



Hand-enter Your Transmittal Number

W 035763

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

1002

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 Storm Water General Permit
Type of Project or Activity: Notice of Intent for Discharges from Small MS4s

B. Applicant Information (Firm or Individual)

Name of Firm: Town of Belchertown
Or, if party needing this approval is clearly an individual:
Individual's Last Name: First Name MI

Street Address: Finnerty House, One South Main Street
City/Town: Belchertown State: MA Zip Code: 01007 0670 Telephone Number: (413) 323-0403 ext.
Contact: Gary L. Brougham, Town Administrator e-mail address (optional): gbrougham@belchertown.org

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual: Town of Belchertown DEP Facility Number (if Known)
Street Address: Finnerty House, One South Main Street e-mail address (optional)
City/Town: Belchertown State: MA Zip Code: 01007 0670 Telephone Number: (413) 323-0403 ext.

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

Name of Individual or Firm: Fuss & O'Neill, Inc.
Address: 78 Interstate Drive
City/Town: West Springfield State: MA Zip Code: 01089 Telephone Number: (413) 452-0445 ext.4433
Contact: Erik V. Mas, P.E. LSP Number (21E only)

E. Permit - Project Coordination

Is this project subject to MEPA review? [] yes [X] no
If yes, indicate the project's EOE file number (assigned when an Environmental Notification Form is submitted to the MEPA unit)
EOEA # Is an Environmental Impact Report Required? [] yes [X] no
Is this application part of a larger project for which two or more DEP permits are being or will be sought? [] yes [X] no
List any other DEP permits that apply to this project:

Table with 3 columns: Permit Category, Date of Submission (tentative or actual), Transmittal Number (if application already submitted)

F. Amount Due

Special Provisions: [X] 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



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:

Gary Brougham, Town Administrator
Name
Finnerty House, One South Main Street
Mailing Address
Belchertown MA
City/Town State
(413) 323-0403 gbrougham@belchertown.org
Telephone Number Email (if available)

2. Municipality Name

Belchertown
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:

Route 202

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.)



BRP WM 08A NPDES Stormwater General Permit
Notice of Intent for Discharges from Small Municipal Separate
Storm Sewer Systems (MS4s)

Facility ID (if known)

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 |
|--|--------------------|---|---|
| Unnamed tributary of <u>Roaring Brook</u> | <u>5</u> Number | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Specify _____ |
| Unnamed tributary of Broad <u>Brook</u> | <u>1</u> Number | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Specify _____ |
| Unnamed tributary of Forge <u>Pond</u> | <u>4</u> Number | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Nutrients, noxious aquatic plants (Forge Pond) |
| _____ Name | _____ Number | <input type="checkbox"/> Yes <input type="checkbox"/> No | Specify _____ |
| _____ Name | _____ Number | <input type="checkbox"/> Yes <input type="checkbox"/> No | Specify _____ |
| _____ Name | _____ Number | <input type="checkbox"/> Yes <input type="checkbox"/> No | Specify _____ |
| _____ Name | _____ Number | <input type="checkbox"/> Yes <input type="checkbox"/> No | Specify _____ |
| _____ Name | _____ Number | <input type="checkbox"/> Yes <input type="checkbox"/> No | Specify _____ |
| _____ Name | _____ Number | <input type="checkbox"/> Yes <input type="checkbox"/> No | Specify _____ |
| _____ Name | _____ Number | <input type="checkbox"/> Yes <input type="checkbox"/> No | Specify _____ |
| _____ Name | _____ Number | <input type="checkbox"/> Yes <input type="checkbox"/> No | Specify _____ |
| _____ Name | _____ Number | <input type="checkbox"/> Yes <input type="checkbox"/> No | Specify _____ |
| _____ Name | _____ Number | <input type="checkbox"/> Yes <input type="checkbox"/> No | Specify _____ |
| _____ Name | _____ Number | <input type="checkbox"/> Yes <input type="checkbox"/> No | Specify _____ |
| _____ Name | _____ Number | <input type="checkbox"/> Yes <input type="checkbox"/> No | Specify _____ |
| _____ Name | _____ Number | <input type="checkbox"/> Yes <input type="checkbox"/> No | Specify _____ |
| _____ Name | _____ Number | <input type="checkbox"/> Yes <input type="checkbox"/> No | Specify _____ |
| _____ Name | _____ Number | <input type="checkbox"/> Yes <input type="checkbox"/> No | Specify _____ |

