#1077

Hand-enter Your Transmittal Number

W 041253
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).

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.
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.
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

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. Permit Information

BRP WM 08A
Permit Code: 7 or 8 character code from permit instructions

Stormwater
Name of Permit Category

Discharges from MS4
Type of Project or Activity

B. Applicant Information – Firm or Individual

City of Chelsea
Name of Firm - Or, if party needing this approval is an individual enter name below:

Last Name of Individual | **First Name** of Individual | MI

500 Broadway
Street Address

Chelsea | MA | 02150 | 617-889-8376
City/Town | State | Zip Code | Telephone # and extension

Andrew B. DeSantis
Contact Person

adesantis@ci.chelsea.ma.us
e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

City of Chelsea
Name of Facility, Site or Individual

DEP Facility Number (if Known)

046-001-384
Federal I.D. Number (if Known)

500 Broadway
Street Address

adesantis@ci.chelsea.ma.us
e-mail address (optional)

Chelsea | MA | 02150 | 617-889-8376
City/Town | State | Zip Code | Telephone # and extension

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

Name of Firm Or Individual

Address

City/Town | State | Zip Code | Telephone # and extension

Contact Person

LSP Number (21E only)

E. Permit - Project Coordination

Is this project subject to MEPA review? ☐ yes ☒ no If yes, enter the project's EOEA file number - assigned when an Environmental Notification Form is submitted to the MEPA unit: EOEA 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

Special Provisions:

SEP 11 2003

☒ 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 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

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)

W041253
Transmittal Number

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:

   Andrew B. DeSantis, Assistant Director DPW
   Name

   500 Broadway, Room 310
   Mailing Address

   Chelsea — City/Town
   MA — State

   617-889-8376 — Telephone Number
   adesantis@ci.chelsea.ma.us — Email (if available)

2. Municipality Name

   City of Chelsea
   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:

   Tobin Bridge – Massport, Route1 & Eastern Avenue – Massachusetts Highway Department, Route 16, Revere Beach Parkway – Massachusetts Department of Conservation and Recreation

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

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 (Name)	8 (Number)	☒ Yes ☐ No	0600, 1200, 1700, 1900, 2000 &2500
Mystic River (Name)	6 (Number)	☒ Yes ☐ No	0600, 1200, 1700, 1900, 2000 & 2500
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify

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)

W041253
Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary

1. Public Education:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
PE-1	Partnership Program w/Chelsea Greenspace & Mystic River Watershed Org.	DPW/Andrew DeSantis	Conduct Public Forums on a yearly basis
PE-2	Educational Material Distribution	DPW/Andrew DeSantis	Distribute materials 2x per year at community events
PE-3	Outreach to Latino Community	DPW/Andrew DeSantis	Develop Spanish Language Brochure within 1 year

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
PP-1	Hold Co-ordination Meetings	DPW/Andrew B. DeSantis	Hold Coordination Meetings with Chelsea Greenspace and Mystic River Watershed Organization on a semi-annual basis
PP-2	Storm Drain Stenciling	DPW/Andrew B. DeSantis	Stencil All catch basin structures within 3 years
PP-3	Volunteer Monitoring	DPW/Andrew B. DeSantis	Continue Volunteer Monitoring of outfalls on an annual basis.
PP-4	Stakeholder Meetings	DPW/Andrew B. DeSantis	Hold annual stakeholder meeting

BMP ID #

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

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
IDDE-1	Storm Drain Map	DPW/Andrew B. DeSantis	Update Storm/Sanitary Sewer Map Yearly (ongoing)
IDDE-2	Non-stormwater discharge Ordinance	DPW/Andrew B. DeSantis	Adopt Non-stormwater discharge Ordinance within 2 years
IDDE-3	Industrial/Business Connections	DPW/Andrew B. DeSantis	Establish Monitoring Program within 2 years
IDDE-4	Illicit Discharge Detection and Elimination	DPW/Andrew B. DeSantis	Establish Program within 1 year.
BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
CSRC-1	Develop Storm Water Discharge Permitting Standards	DPW/Andrew B. DeSantis	Establish Permitting Standards within 1 year.
CSRC-2	Erosion Sediment Control Ordinance	DPW/Andrew B. DeSantis	Develop Ordinance with 1 year
CSRC -3	Inspection Program Guideline	DPW/Andrew B. DeSantis	Establish within 1 year

