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JUL 24 2003

Hand-enter Your Transmittal Number

W 040560

Transmittal Number

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

MUNICIPAL ASSISTANCE UNIT

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.

A. Permit Information

BRP WM 08A

NPDES Stormwater General Permit

Permit Code: 7 or 8 character code from permit instructions

Name of Permit Category

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

Type of Project or Activity

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.

B. Applicant Information - Firm or Individual

Town of Hopedale

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

COLLINS

MICHAEL

E

Last Name of Individual

First Name of Individual

MI

78 Hopedale Street

Street Address

Hopedale

MA

01747

(508) 634-2203

City/Town

State

Zip Code

Telephone # and extension

DANIEL H. KEYES, TOWN COORDINATOR

dkeyes@hopedale.attbbs.com

Contact Person

e-mail address (optional)

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

C. Facility, Site or Individual Requiring Approval

Town of Hopedale

Name of Facility, Site or Individual

DEP Facility Number (if Known)

Federal I.D. Number (if Known)

78 Hopedale Street

Street Address

e-mail address (optional)

Hopedale

MA

01747

(508) 634-2203

City/Town

State

Zip Code

Telephone # and extension

4. Both fee-paying and exempt applicants must mail a copy of this transmittal form to DEP, P.O. Box 4062, Boston, MA 02211

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

Guertin Elkerton & Associates, Inc.

Name of Firm Or Individual

91 Montvale Avenue

Address

Stoneham

MA

02180

(413) 781-0000

City/Town

State

Zip Code

Telephone # and extension

Mary Burgess

Contact Person

LSP Number (21E only)

For DEP Use Only
Permit No. _____
Rec'd Date _____
Reviewer _____

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

Check Number _____ 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



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

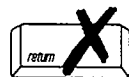
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BRP WM 08A NPDES Stormwater General Permit
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

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:

MICHAEL E COLLINS, CHAIRMAN - BOARD OF SELECTMEN
Name

Town of Hopedale, 78 Hopedale Street
Mailing Address

Town of Hopedale MA
City/Town State

(508) 634-2203
Telephone Number Email (if available)

2. Municipality Name

Town of Hopedale
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



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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

No current mapping. Unknown at present time. Will be identified during 5-year implementation of stormwater management program (See program summary).

Receiving Water:	No. of Outfalls	Listed as Impaired?	Impairment
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 _____



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Facility ID (if known)

D. Stormwater Management Program Summary

1. Public Education:

1
BMP ID # _____
Create a Stormwater Program _____
Specify Best Management Practice _____

Department of Public Works
Planning Board
Conservation Commission
Board of Health
Board of Selectmen
Responsible Dept./Person Name _____

Hopedale will present to the public at a public meeting Hopedale's draft Comprehensive Stormwater Management Program.
Specify Measurable Goal _____

2
BMP ID # _____
Create a Stormwater Program _____
Specify Best Management Practice _____

Department of Public Works
Responsible Dept./Person Name _____

Hopedale will identify appropriate sources of funding assistance (SRF, 319 Grant Program, 604(b) Grant Program, Lakes & Ponds Grant Program, Source Water Protection Grant Program, Recycling Grant Program) and apply for assistance in implementing portions of Hopedale's Comprehensive Stormwater Management Program, including public education and outreach.
Specify Measurable Goal _____

3
BMP ID # _____
Address specific groups _____
Specify Best Management Practice _____

Department of Public Works
Responsible Dept./Person Name _____

Distribute EPA and other relevant educational brochures to targeted audiences. Distribution points include Town Hall, Library, and Transfer Station.
Specify Measurable Goal _____

4
BMP ID # _____
Target groups likely to impact storm water _____
Specify Best Management Practice _____

Department of Public Works
Responsible Dept./Person Name _____

Brochures targeting specific audiences and activities will be available. These target groups include homeowner and lawn maintenance activities, disposal of household waste, and pet maintenance.
Specify Measurable Goal _____



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Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

1. Public Education (Cont.):

5

BMP ID #

Identify alternative information
sources

Specify Best Management Practice

Department of Public Works
MIS Department

Responsible Dept./Person Name

Hopedale will post links to stormwater
BMPs and other water quality
education resources, including EPA
and DEP on its website.

www.hopedalema.virtualltownhall.net
Specify Measurable Goal

6

BMP ID #

Identify alternative information
sources

Specify Best Management Practice

Department of Public Works
MIS Department

Responsible Dept./Person Name

Hopedale will also post links on its
website to the Blackstone River
Watershed Association @
www.thebrwa.org, the Blackstone
River Watershed Council @
www.BVTourism.com, and the
Charles River Watershed Association
@ www.crwa.org

Specify Measurable Goal

7

BMP ID #

Utilize local public access channel
Specify Best Management Practice

Department of Public Works
Responsible Dept./Person Name

Public meeting notice and the
meeting reviewing Hopedale's
Comprehensive Stormwater
Management Program will be posted
on Hopedale's local access channel.

Specify Measurable Goal

8

BMP ID #

Develop, conduct and document
educational programs

Specify Best Management Practice

Department of Public Works
TRW Liaison

Responsible Dept./Person Name

The Town of Hopedale will appoint a
liaison to the Blackstone River
Watershed Association and the
Charles River Watershed Association
to disseminate information to the
Town on programs and activities.

