfalls, Year 1. Field inspect / verify 25%, Year 2-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>3B</u> BMP ID #		
Develop Illicit Discharge Plan	DPW	Evaluate Year 1. Draft plan Year 2. Propose for adoption by Year 3. Implement Year 3-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>3C</u> BMP ID #		
Non-Stormwater Discharge Ordinance	City Council / DPW	Evaluate Year 1. Draft ordinance and Propose for adoption Year 2. Enforce Year 3-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>3D</u> BMP ID #		
Inform Employees, Businesses, Public	DPW	Publicize Illicit Discharge Plan and ordinance, Year 3 and 5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

<u>3E</u> BMP ID #	DPW	Conduct as needed in conjunction with BMP #3B, Year 3-5.
Video Inspection	Responsible Dept./Person Name	Specify Measurable Goal
<u>3F</u> BMP ID #	Board of Health	Keep Records for identification of problem areas, Year 1-5.
Falling Septic Systems	Responsible Dept./Person Name	Specify Measurable Goal

4. Construction Site Runoff Control:

<u>4A</u> BMP ID #	Planning Board / Building Commissioner	Evaluate existing regulations Year 1. Draft revisions Year 2. Propose for adoption by Year 3. Enforce Year 3-5.
Construction Runoff Ordinance	Responsible Dept./Person Name	Specify Measurable Goal
<u>4B</u> BMP ID #	Planning Board / Building Commissioner	Enforcement under existing Town regulations, Year 1 and 2. Enforcement under adopted ordinance, Year 3-5.
Construction Plan Review	Responsible Dept./Person Name	Specify Measurable Goal
<u>4C</u> BMP ID #	Conservation Commission / Building Commissioner	Enforcement under existing Town regulations, Year 1 and 2. Enforcement under adopted ordinance, Year 3-5.
Inspection / Reporting	Responsible Dept./Person Name	Specify Measurable Goal

5. Post Construction Runoff Control:

<u>5A</u> BMP ID #	Planning Board	Evaluate current regulations Year 1. Draft revisions Year 2. Propose for adoption Year 3. Enforce Year 3-5.
Post Construction Runoff Ordinance	Responsible Dept./Person Name	Specify Measurable Goal
<u>5B</u> BMP ID #	Planning Board / Building Commissioner	Enforcement under existing Town regulations, Year 1 and 2. Enforcement under adopted ordinance, Year 3-5.
Site Plan Review	Responsible Dept./Person Name	Specify Measurable Goal
<u>5C</u> BMP ID #	Conservation Commission / Building Commissioner	Enforcement under existing Town regulations, Year 1 and 2. Enforcement under adopted ordinance, Year 3-5.
Stormwater System Maintenance Plan	Responsible Dept./Person Name	Specify Measurable Goal

6. Municipal Good Housekeeping:

<u>6A</u> BMP ID #	DPW	Evaluate and draft additional policies as necessary, Year 2. Comply, Year 3-5.
Municipal Maintenance Activity Program	Responsible Dept./Person Name	Specify Measurable Goal

6B

BMP ID #

Training of Municipal Employees	DPW	Initial Good Housekeeping training, Year 2. Annual refresher, Year 3-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

6C

BMP ID #

Catch Basin Cleaning Program	DPW	Clean 50% of catch basins per year, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

6D

BMP ID #

Street Sweeping	DPW	Sweep streets once per year and Business Districts monthly, spring through fall, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

6E

BMP ID #

Road Salt Program	DPW	Employee to training at Salt-Institute seminar, Year 1. Investigate alternatives Year 2. Implement Year 3-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

6F

BMP ID #

Lawn Care and Pest Control	DPW	Train 1 additional employee for application of controls, Year 1. Implement practices, Year 2-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

6G

BMP ID #

Used Oil Recycling	DPW	Continue recycling for Town vehicles, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

6H

BMP ID #

Illegal Dumping	DPW	Pickup of dumped waste, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

7. BMPs for Meeting TMDL:

7A

BMP ID #

See Section 7 of the attached narrative, Appendix A

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
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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.

Edward J. Gibson, Mayor

Printed Name

Signature

July 17, 2003 Date

