



Hand-enter Your Transmittal Number →

W-071288

2629

Your unique Transmittal Number can be accessed online: <http://www.state.ma.us/scripts/dep/trasmfm.stm> or call DEP's InfoLine at 617-338-2255 or 800-462-0444 (from 508, 781, and 978 area codes).

# Massachusetts Department of Environmental Protection Transmittal Form for Permit Application and Payment

1. Please type or print. A separate Transmittal Form must be completed for each permit application.

2. Make your check payable to the Commonwealth of Massachusetts and mail it with a copy of this form to:  
DEP, P.O. Box 4062, Boston, MA 02211.

3. Three 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. Permit Information

BRP WM 08A

Permit Code: 7 or 8 character code from permit instructions

NPDES Storm Water General Permit  
Name of Permit Category

Storm Water Discharges

Type of Project or Activity

## B. Applicant Information - Firm or Individual

U.S. Air Force

Name of Firm - Or, if party needing this approval is an individual enter name below:

Last Name of Individual

First Name of Individual

MI

120 Grenier Street

Street Address

Hanscom Air Force Base

City/Town

State

01731-1910 781-377-2475

Zip Code

Telephone # and extension

Donald C. Morris, PE

Contact Person

donald.morris@hanscom.af.mil

e-mail address (optional)

## C. Facility, Site or Individual Requiring Approval

Hanscom Air Force Base

Name of Facility, Site or Individual

DEP Facility Number (if Known)

Federal I.D. Number (if Known)

120 Grenier Street

Street Address

e-mail address (optional)

Hanscom AFB

State

MA 01731-1910

Zip Code

781-377-2475

Telephone # and extension

City/Town

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

Name of Firm Or Individual

Address

City/Town

State

Zip Code

Telephone # and extension

Contact Person

LSP Number (21E only)

## E. Permit - Project Coordination

Is this project subject to MEPA review?  yes  no If yes, enter the project's EOE file

number - assigned when an Environmental Notification Form is submitted to the MEPA unit: EOE file number \_\_\_\_\_

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 # 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

2611

Check Number

\$80.00

Dollar Amount

30 JULY 2003

Date

Please make check payable to the Commonwealth of Massachusetts and mail check and one copy of this form to:  
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Massachusetts Department of Environmental Protection  
Bureau of Resource Protection - Watershed Management

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**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 C. MORRIS, PE  
Name

120 Grenier Street  
Mailing Address

Hanscom Air Force Base  
City/Town

781-377-2475  
Telephone Number

Massachusetts  
State

donald.morris@hanscom.af.mil  
Email (if available)

2. Municipality Name

Hanscom Air Force Base  
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:

None

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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**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
Shawsheen River Name	37 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	"other habitat alterations" - report Specify dead sw (Flow)
Kiln Brook Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Hobbs Brook Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Alter SW system Specify divert flow into groundwater
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
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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

Section 303(d) List segment # 5 MA83-08 In report



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**D. Stormwater Management Program Summary**

1. Public Education:

<u>3.1a</u> BMP ID #	<u>66 MSG/CEV</u> Responsible Dept./Person Name	<u>1 partnering event per year</u> Specify Measurable Goal
<u>Partnering w/Massport, Towns</u> Specify Best Management Practice		
<u>3.1b</u> BMP ID #	<u>66 MSG/CEV</u> Responsible Dept./Person Name	<u>1 partnering event per year</u> Specify Measurable Goal
<u>Partnering w/Base</u> <u>Organization</u>		
<u>3.1c</u> BMP ID #	<u>66 MSG/CEV</u> Responsible Dept./Person Name	<u>Pamphlets, flyers, e-mails</u> Specify Measurable Goal
<u>Educational Materials, Base</u> Specify Best Management Practice		
<u>3.1d</u> BMP ID #	<u>66 MSG/CEV</u> Responsible Dept./Person Name	<u>1 display event per year</u> Specify Measurable Goal
<u>Educational Displays, Notices</u> Specify Best Management Practice		
<u>3.1e</u> BMP ID #	<u>66 MSG/CEV</u> Responsible Dept./Person Name	<u>1 event per week</u> Specify Measurable Goal
<u>Pollution Prevention Events</u> Specify Best Management Practice		

2. Public Participation:

<u>3.2a</u> BMP ID #	<u>66 MSG/CEV</u> Responsible Dept./Person Name	<u>1 stakeholder meeting per</u> <u>year</u>
<u>Public Stakeholder Meetings</u> Specify Best Management Practice		
<u>3.2b</u> BMP ID #	<u>66 MSG/CEV</u> Responsible Dept./Person Name	<u>Document notice &amp; responses</u> Specify Measurable Goal
<u>Annual MS4 Public Notice</u> Specify Best Management Practice		
<u>3.2c</u> BMP ID #	<u>66 MSG/CEV</u> Responsible Dept./Person Name	<u>Document distributed info &amp;</u> <u>waste turn-ins</u>
<u>Oil, Vehicle Fluid Disposal Info</u> Specify Best Management Practice		
<u>        </u> BMP ID #	<u>        </u> Responsible Dept./Person Name	<u>        </u> Specify Measurable Goal
<u>        </u> Specify Best Management Practice		
<u>        </u> BMP ID #	<u>        </u> Responsible Dept./Person Name	<u>        </u> Specify Measurable Goal
<u>        </u> Specify Best Management Practice		



