1057

W035316
Transmittal Number

Facility ID (if known)

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)

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:

   Donald E. Goodwin, Jr., DPW Supt.
   Name

   320R Charger Street
   Mailing Address

   Revere — City/Town
   MA — State

   781 286-8149 — Telephone Number
   Email (if available)

2. Municipality Name

   Revere
   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:

   unknown

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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D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
TMDL-1	Parking lot and street sweeping	DPW/Don Goodwin	Program set up within 1 y
TMDL-2	Catch basin cleaning	DPW/Don Goodwin	Program set up within 1 y
TMDL-3	Install deep sumps	DPW/Don Goodwin	Requirement set up for newly constructed catch basins within 1 year
TMDL-4	Install gas and oil separators	DPW/Don Goodwin	Requirement set up for newly constructed catch basins within 1 year
TMDL-5	Detention areas	DPW/Don Goodwin	Requirement established for large development sit within 2 years

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.

Thomas G. Ambrosino, Mayor
Printed Name

Signature

10/2/03
Date

MAR 04/057 AH

Hand-enter Your Transmittal Number → W 035316

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

JUN 0 6 2003

MUNICIPAL ASSISTANCE UNIT

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): BRP WM 08A

Name of Permit Category: NPDES STORMWATER GENERAL PERMIT

Type of Project or Activity: DISCHARGES FROM MS4S

B. Applicant Information (Firm or Individual)

Name of Firm: CITY OF REVERE

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

Individual's Last Name:	First Name	MI

Street Address			
REVERE CITY HALL, 281 BROADWAY			
City/Town: REVERE	State: MA	Zip Code: 02151	Telephone Number: (781) 286-8149 ext.
Contact: DON GOODWIN, DPW SUPT.		e-mail address (optional)	

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual			DEP Facility Number (if Known)
CITY OF REVERE			
Street Address: 281 BROADWAY			e-mail address: (optional)
City/Town: REVERE	State: MA	Zip Code: 02151	Telephone Number: (781) 286-8149 ext.

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

Name of Individual or Firm:			
CITY OF REVERE			
Address: 281 BROADWAY			
City/Town: REVERE	State: MA	Zip Code: 02151	Telephone Number: (781) 286-8183 ext.
Contact: FRANK STRINGI, CITY PLANNER		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 #:	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

W035316
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:

   Donald E. Goodwin, Jr., DPW Supt.
   Name

   320R Charger Street
   Mailing Address

   Revere — City/Town
   MA — State

   781 286-8149 — Telephone Number
   Email (if available)

2. Municipality Name

   Revere
   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

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)	4 (Number)	☒ Yes ☐ No	Pathogens, priorty organics, oil & grease (Specify)
Diamond Creek (Pines River) (Name)	8 (Number)	☒ Yes ☐ No	Pathogens (Specify)
Town Line Brook (Pines River) (Name)	5 (Number)	☒ Yes ☐ No	Pathogens (Specify)
Pines River (Name)	10 (Number)	☒ Yes ☐ No	Pathogens (Specify)
Sales Creek (Name)	7 (Number)	☒ Yes ☐ No	Pathogens (Specify)
Belle Isle Inlet (Name)	2 (Number)	☒ Yes ☐ No	Pathogens (Specify)
Broadsound (Atlantic Ocean) (Name)	3 (Number)	☒ Yes ☐ No	Pathogens (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
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BRP WM 08A NPDES Stormwater General Permit

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

W035316
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	Planning/John Squibb	Education and outreach program developed within one year
PE-2	Web site creation	MIS/Glen De Rosa	Web site for stormwater pollutions prevention with one year
PE-3	Household brochures and fact sheets	DPW/Don Goodwin	Household brochures and fact sheets distributed with water & sewer bills within 1 yr
PE-4	Commercial brochures & fact sheets	DPW/Don Goodwin	Commercial brochures and fact sheets distributed within 1 yr with water & sewer bills
PE-5	Classroom education on stormwater	School/David Lyons	50% of K-12 every 2 years

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
PP_1	Watershed organization	Conservation/Andy De Santis	Organize watershed committee within 1 year
PP-2	Stakeholder meetings	Conservation/Andy De Santis	Hold at least 2 stakehold meetings every year
PP-3	Stream cleanings campaign	DPW/Don Goodwin	Hold at least 2 stream clean up campaigns every ye
PP-4	Volunteer monitoring	Saugus River Watershed	Complete water quality monitoring within 2 years
PP-5	Storm drain stenciling	Conservation/Joe James	Complete storm drain stenciling within 3 years

