1949

Hand-enter Your Transmittal Number → **W 035578**

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 Gen Permit Notice of Intent for Discharges from Small MS4s

Type of Project or Activity:
Muncipal Small MS4 NPDES Phase II 5-Year Stormwater Management Plan

B. Applicant Information (Firm or Individual)

Name of Firm:
City of Medford, Massachusetts

Or, if party needing this approval is clearly an individual:

Individual's Last Name:	First Name	MI

Street Address			
85 George P. Hassett Drive Room 300			
City/Town Medford	State MA	Zip Code 02155	Telephone Number (781) 393-2417 ext.
Contact: Commissioner Paul Gere		e-mail address (optional) PGere@medford.org	

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual City of Medford			DEP Facility Number (if Known)
Street Address 85 George P. Hassett Drive Room 300			e-mail address: (optional)
City/Town Medford	State MA	Zip Code 02155	Telephone Number (781) 393-2417 ext.

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

Name of Individual or Firm:
Vannasse Hangen Brustlin, Inc.

Address
101 Walnut Street, P.O. Box 9151

City/Town Watertown	State MA	Zip Code 02471 9151	Telephone Number (617) 924-1770 ext.
Contact: Bethany Eisenberg		LSP Number (21E only)	

E. Permit - Project Coordination

Is this project subject to MEPA review? ☐ yes ☒ no

If yes, indicate the project's EOEA file number (assigned when an Environmental Notification Form is submitted to the MEPA unit)

EOEA # 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 #: N/A	Dollar Amount: N/A	Date: March 10, 2003

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)

W035578
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:

City of Medford, Massachusetts — Donald Ouellette, City Eng.
Name

85 George P. Hassett Drive — per 9/9/03 T.C. to WB
Mailing Address

Medford — City/Town
Massachusetts — State

(781) 393-2417 — Telephone Number
PGere@medford.org — Email (if available)

2. Municipality Name

Medford, Massachusetts
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:

Metropolitan District Commission

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
Mystic River (Name)	31 (Number)	☒ Yes ☐ No	Metals/nutrients/pathogens (Specify)
Malden River (Name)	2 (Number)	☒ Yes ☐ No	Organic enrichment/low DO/ pathogens/oil and grease/ suspended solids/taste, odor and color/objectionable deposits (Specify)
Upper Mystic Lake (Name)	8 (Number)	☐ Yes ☒ No	(Specify)
Lower Mystic Lake (Name)	3 (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)

W035578
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
1A	Recycling/HHW Info. On Website	Department of Public Works	See Attached Outline
1B	Recycling/HHW Information Pamphlet	Department of Public Works	See Attached Outline
1C	Recycling/HHW Mailing	Department of Public Works	See Attached Outline
1D	Bilingual Education	Department of Public Works	See Attached Outline
1E	Arbor Day Talks at Schools	Dep't of Public Works/Tree Warden	See Attached Outline
1F	"No Dumping Allowed" Signs	Dep't of Public Works/Parks	See Attached Outline
1G	"No Dogs or Animals" Signs	Dep't of Public Works/Parks	See Attached Outline
1H	"Do Not Feed the Geese" Signs	Dep't of Public Works/Parks	See Attached Outline
1I	"No Littering" Signs	Dep't of Public Works/Parks	See Attached Outline
1J	"No Household Trash" Signs	Dep't of Public Works/Parks	See Attached Outline
1K	Geese Dropping Article in Paper	Dep't of Public Works/Env. Agent	See Attached Outline

D. Stormwater Management Program Summary (Cont.)

1L
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Pet Waste Article in Paper	Dep't of Public Works/Env. Agent	See Attached Outline

1M
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Stormwater Video on Local Cable	Department of Public Works	See Attached Outline

1N
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Stormwater Display in Library	Department of Public Works	See Attached Outline

1O
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Publicize Fines in Local Paper	Department of Public Works	See Attached Outline

1P
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Good Housekeeping Flyer to Businesses	Department of Public Works	See Attached Outline

1Q
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Stormwater Info. At Existing Events	Department of Public Works	See Attached Outline

2. Public Participation:

2A
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Oil-based Paint Collection	Dep't of Public Works/Recycling	See Attached Outline

2B
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Household Hazardous Waste Drop-off	Dep't of Public Works/Recycling	See Attached Outline

2C
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Curbside Recycling	Dep't of Public Works/Recycling	See Attached Outline

