M17R 04 W041020 1081 SP

Hand-enter Your Transmittal Number

W 041020

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	
Type of Project or Activity: Notice of Intent for Discharges from Small Municipal MS4s	

B. Applicant Information (Firm or Individual)

Name of Firm: City of Quincy			
Or, if party needing this approval is clearly an individual:			
Individual's Last Name:	First Name		MI
Street Address 1305 Hancock Street			
City/Town Quincy	State MA	Zip Code 02169	Telephone Number (617) 376-1000 ext.
Contact: Jay Fink, P.E., DPW Commissioner		e-mail address (optional)	

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual		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: BETA Group, Inc.			
Address 315 Norwood Park South			
City/Town Norwood	State MA	Zip Code 02062	Telephone Number (781) 255-1982 ext.
Contact: Michael S. Vignale		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)

AUG 25 2003 MUNICIPAL ASSISTANCE UNIT

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

rev: 03/21/00

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

W041020
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: Jay Fink-

   City of Quincy
   Name

   1305 Hancock Street
   Mailing Address

   Quincy — City/Town
   MA, 02169 — State

   (617) 376-1000 — Telephone Number
   Email (if available)

2. Municipality Name

   Quincy
   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:

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

AUG 25 2003
MUNICIPAL ASSISTANCE UNIT

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
Quincy Bay (Name)	N/A (Number)	☒ Yes ☐ No	Pathogens (Specify)
Furnace Brook (Name)	N/A (Number)	☐ Yes ☒ No	(Specify)
Black Creek (Name)	N/A (Number)	☐ Yes ☒ No	(Specify)
Weymouth Fore River (Name)	N/A (Number)	☐ Yes ☒ No	(Specify)
Hingham Bay (Name)	N/A (Number)	☐ Yes ☒ No	(Specify)
Dorchester Bay (Name)	N/A (Number)	☐ Yes ☒ No	(Specify)
Town River Bay (Name)	N/A (Number)	☐ Yes ☒ No	(Specify)
Rock Island Cove (Name)	N/A (Number)	☐ Yes ☒ No	(Specify)
Town River (Name)	N/A (Number)	☐ Yes ☒ No	(Specify)
The Canal (Name)	N/A (Number)	☐ Yes ☒ No	(Specify)
Blue Hills River (Name)	N/A (Number)	☐ Yes ☒ No	(Specify)
Bouncing Brook (Name)	N/A (Number)	☐ Yes ☒ No	(Specify)
Giant Cedar Swamp (Name)	N/A (Number)	☐ Yes ☒ No	(Specify)
Town Brook (Name)	N/A (Number)	☐ Yes ☒ No	(Specify)
Blue Hills Reservior (Name)	N/A (Number)	☐ Yes ☒ No	(Specify)
Pine Tree Brook (Name)	N/A (Number)	☐ Yes ☒ No	(Specify)
Neponset River (Name)	N/A (Number)	☐ Yes ☒ No	(Specify)
Sagamore Creek (Name)	N/A (Number)	☐ Yes ☒ No	(Specify)

D. Stormwater Management Program Summary

1. Public Education:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1-1	Classroom Education on Storm Water	DPW Commissioner	Materials distributed to City Hall and Library, expand Quincy Ecology Program
1-2	Flyer and Brochure Distribution	DPW Commissioner	Develop one flyer and two fact sheets, distribute flyers as utility inserts
1-3	Using the Media and Internet	DPW Commissioner	One local cable public service annually, one storm water press release annually, one storm water article annually, provide links on web site

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2-1	Storm Water Committee	DPW Commissioner	Establish panel and meet quarterly
2-2	Stream cleanup and Monitoring	DPW Commissioner	Track # cleanup activities, participants & miles cleaned and track water quality
2-3	Stencil Storm Drains	DPW Commissioner	Stencil 50 storm drains per year starting in year two.
2-4	Pet Waste Collection	DPW Commissioner	Track # of dog parks, signs posted, educational materials, and "pooper-scooper" stations