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	Engineering/Tom Terranova	Update storm drain map within 2 years
IDDE-2	Non stormwater discharge ordinance	Planning/Frank Stringi	Adopt non stormwater discharge ordinance within 2 years
IDDE-3	Industrial/ Business connections	Building/Bob Misiano	Establish industrial/ business connection monitoring program within 1 year
IDDE-4	Illicit discharge & elimination	DPW/Don Goodwin	Establish and illicit discharge & elimination progr within 1 year
IDDE- 5	Illegal dumping task force	Conservation/Andy De Santis	Form an illegal dumping task force within 1 year. Hold quarterly task forc meetings

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
CSRC-1	Site plan review	Planning/Frank Stringi	Establish site plan review standards within 2 years
CSRC-2	Erosion/ sediment control ordinance	Planning/Frank Stringi	Develop erosion/sediment control ordinance within 2 years
CSRC-3	Stormwater pollution prevention plan	DPW/Stormwater	Require stormwater pollution prevention plan for all construction proje within 1 yr
CSRC-4	Inspection program guidelines	Building/Lance Kelley	Set up guidelines for an inspection program within 1 year
CSRC-5	BMP measures for sediment/erosion	DPW/Don Goodwin	Establish BMP measures for construction site operations within 1 year

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
PCRC-1	Post construction runoff ordinance	Planning/Frank Stringi	Adopt a post constructi runoff ordinance within 2 years
PCRC-2	Site plan review	Planning/Frank Stringi	Adopt site plan review standards for post constru tion within 2 years
PCRC-3	Operation and maintenance agreetment	DPW/Don Goodwin	Develop an operation and maintenance model agreemen within 2 years
PCRC-4	Inspection program guidelines	Health/Nick Catinazo	Set up inspection program for post construction runo control within 2 years
PCRC-5	BMP measures	Don Goodwin/DPW	Establish BMP measures for post construction within 2 years

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
MGH-1	Pet waste collection	Health/Nick Catinanzo	Distribute pet waste brochures to pet owners within 1 year
MGH-2	Parking lot and street cleaning	DPW/Don Goodwin	Implement a parking lot and street cleaning program within 1 year
MGH-3	Catch Basin cleaning	DPW/Don Goodwin	Implement a catch basin cleaning program within 1 year
MGH-4	Road salt storage	DPW-Don Goodwin	Institute measures for road salt storage within 1 year
MGH-5	Spill response & prevention	Fire Dept/Gene Doherty	Implement a spill response and prevention plan within 2 years
BMP ID #	Specify Best Management Practice		

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D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
TMDL-1	Parking lot and street sweeping	DPW/Don Goodwin	Program set up within 1 yr
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TMDL-5	Detention areas	DPW/Don Goodwin	Requirement established for large development site within 2 years

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.

Frank Stringi
Printed Name

Frank Stringi
Signature

6/2/03
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 W035316

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	Next Permit
PE-1				—	—	—	—														
PE-2				—	—	—	—														
PE-3								—	—	—	—										
PE-4												—	—	—	—	—					
PE-5			—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
PP-1	—	—	—																		
PP-2					X		X		X		X		X		X		X		X		
PP-3									X		X		X		X		X		X		
PP-4													—	—	—	—	—	—	—	—	
PP-5																	—	—	—	—	
IDDE-1	—	—	—	—	—	—	—														
IDDE-2					—	—	—	—	—	—	—										
IDDE-3								—	—	—	—										
IDDE-4												—	—	—	—						
IDDE-5																	—	—	—	—	
CSRC-1	—	—	—	—	—	—	—														
CSRC-2					—	—	—	—	—	—	—										
CSRC-3								—	—	—	—										
CSRC-4												—	—	—	—						
CSRC-5																—	—	—	—	—	
PCRC-1	—	—	—	—	—	—	—														
PCRC-2					—	—	—	—	—	—	—										
PCRC-3								—	—	—	—	—	—	—	—						
PCRC-4												—	—	—	—	—	—	—	—		
PCRC-5																	—	—	—	—	
MGH-1	—	—	—																		
MGH-2					—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
MGH-3								—	—	—	—	—	—	—	—	—	—	—	—	—	
MGH-4												—	—	—	—	—					
MGH-5																	—	—	—	—	