2D
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Mercury Exchange	Dep't of Public Works/Board of Health	See Attached Outline

2E
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Nickel-Cadmium Battery Recycling	Dep't of Public Works/Recycling	See Attached Outline

D. Stormwater Management Program Summary (Cont.)

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2F	Leaf and Yard Waste Collection	Dep't of Public Works/Recycling	See Attached Outline
2G	Mystic River Cleanup Day	Friends of the Mystic River/Dep't of Public Works	See Attached Outline
2H	Annual Public Meeting	Department of Public Works	See Attached Outline
2I	Stormwater Contact	Dep't of Public Works/Engineering	See Attached Outline
2J	Stormwater Earth Day Activity	Dep't of Public Works/Engineering	See Attached Outline
			See Attached Outline

3. Illicit Discharge Detection and Elimination:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
3A	Establish Fines for Illegal Dumping	Department of Public Works	See Attached Outline
3B	Enforce Littering/Pet Waste Fines	Police Department	See Attached Outline
3C	Storm Sewer Map	Dep't of Public Works/Engineering	See Attached Outline
3D	Illicit Discharge Bylaw	Dep't of Public Works/Engineering/ Building/Law	See Attached Outline
3E	Detection and Elimination Plan	Dep't of Public Works/Engineering	See Attached Outline

D. Stormwater Management Program Summary (Cont.)

3F
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Public Education	Dep't of Public Works	See Attached Outline

3G
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Municipal Employee Education	Dep't of Public Works	See Attached Outline

4. Construction Site Runoff Control:

4A
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Construction Site Runoff Bylaw	Dep't of Public Works/Engineering/ Building/Law	See Attached Outline

4B
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Erosion/Sediment Control BMPs	Dep't of Public Works/Engineering/ Building/Law	See Attached Outline

4C
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Site Plan Review Procedures	Dep't of Public Works/Engineering/ Building/Law	See Attached Outline

4D
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Site Inspection Procedures	Dep't of Public Works/Engineering/ Building/Law	See Attached Outline

4E
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Stormwater Contact - Construction	Dep't of Public Works/Engineering	See Attached Outline

5. Post Construction Runoff Control:

5A
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Formalize Better Site Design Encouragement	Dep't of Public Works/Engineering/ Building/Law	See Attached Outline

5B
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Post-Construction Bylaw	Dep't of Public Works/Engineering	See Attached Outline

5C
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Choose BMPs	Dep't of Public Works/Engineering	See Attached Outline

D. Stormwater Management Program Summary (cont.)

5D
BMP ID #

BMP Maintenance Procedures	Dep't of Public Works/Engineering	See Attached Outline
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

5E
BMP ID #

BMP Implementation Procedures	Dep't of Public Works/Engineering	See Attached Outline
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

6. Municipal Good Housekeeping:

6A
BMP ID #

Regular Street Sweeping	Dep't of Public Works/Highway	See Attached Outline
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

6B
BMP ID #

Regular Catch Basin Cleaning	Dep't of Public Works/Highway	See Attached Outline
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

6C
BMP ID #

Implement SPCC Plan	Dep't of Public Works/Highway	See Attached Outline
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

6D
BMP ID #

Employee Training	Dep't of Public Works/Engineering	See Attached Outline
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

6E
BMP ID #

Municipal Operation/Maintenance	Dep't of Public Works/Engineering	See Attached Outline
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

6F
BMP ID #

SWPPP for Municipal Yard	Dep't of Public Works/Highway	See Attached Outline
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

6G
BMP ID #

SWPPP for Oak Grove Cemetery	Dep't of Public Works/Cemetery Div.	See Attached Outline
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

7. BMPs for Meeting TMDL:

BMP ID #

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

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)

W035578
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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.

PAUL GERE
Printed Name

Paul Gere
Signature

3-05-03
Date

Paul Gere
Signature

6-24-03
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. Storm Water Management Program TIME FRAMES

Medford, MA
Transmittal Number W035578
Facility ID (if known)

	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	Next Permit
1A	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
1B	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
1C				X				X				X				X				X	
1D					—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
1E	X				X				X				X				X				
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2H				X				X				X				X				X	
2I	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
2J					X				X				X				X				
3A					—	—	—														
3B					—	—	—	—	—	—	—	—									
3C	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
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	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	Next Permit
4D																					
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