D. Stormwater Management Program Summary



BRP WM 08A NPDES Stormwater General Permit
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

Facility ID (if known)

1. Public Education:

| | | |
|--|--|---|
| <u>1.1</u> BMP ID # | <u>SW Committee, School Dept.</u> Responsible Dept./Person Name | <u>Number of programs offered</u> Specify Measurable Goal |
| Continue school educational programs | | |
| <u>1.2</u> BMP ID # | <u>SW Committee</u> Responsible Dept./Person Name | <u>Distributed copies</u> Specify Measurable Goal |
| Provide plan copies to schools and library | | |
| <u>1.3</u> BMP ID # | <u>SW Committee, MIS Dept.</u> Responsible Dept./Person Name | <u>Create link, include SWMP</u> Specify Measurable Goal |
| Create stormwater web link Specify Best Management Practice | | |
| <u>1.4</u> BMP ID # | <u>SW Committee, School Dept.</u> Responsible Dept./Person Name | <u>Number of materials created</u> Specify Measurable Goal |
| Prepare storm water flyer, article, or ad | | |
| <u>1.5</u> BMP ID # | <u>SW Committee, BOH, DPW</u> Responsible Dept./Person Name | <u>Number of materials created and distributed</u> |
| Distribute flyers within regulated area | | |

2. Public Participation:

| | | |
|---|--|---|
| <u>2.1</u> BMP ID # | <u>SW Committee</u> Responsible Dept./Person Name | <u>Form a committee</u> Specify Measurable Goal |
| Form a Stormwater Committee Specify Best Management Practice | | |
| <u>2.2</u> BMP ID # | <u>SW Committee</u> Responsible Dept./Person Name | <u>Make plan available for public review and hold meeting</u> |
| Initial public review and hearing on Phase II Plan | | |
| <u>2.3</u> BMP ID # | <u>SW Committee, School Dept.</u> Responsible Dept./Person Name | <u>Number of programs offered</u> Specify Measurable Goal |
| Continue school programs Specify Best Management Practice | | |
| <u>2.4</u> BMP ID # | <u>SW Committee</u> Responsible Dept./Person Name | <u>Number of additional committee members recruited</u> |
| Expand Storm Water Committee | | |
| <u>2.5</u> BMP ID # | <u>SW Committee</u> Responsible Dept./Person Name | <u>Hold public meeting</u> Specify Measurable Goal |
| Conduct public meeting to present annual report | | |

D. Stormwater Management Program Summary (Cont.)



BRP WM 08A NPDES Stormwater General Permit
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

Facility ID (if known)

1. Public Education:

1.6

BMP ID #

Add new link to BOH web site with septic system maint.

SW Committee, BOH, MIS
Responsible Dept./Person Name

Provide website link
Specify Measurable Goal

1.7

BMP ID #

Publicize and hold a hazwaste collection day

SW Committee, DPW
Responsible Dept./Person Name

Publicize and hold a hazwaste collection day

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

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

2. Public Participation:

2.6

BMP ID #

Recruit volunteers to assist with illicit discharge detection

SW Committee, School Dept., DPW

Number of volunteers recruited
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

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.)



BRP WM 08A NPDES Stormwater General Permit
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

Facility ID (if known)

3. Illicit Discharge Detection and Elimination:

| | | |
|---|--|---|
| <u>3.1</u> BMP ID # | <u>SW Committee, DPW, MIS</u> Responsible Dept./Person Name | <u>Create map, begin dry weather outfall screening</u> |
| <u>Create outfall map</u> Specify Best Management Practice | | |
| <u>3.2</u> BMP ID # | <u>SW Committee, DPW, BOH</u> Responsible Dept./Person Name | <u>Number of outfalls screened</u> Specify Measurable Goal |
| <u>Complete outfall screening</u> Specify Best Management Practice | | |
| <u>3.3</u> BMP ID # | <u>SW Committee, DPW, BOH</u> Responsible Dept./Person Name | <u>Conduct source tracking and identify sources of discharges</u> |
| <u>Inspect outfalls, perform outfall sampling, track sources</u> | | |
| <u>3.4</u> BMP ID # | <u>SW Committee, DPW, BOH</u> Responsible Dept./Person Name | <u>Number or percentage of discharges eliminated</u> |
| <u>Eliminate illicit discharges whose sources are identified</u> | | |
| <u>3.5</u> BMP ID # | <u>SW Committee, DPW, BOH</u> Responsible Dept./Person Name | <u>Review, draft, and adopt by-law</u> |
| <u>Review, draft and adopt illicit discharge by-law</u> | | |

