Hand-enter Your Transmittal Number ► **W 040908**

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: Notice of Intent for Small MS4 Discharges
Type of Project or Activity: Municipal Small Ms4 NPDES Phase II - 5 year implementation plan

B. Applicant Information (Firm or Individual)

Name of Firm: City of Springfield

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

Individual's Last Name:	First Name	MI

Street Address			
City/Town	State	Zip Code	Telephone Number ( ) ext.
Contact:		e-mail address (optional)	

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual City of Springfield, Massachusetts		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: City Of Springfield, Massachusetts	Department of Public Works		
Address 36 Court St.	70 Tapley St.		
City/Town Springfield	State MA	Zip Code 01040	Telephone Number (413) 787-6224 ext.
Contact: Georganne Hoyman		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)

JUL 30 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

ORIGINAL

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

W 040908
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: Georganne Hayman (per 9/10/03 T.C.)

   City of Springfield — Department of Public Works
   Name

   36 Court St. (City Hall) — 70 Tapley Street (DPW)
   Mailing Address

   Springfield — MA 01104
   City/Town — State

   413-787-6100(City Hall) 787-6224 (DPW)
   Telephone Number — Email (if available)

2. Municipality Name

   City of 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:

   Massachusetts Highway Department

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

JUL 30 2003
MUNICIPAL ASSISTANCE UNIT

Massachusetts Department of Environmental Protection
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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
Connecticut River (Name)	16 (Number)	☒ Yes ☐ No	Priority Org, Pathogens, SS (Specify)
Mill River (Name)	5 (Number)	☐ Yes ☒ No	Not Assessed (Specify)
North & South Br. Mill River (Name)	15n - 16s (Number)	☐ Yes ☒ No	(Specify)
Bass Pond (Name)	1 (Number)	☐ Yes ☒ No	(Specify)
Lake Lookout (Name)	2 (Number)	☒ Yes ☐ No	Turb, Nox aquatic plants (Specify)
Noonan Cove (Name)	3 (Number)	☒ Yes ☐ No	Turb, Nox aquatic plants (Specify)
Watershops Pond (Name)	14 (Number)	☒ Yes ☐ No	Turb, Nox aquatic plants (Specify)
Venture Pond (Name)	7 (Number)	☒ Yes ☐ No	turb, Nox Aq Pl, Nutr, Org En (Specify)
Mill Pond (Name)	3 (Number)	☒ Yes ☐ No	Nox Aq Pl, Color, Odor,Taste (Specify)
Porter Lake (Name)	5 (Number)	☒ Yes ☐ No	Nox Aq Pl, Turbidity (Specify)
Chicopee River (Name)	7 (Number)	☒ Yes ☐ No	Pathogens (Specify)
Van Horn Park (Name)	5 (Number)	☒ Yes ☐ No	Nox Aq Plants, Turbidity (Specify)
Long Pond (Name)	3 (Number)	☒ Yes ☐ No	Noxious Aquatic Plants (Specify)
Loon Pond (Name)	2 (Number)	☒ Yes ☐ No	Nutrients, Nox Aqu Plants (Specify)
Mona Lake (Name)	3 (Number)	☒ Yes ☐ No	Noxious Aquatic Plants (Specify)
Dimmock Pond (Name)	2 (Number)	☐ Yes ☒ No	Not Assessed (Specify)
Lake Lorraine (Name)	6 (Number)	☒ Yes ☐ No	Exotic Species (Specify)
Five Mile Pond (Name)	9 (Number)	☐ Yes ☒ No	(Specify)

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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
Island Pond (Name)	5 (Number)	☐ Yes ☒ No	Specify
Abbey Brook (Name)	6 (Number)	☐ Yes ☒ No	Specify
Poor Brook (Name)	15 (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
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Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify

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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
1-1	SW Education Materials	See Attached Outline	See Attached Outline
1-2	Promote Waste Disp. Prog.	See Attached Outline	See Attached Outline
1-3	Events and Presentations	See Attached Outline	See Attached Outline
1-4	Signage in Public Places	See Attached Outline	See Attached Outline
1-5	Educational Outreach	See Attached Outline	See Attached Outline

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2-1	Volunteer Efforts/Participation	See Attached Outline	See Attached Outline
2-2	Stormwater Management Plan	See Attached Outline	See Attached Outline
2-3	Waste Disposal Program	See Attached Outline	See Attached Outline

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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	Storm Sewer Map	See Attached Outline	See Attached Outline
3-2	Illicit Discharge Ordinance	See Attached Outline	See Attached Outline
3-3	Illicit Discharge Det. & Elim.	See Attached Outline	See Attached Outline

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
4-1	Wetland Protections	See Attached Outline	See Attached Outline
4-2	Erosion & Sediment Ord.	See Attached Outline	See Attached Outline

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D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
5-1	Wetlands Protections	See Attached Outline	See Attached Outline
5-2	Site Plan Review	See Attached Outline	See Attached Outline
5-3	Post Construction Regulation	See Attached Outline	See Attached Outline

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
6-1	System Maintenance	See Attached Outline	See Attached Outline
6-2	Employee Pollution Prevention	See Attached Outline	See Attached Outline
6-3	Employee Education	See Attached Outline	See Attached Outline
6-4	Special Projects	See Attached Outline	See Attached Outline
6-5	Open Space Protection	See Attached Outline	See Attached Outline

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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
4-1	Wetlands Protections	See Attached Outline	See Attached Outline
5-1	Educational Outreach	See Attached Outline	See Attached Outline
3-3	Illicit Discharge Detection	See Attached Outline	See Attached Outline
2-2	SWMP Public Participation	See Attached Outline	See Attached Outline
6-1	TMDL Targeted Maintenance	DPW	See Attached Outline

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.

Michael J. Albano, Mayor
Printed Name

Signature

July 25, 2003
Date