



**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:

Town Of Hatfield/ Diana Higgins, Chair of the Select Board

Name

59 Main Street

Mailing Address

Hatfield

City/Town

413-247-0499

Telephone Number

MA

State

jreidy@townofhatfield.org

Email (if available)

2. Municipality Name

Town Of Hatfield

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:

Mass Highway Region 2

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





**Massachusetts Department of Environmental Protection**  
 Bureau of Resource Protection - Watershed Management  
**BRP WM 08A NPDES Stormwater General Permit**  
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W036303  
 Transmittal Number

Facility ID (if known)

**D. Stormwater Management Program Summary**

1. Public Education:

<u>1A</u> BMP ID #		
<u>Education Displays</u> Specify Best Management Practice	<u>DPW/ James Reidy</u> Responsible Dept./Person Name	<u>Poster/ Town Hall Display</u> Specify Measurable Goal
<u>1B</u> BMP ID #		
<u>Community Website &amp; Hotline</u> Specify Best Management Practice	<u>DPW /James Reidy</u> Responsible Dept./Person Name	<u>Number of Calls</u> Specify Measurable Goal
<u>1C</u> BMP ID #		
<u>Local Cable Access</u> Specify Best Management Practice	<u>DPW/ James Reidy</u> Responsible Dept./Person Name	<u>Informational Bulletins</u> Specify Measurable Goal
<u>1D</u> BMP ID #		
<u>Informational Pamphlets</u> Specify Best Management Practice	<u>DPW/ James Reidy</u> Responsible Dept./Person Name	<u>Mailing to households</u> Specify Measurable Goal
<u>1E</u> BMP ID #		
<u>Hazard Waste Colletion Days</u> Specify Best Management Practice	<u>DPW/ James Reidy</u> Responsible Dept./Person Name	<u>Participation by Residents</u> Specify Measurable Goal

2. Public Participation:

<u>2A</u> BMP ID #		
<u>Adopt a Stream</u> Specify Best Management Practice	<u>DPW/ James Reidy</u> Responsible Dept./Person Name	<u>Scout Troops Involvement</u> Specify Measurable Goal
<u>2B</u> BMP ID #		
<u>Community Hotline</u> Specify Best Management Practice	<u>DPW/ James Reidy</u> Responsible Dept./Person Name	<u>number of calls</u> Specify Measurable Goal
<u>BMP ID #</u>		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>BMP ID #</u>		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>BMP ID #</u>		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>



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

3. Illicit Discharge Detection and Elimination:

<u>3A</u> BMP ID #		
<u>Mapping Of Outfalls</u> Specify Best Management Practice	<u>DPW/ B. Lehmann/ W. Young</u> Responsible Dept./Person Name	<u>50% 03,75% 04, 100% 05</u> Specify Measurable Goal
<u>3B</u> BMP ID #		
<u>Develop Illicit Discharge Program</u>	<u>DPW/ W. Young</u> Responsible Dept./Person Name	<u>Draft yr 3 vote yr 4 implim yr 5</u> Specify Measurable Goal
<u>3C</u> BMP ID #		
<u>Non-Stormwater Ordinance</u> Specify Best Management Practice	<u>DPW/ Health Dept./Building Dept.</u>	<u>Vote yr 3, implim 4 &amp; 5</u> Specify Measurable Goal
<u>3D</u> BMP ID #		
<u>Illegal Dumping</u> Specify Best Management Practice	<u>DPW/Health and Building Dept.</u>	<u>Decrease in items by year 5</u> Specify Measurable Goal
<u>3E</u> BMP ID #		
<u>Recreational Wastewater</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>No illegal dumping</u> Specify Measurable Goal

4. Construction Site Runoff Control:

<u>4A</u> BMP ID #		
<u>Construction Runoff Ordinance</u>	<u>Planning Board/ Corey Bardwell/ DPW</u>	<u>Town By-Law Adopted May 03</u> Specify Measurable Goal
<u>4B</u> BMP ID #		
<u>Plan Review</u> Specify Best Management Practice	<u>Planning Board/ Corey Bardwell/ DPW</u>	<u>Specifications</u> Specify Measurable Goal
<u>4C</u> BMP ID #		
<u>Inspection / Reporting</u> Specify Best Management Practice	<u>DPW/ Health &amp; Building Dept.</u> Responsible Dept./Person Name	<u>Annual Report filed</u> Specify Measurable Goal
<u>4D</u> BMP ID #		
<u>Building Permit requirement</u> Specify Best Management Practice	<u>Planning Board/Building Dept.</u> Responsible Dept./Person Name	<u>Site visits of Property</u> Specify Measurable Goal
<u>BMP ID #</u>		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>



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

5. Post Construction Runoff Control:

5A BMP ID # Post Construction runoff Ordinance	Master Planning Committee/ Planning Board	Town By-Law Specify Measurable Goal
5B BMP ID # Const. Site Plan Review Specify Best Management Practice	Planning Board/ Conservation Commission	Ordinance Adopted May 03 Specify Measurable Goal
5C BMP ID # Stormwater System Main. Plan	DPW/James Reidy Responsible Dept./Person Name	By-Law adopted 4 <sup>th</sup> year Specify Measurable Goal
5D BMP ID # Training of Town Officials Specify Best Management Practice	DPW/Master Planning Committee	Annual Event Specify Measurable Goal
BMP ID # Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

6. Municipal Good Housekeeping:

6A BMP ID # Municipal Maintenance Activity Program	DPW/James Reidy Responsible Dept./Person Name	Monitor Compliance and revise Policies
6B BMP ID # Training Of all Municipal Employees	DPW/Selectmen Responsible Dept./Person Name	Annual Training Session 1-5 Specify Measurable Goal
6C BMP ID # Stormwater Pollution Prevention Plan/MSGP	DPW Responsible Dept./Person Name	Specify Measurable Goal
6D BMP ID # Catch Basin Cleaning program Specify Best Management Practice	DPW Responsible Dept./Person Name	33% of town each year Specify Measurable Goal
6E BMP ID # Street Cleaning Procedures Specify Best Management Practice	DPW/HWY/ Bill Young Responsible Dept./Person Name	Internal Audit Specify Measurable Goal
BMP ID # Specify Best Management Practice	Specify Best Management Practice	



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

7. BMPs for Meeting TMDL:

7A

BMP ID #

TMDL for Receiving waters  
Specify Best Management Practice

DPW/Master Planning  
Committee

Testing  
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.

Diana M. Higgins, Chair of the Select Board

Printed Name

*Diana M Higgins*

Signature

July 29, 2003

Date