4. Construction Site Runoff Control:

| | | |
|--|--|--|
| <u>4.1</u> BMP ID # | <u>SW Committee, Bldg. Inspector, Planning Board</u> | <u>Review by-law and hold public meeting</u> |
| <u>Review model by-law, determine applicability</u> | | |
| <u>4.2</u> BMP ID # | <u>SW Committee, Bldg. Inspector, Planning Board</u> | <u>Draft and adopt by-law</u> Specify Measurable Goal |
| <u>Draft and adopt an erosion and sediment control by-law</u> | | |
| <u>4.3</u> BMP ID # | <u>SW Committee, Bldg. Inspector, Planning Board</u> | <u>Conduct training</u> Specify Measurable Goal |
| <u>Train Town staff for compliance with new by-law</u> | | |
| <u>4.4</u> BMP ID # | <u>SW Committee, Bldg. Inspector, Planning Board</u> | <u>Develop public inquiry and site inspection procedures</u> |
| <u>Develop methods/materials for public inquiry and comments</u> | | |
| <u>BMP ID #</u> | <u>Responsible Dept./Person Name</u> | <u>Specify Measurable Goal</u> |
| <u>Specify Best Management Practice</u> | | |

D. Stormwater Management Program Summary (Cont.)



BRP WM 08A NPDES Stormwater General Permit
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

Facility ID (if known)

3. Illicit Discharge Detection and Elimination:

3.6

BMP ID #

Educational materials to address illicit discharges

SW Committee, DPW, MIS
Responsible Dept./Person Name

Disseminate educational materials to the public

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

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

4. Construction Site Runoff Control:

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

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

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)



BRP WM 08A NPDES Stormwater General Permit
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

Facility ID (if known)

5. Post Construction Runoff Control:

| | | |
|---|--|--|
| 5.1 BMP ID # Review model by-law, determine applicability | SW Committee, Bldg. Insp., Plan. Board, Cons. Comm. | Review by-law and hold public meeting |
| 5.2 BMP ID # Draft and adopt post- construction by-law | SW Committee, Bldg. Insp., Plan. Board, Cons. Comm. | Draft and adopt by-law Specify Measurable Goal |
| 5.3 BMP ID # Train Town staff for compliance with new by-law | SW Committee, Bldg. Insp., Plan. Board, Cons. Comm. | Conduct training Specify Measurable Goal |
| 5.4 BMP ID # Develop methods/materials for public inquiry and comments | SW Committee, Bldg. Insp., Plan. Board, Cons. Comm. | Develop public inquiry and site inspection procedures |
| BMP ID # Specify Best Management Practice | SW Committee, Bldg. Insp., Plan. Board, Cons. Comm. | Specify Measurable Goal |

6. Municipal Good Housekeeping:

| | | |
|---|--|---|
| 6.1 BMP ID # Develop employee training for Town maintenance activities | SW Committee, DPW Responsible Dept./Person Name | Develop training program Specify Measurable Goal |
| 6.2 BMP ID # Develop record keeping procedures for maint. activities | SW Committee, DPW Responsible Dept./Person Name | Develop record keeping procedures |
| 6.3 BMP ID # Conduct training for Town employees | SW Committee, DPW Responsible Dept./Person Name | Conduct training, number of employees trained |
| 6.4 BMP ID # Sweep streets within regulated area on a rotating basis | DPW Responsible Dept./Person Name | Conducted sweeping, quantity of debris collected |
| 6.5 BMP ID # Establish inspection and maintenance schedules | SW Committee, DPW Responsible Dept./Person Name | Establish schedules Specify Measurable Goal |
| BMP ID # Specify Best Management Practice | Specify Best Management Practice | |