Specify Measurable Goal

9

BMP ID #

Promote household waste recycling
Specify Best Management Practice

Department of Public Works
Board of Health

Responsible Dept./Person Name

The Town of Hopedale will work with
the Town's contracted waste hauler
and the Board of Health to continue
to sponsor Hazardous Waste
Collection Days.

Specify Measurable Goal



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Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

2. Public Participation:

<u>10</u> BMP ID # <u>Storm drain stenciling</u> Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Hopedale will work with local Scout groups to develop a stenciling program. Stenciling will target Hopedale's subwatersheds.</u> Specify Measurable Goal
<u>11</u> BMP ID # <u>Community clean-ups</u> Specify Best Management Practice	<u>Department of Public Works Hopedale Conservation Commission</u> Responsible Dept./Person Name	<u>Town of Hopedale will encourage local stream team cleanups with local residents and area Scout groups. Town will provide solicitation of sponsors and notice of events on local access channel and website.</u> Specify Measurable Goal
<u>12</u> BMP ID # <u>Community clean-ups</u> Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Town will provide trucks and other material to support cleanup efforts and disposal of materials.</u> Specify Measurable Goal

3. Illicit Discharge Detection and Elimination:

<u>13</u> BMP ID # <u>Inventory and mapping of storm drain system</u> Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Hopedale will identify appropriate sources of funding assistance (SRF, 319 Grant Program, 604(b) Grant Program, Lakes & Ponds Grant Program, Source Water Protection Grant Program, Recycling Grant Program) and apply for assistance in implementing portions of Hopedale's Comprehensive Stormwater Management Program, including public education and outreach.</u> Specify Measurable Goal
<u>14</u> BMP ID # <u>Mapping and identification of outfalls and receiving waters</u> Specify Best Management Practice	<u>Department of Public Works Board of Assessors</u> Responsible Dept./Person Name	<u>Hopedale will develop and implement a plan to map all outfalls and receiving bodies of water, contingent on Town Meeting approval of funding.</u> Specify Measurable Goal



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D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination (Cont.):

<p><u>15</u> BMP ID # <u>Identification/description of problem areas</u> Specify Best Management Practice</p>	<p><u>Department of Public Works</u> Responsible Dept./Person Name</p>	<p>Hopedale will develop and implement an Illicit Discharge Detection and Elimination (IDDE) plan, contingent on Town Meeting approval of funding. Specify Measurable Goal</p>
<p><u>16</u> BMP ID # <u>Enforcement procedures addressing illicit discharges</u> Specify Best Management Practice</p>	<p><u>Planning Board</u> <u>Town Counsel</u> <u>Board of Health</u> Responsible Dept./Person Name</p>	<p>Hopedale will review whether local authority is appropriate and able to respond to potential illicit discharges. New by-laws, if necessary, will be proposed to Town Meeting. Specify Measurable Goal</p>
<p><u>17</u> BMP ID # <u>Public information program regarding hazardous wastes and dumping</u> Specify Best Management Practice</p>	<p><u>Department of Public Works</u> <u>Board of Health</u> Responsible Dept./Person Name</p>	<p>Hopedale will provide educational brochures to residents within the member communities promoting proper disposal of household hazardous wastes and conditions for regional collections. Specify Measurable Goal</p>
<p><u>18</u> BMP ID # <u>Initiation of recycling programs</u> Specify Best Management Practice</p>	<p><u>Department of Public Works</u> <u>Board of Health</u> Responsible Dept./Person Name</p>	<p>Hopedale will apply for funding assistance from DEP's Recycling Grant Program for assistance in public education and the purchase of recycling materials. Specify Measurable Goal</p>



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D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination (Cont.):

19
 BMP ID #

Watershed assessments and studies
 Specify Best Management Practice

Department of Public Works
 Conservation Commission
 Board of Health
 Responsible Dept./Person Name

Hopedale will identify opportunities for funding assistance from DEP's 604(b) and 319 grant programs and the Department of environmental Management's Lakes and Ponds Grant Program to support watershed assessment and implementation activities. Tasks can include design and installation of stormwater BMPs and public outreach including storm drain stenciling. Emphasis will be on assessments and remediation of stormwater related problems impacting water quality in Hopedale Pond, Milford Street Pond, Spindleville Pond and sections of the Mill River. These waterbodies have been identified as impaired on DEP's 303d list.

Specify Measurable Goal

20
 BMP ID #

Watershed assessments and studies
 Specify Best Management Practice

Department of Public Works
 Water Department
 Responsible Dept./Person Name

The Town of Hopedale Water Department will apply for funding assistance from DEP's Source Water Protection Program for grant assistance to develop wellhead protection plans and stormwater management plans within Zones II.

Specify Measurable Goal

4. Construction Site Runoff Control:

21
 BMP ID #

Bylaw: Storm water management regulations for construction sites 1 acre or larger
 Specify Best Management Practice

Planning Board
 Conservation Commission
 Town Counsel
 Board of Health
 Zoning Board of Appeals
 Responsible Dept./Person Name

Hopedale will review model by-law developed by DEP in consultation with the Attorney General's Office.

Specify Measurable Goal



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Facility ID (if known)

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

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.

Printed Name MICHAEL E. COLLINS
 Signature Michael E. Collins Date 7/23/03

STORM WATER MANAGEMENT PROGRAM

Mass. Transmittal No. W040560

EPA No. _____

SCHEDULE

Name of MS4: Hopedale

BMP ID.	PERMIT YEAR				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	
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