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**D. Stormwater Management Program Summary (Cont.)**

3. Illicit Discharge Detection and Elimination:

3.3a

BMP ID #

Update Storm Water & Sewer  
Maps on CAD

66 MSG/CE

Responsible Dept./Person Name

Update as changes occur  
Specify Measurable Goal

3.3b

BMP ID #

Inspect By-Pass Valves, Train  
Civil Engineering Personnel

66 MSG/CE

Responsible Dept./Person Name

Sewer valves operate, zero  
discharge to storm water

3.3c

BMP ID #

Inspect, Clean Oil/Water  
Separators

66 MSG/CE

Responsible Dept./Person Name

Document conditions, verify  
connections, modify as

3.3d

BMP ID #

Inspect for Non-Storm Water  
Connections, Floor Drains

66 MSG/CE

Responsible Dept./Person Name

Document findings, zero non-  
storm water connections

3.3e

BMP ID #

Sample/Analyse Storm Water  
Specify Best Management Practice

66 MSG/CEV

Responsible Dept./Person Name

Sample 2 events per year  
Specify Measurable Goal

4. Construction Site Runoff Control:

3.4a

BMP ID #

Stabilize Drainage, Exposed  
Soil, Minimize Disturbed Areas

66 MSG/CEV

Responsible Dept./Person Name

Approve construction P2  
plans, inspect sites

3.4b

BMP ID #

Sediment Control  
Specify Best Management Practice

66 MSG/CEV

Responsible Dept./Person Name

Inspect before/during/after  
work

3.4c

BMP ID #

Protect Wetlands, Buffer  
Zones

66 MSG/CEV

Responsible Dept./Person Name

Approve  
staging/storage/access

3.4d

BMP ID #

Sequence Construction  
Activity

66 MSG/CEV

Responsible Dept./Person Name

Approve work sequence to  
minimize impact

3.4e

BMP ID #

Implement Good  
Housekeeping

66 MSG/CEV

Responsible Dept./Person Name

No-notice site inspections  
Specify Measurable Goal



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**D. Stormwater Management Program Summary (Cont.)**

5. Post Construction Runoff Control:

<u>3.5a</u> BMP ID #	<u>66 MSG/CE</u> Responsible Dept./Person Name	<u>Design consistent w/5 year watershed action plan</u>
<u>Structural Controls</u> Specify Best Management Practice		
<u>3.5b</u> BMP ID #	<u>66 MSG/CEV</u> Responsible Dept./Person Name	<u>Watershed goals linked to planning, re-development</u>
<u>Non-Structural Controls</u> Specify Best Management Practice		
<u>3.5c</u> BMP ID #	<u>66 MSG/CEV</u> Responsible Dept./Person Name	<u>Vegetation buffers maintained</u>
<u>Natural Controls</u> Specify Best Management Practice		<u>Specify Measurable Goal</u>
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

6. Municipal Good Housekeeping:

<u>3.6a</u> BMP ID #	<u>66 MSG/CE</u> Responsible Dept./Person Name	<u>Scheduled &amp; as-needed cleaning</u>
<u>Catch Basin Cleaning</u> Specify Best Management Practice		
<u>3.6b</u> BMP ID #	<u>66 MSG/CEV</u> Responsible Dept./Person Name	<u>Inspect maintenance, washing activities, discharge to sewer</u>
<u>Vehicle Wash Controls</u> Specify Best Management Practice		
<u>3.6c</u> BMP ID #	<u>66 MSG/CE</u> Responsible Dept./Person Name	<u>Inspect hydro-seeding, composting, recharge runoff</u>
<u>Organic Runoff Controls</u> Specify Best Management Practice		
<u>3.6d</u> BMP ID #	<u>66 MSG/CEV</u> Responsible Dept./Person Name	<u>Inspect, train workers, assure on-call licensed contractor</u>
<u>Spill Response Procedure/Plan</u>		
<u>3.6e</u> BMP ID #	<u>66 MSG/CEV</u> Responsible Dept./Person Name	<u>Annual comprehensive audit &amp; report</u>
<u>Conduct Environmental Audits</u> 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
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.

DARRELL D. JONES, Colonel, USAF, Commander, 66 Air Base Wing

Printed Name

Signature

30 July 2003  
Date