D. Stormwater Management Program Summary (cont.)



BRP WM 08A NPDES Stormwater General Permit
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

Facility ID (if known)

5. Post Construction Runoff Control:

| | | |
|----------------------------------|-------------------------------|-------------------------|
| 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 |
| 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 |
| BMP ID # | | |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |

6. Municipal Good Housekeeping:

| | | |
|----------------------------------|--|--|
| 6.6 BMP ID # | SW Committee, DPW Responsible Dept./Person Name | Publicize and hold a hazwaste collection day |
| 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 |
| 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 |
| BMP ID # | | |
| Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |

D. Stormwater Management Program Summary (cont.)



BRP WM 08A NPDES Stormwater General Permit
Notice of Intent for Discharges from Small Municipal Separate
Storm Sewer Systems (MS4s)

Facility ID (if known)

7. BMPs for Meeting TMDL:

| | | |
|----------------------------------|-------------------------------|-------------------------|
| 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 |
| 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 |
| 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.

Gary L. Brougham
Printed Name

Gary L. Brougham
Signature

5/8/03
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

| BMP ID # | PERMIT YEAR ONE | | PERMIT YEAR TWO | | PERMIT YEAR THREE | | PERMIT YEAR FOUR | | PERMIT YEAR FIVE | | | Next Permit | | | | | | | | | | | |
|----------|-----------------|-----------|-----------------|--------------|-------------------|-----------|------------------|--------------|------------------|-----------|---------|-------------|--------------|-----------|-----------|---------|--------------|-----------|-----------|---------|--------------|--|--|
| | 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 | | |
| 1.1 | | | | | | | | | | | | | | | | | | | | | | | |
| 1.2 | | X | | | | | | | | | | | | | | | | | | | | | |
| 1.3 | | | | | | | | | | | | | | | | | | | | | | | |
| 1.4 | | | | | | | | | | | | | | | | | | | | | | | |
| 1.5 | | | | | | | | | | | | | | | | | | | | | | | |
| 1.6 | | | | | | | | | | | | | | | | | | | | | | | |
| 1.7 | | | | | | | | | | | | | | | | | | | | | | | |
| 2.1 | X | | | | | | | | | | | | | | | | | | | | | | |
| 2.2 | X | | | | | | | | | | | | | | | | | | | | | | |
| 2.3 | | | | | | | | | | | | | | | | | | | | | | | |
| 2.4 | | | | | | | | | | | | | | | | | | | | | | | |
| 2.5 | | | | | | | | | | | | | | | | | | | | | | | |
| 2.6 | | | | | | | | | | | | | | | | | | | | | | | |
| 3.1 | | | | | | | | | | | | | | | | | | | | | | | |
| 3.2 | | | | | | | | | | | | | | | | | | | | | | | |
| 3.3 | | | | | | | | | | | | | | | | | | | | | | | |
| 3.4 | | | | | | | | | | | | | | | | | | | | | | | |
| 3.5 | | | | | | | | | | | | | | | | | | | | | | | |
| 3.6 | | | | | | | | | | | | | | | | | | | | | | | |
| 4.1 | | | | | | | | | | | | | | | | | | | | | | | |
| 4.2 | | | | | | | | | | | | | | | | | | | | | | | |
| 4.3 | | | | | | | | | | | | | | | | | | | | | | | |
| 4.4 | | | | | | | | | | | | | | | | | | | | | | | |
| 5.1 | | | | | | | | | | | | | | | | | | | | | | | |
| 5.2 | | | | | | | | | | | | | | | | | | | | | | | |
| 5.3 | | | | | | | | | | | | | | | | | | | | | | | |
| 5.4 | | | | | | | | | | | | | | | | | | | | | | | |
| 6.1 | | | | | | | | | | | | | | | | | | | | | | | |
| 6.2 | | | | | | | | | | | | | | | | | | | | | | | |
| 6.3 | | | | X | | | | | | | | | | | | | | | | | | | |
| 6.4 | | | | | | | | | | | | | | | | | | | | | | | |
| 6.5 | | | | | | | | | | | | | | | | | | | | | | | |
| 6.6 | | | | | | | | | | | | | | | | | | | | | | | |

X

X

X

X

X

X

X

X

X