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

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

PCRC-1 BMP ID #		
Post Construction Ordinance Specify Best Management Practice	DPW/Andrew B. DeSantis Responsible Dept./Person Name	Develop within 1 year. Specify Measurable Goal
PCRC-2 BMP ID #		
Operation and Maintenance Agreement Specify Best Management Practice	DPW/Andrew B. DeSantis Responsible Dept./Person Name	Develop within 1 year Specify Measurable Goal
PCRC-3 BMP ID #		
Inspection program guidelines Specify Best Management Practice	DPW/Andrew B. DeSantis Responsible Dept./Person Name	Set up inspection program for post construction runoff controls within 2 years. 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:

MGH-1 BMP ID #		
Street Cleaning Program Specify Best Management Practice	DPW/Andrew B. DeSantis Responsible Dept./Person Name	Continue ongoing program of sweeping every street twice a month from April 1 to November 30
MGH-2 BMP ID #		

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Programmed Catch Basin Cleaning	DPW/Andrew B. DeSantis	Continue ongoing contracted catch basin cleaning at the rate of 33% of all catch basins per year

BMP ID #: MGH-3

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Spill Response & Prevention	DPW/Andrew B. DeSantis	Review existing response plan and update within 1 year

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

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

BMP ID #: TMDL-1

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Street Sweeping	DPW/Andrew B. DeSantis	Continue contracted program of cleaning every street 2x/month April 1 to November 30

BMP ID #: TMDL-2

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Catch Basin Cleaning	DPW/Andrew B. DeSantis	Continue contracted program of cleaning 33% of catch basin per year

BMP ID #: TMDL-3

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Deep Sump Catch Basins	DPW/Andrew B. DeSantis	Require new and replacement catch basins to have deep sumps as part of CSRC-1

BMP ID #: TMDL-4

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Oil and gas separators	DPW/Andrew B. DeSantis	Institute requirement in conjunction with CSRC-1

BMP ID #:

Specify Best Management Practice	Responsible Dept./Person Name	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.

JAY Ash
Printed Name

Jay Ash City Manager 9/5/03
Signature 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. Storm Water Management Program TIME FRAMES

Transmittal Number W041253

Facility ID (if known)

Page ____ of ____

	PERMIT YEAR ONE				PERMIT YEAR TWO				PERMIT YEAR THREE				PERMIT YEAR FOUR				PERMIT YEAR FIVE			
BMP ID #	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				X				X				X				X				X
PE-2					X		X		X		X		X		X		X		X	
PE-3			—	—	—	—	—													
PP-1			X		X		X		X		X		X		X		X		X	
PP-2					—	—	—	—	—	—	—	—	—	—	—	—				
PP-3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
PP-4					X				X				X				X			
IDDE-1			X				X				X				X				X	
IDDE-2					—	—	—	—												
IDDE-3					—	—	—	—												
IDDE-4					—	—	—	—												
CSRC-1			—	—	—	—														
CSRC-2			—	—	—	—														
CSRC-3			—	—	—	—														
PCRC-1			—	—	—	—														
PCRC-2			—	—	—	—														
PCRC-3			—	—	—	—	—	—	—	—										
MGH-1	—	—	—		—	—	—		—	—	—		—	—	—		—	—	—	
MGH-2	—	—	—		—	—	—		—	—	—		—	—	—		—	—	—	
MGH-3			—	—	—	—														
TMDL-1	—	—	—		—	—	—		—	—	—		—	—	—		—	—	—	
TMDL-2	—	—	—		—	—	—		—	—	—		—	—	—		—	—	—	
TMDL-3			—	—	—	—														
TMDL-4			—	—	—	—														