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
3-1	Drainage System Mapping	DPW Commissioner	Locate all outfalls and complete drainage system mapping
3-2	Outfall Testing Program	DPW Commissioner	Inspect all discharges, sample discharges with flow present, and complete follow-up testing
3-3	Illegal Dumping Education	DPW Commissioner	Distribute materials, document and investigate reported illegal dumps, enforce penalties, document dumps as cleaned-up
3-4	Ordinance Review and Update	DPW Commissioner	Review and revise ordinances

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
4-1	Ordinance Review and Updates	DPW City Engineer	Review and revise erosion and sediment control ordinances
4-2			

D. Stormwater Management Program Summary (Cont.)

Construction Reviews Specify Best Management Practice	DPW City Engineer Responsible Dept./Person Name	Develop and implement standard construction project review procedures, details, inspection review procedures, document inadequate sites/plans, and non-compliant permits Specify Measurable Goal

4-3
BMP ID #

Public Information Specify Best Management Practice	DPW City Engineer Responsible Dept./Person Name	Continue hot-line, document and investigate complaints, inform residents in "The Worksheet" Specify Measurable Goal

5. Post Construction Runoff Control:

5-1
BMP ID #

Ordinance Review and Update Specify Best Management Practice	DPW City Engineer Responsible Dept./Person Name	Review and revise storm water ordinances, develop and implement standard construction details and policies Specify Measurable Goal

5-2
BMP ID #

Project Review Specify Best Management Practice	DPW City Engineer Responsible Dept./Person Name	Develop and implement standard construction project review procedures, standard construction details, inspection review procedures, document inadequate sites/plans reported and non-compliant permits Specify Measurable Goal

6. Municipal Good Housekeeping:

6-1
BMP ID #

Predictive Catch Basin Program Specify Best Management Practice	DPW Commissioner Responsible Dept./Person Name	Develop, collect data and refine program Specify Measurable Goal

D. Stormwater Management Program Summary (cont.)

6-2
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Street Cleaning	DPW Commissioner	Continue program, review the effectiveness of the program

6-3
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Investigate City Owned BMPs, for Retrofit Opportunities	DPW Commissioner	Inspect three structural BMPs per year & implement two retrofit projects

6-4
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Municipal Employee Training	DPW Commissioner	Continue current practices

7. BMPs for Meeting TMDL: (Draft TMDL for the Neponset River)

1-2
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Flyer and Brochure Distribution	DPW Commissioner	Develop one flyer and two fact sheets, distribute flyers as utility inserts

2-2
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Stream cleanup and Monitoring	DPW Commissioner	Track # cleanup activities, participants & miles cleaned and track water quality

2-4
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Pet Waste Collection	DPW Commissioner	Track # of dog parks, signs posted, educational materials, and "pooper-scooper" stations

3-2
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Outfall Testing Program	DPW Commissioner	Inspect all discharges, sample discharges with flow present, and complete follow-up testing

D. Stormwater Management Program Summary (cont.)

3-3
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Illegal Dumping Education	DPW Commissioner	Distribute materials, document and investigate reported illegal dumps, enforce penalties, document dumps as cleaned-up

3-4
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Septic System Controls (Board of Health)	DPW Commissioner	Document # and location of systems, distribute additional educational flyers

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.

Mr. William J. Phelan, Mayor
Printed Name

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. Storm Water Management Program TIME FRAMES

Transmittal Number W041020

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
1-1	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
1-2	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
1-3	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
2-1				■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
2-2				■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
2-3					■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
2-4				■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
3-1									■	■	■	■					■	■	■	■	
3-2					■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
3-3									■	■	■	■	■	■	■	■					
3-4					■	■	■	■													
3-5					■	■	■	■													
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4-3			■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
5-1					■	■	■	■													
5-2			■	■	■	■	■	■													
6-1			■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
6-2			■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
6-3			■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
6-4			■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	