



Hand-enter Your Transmittal Number

MAR 04 10 15

W 040554

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).

# 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 Stormwater General Permit

Name of Permit Category

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

Type of Project or Activity

## B. Applicant Information - Firm or Individual

Town of Monson

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

JUL 24 2003

Last Name of Individual

110 Main Street

Street Address

Monson

City/Town

First Name of Individual

MI

MUNICIPAL ASSISTANCE UNIT

MA

State

01057

Zip Code

(413) 267-4100

Telephone # and extension

Contact Person

e-mail address (optional)

## C. Facility, Site or Individual Requiring Approval

Town of Monson

Name of Facility, Site or Individual

110 Main Street

Street Address

Monson

City/Town

DEP Facility Number (if Known)

Federal I.D. Number (if Known)

e-mail address (optional)

MA

State

01057

Zip Code

(413) 267-4100

Telephone # and extension

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

Guertin Elkerton & Associates, Inc.

Name of Firm Or Individual

91 Montvale Avenue

Address

Stoneham

City/Town

Mary Burgess

Contact Person

MA

State

02180

Zip Code

(413) 781-0000

Telephone # and extension

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

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

MAR 04/10/15 A.H.



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

W040561  
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**

*See 9/26 TC w/ Mary Burgess.*

1. Small MS4 Operator/Owner Information:

*Gretchen E. Neggers, Town Admin.*

Name

Town of Monson, 110 Main Street

Mailing Address

Monson MA

City/Town State

(413) 267-4100

Telephone Number

Email (if available)

2. Municipality Name

Town of Monson

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

*Received 7/24/03*



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

**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 _____
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 _____



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

**D. Stormwater Management Program Summary**

1. Public Education:

<u>1</u> BMP ID # <u>Create a Stormwater Program</u> Specify Best Management Practice	<u>Department of Public Works</u> <u>Planning Board</u> <u>Conservation Commission</u> <u>Board of Health</u> <u>Board of Selectmen</u> Responsible Dept./Person Name	<u>Monson will present to the public at a public meeting Monson's Comprehensive Stormwater Management Program.</u> Specify Measurable Goal
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<u>2</u> BMP ID # <u>Create a Stormwater Program</u> Specify Best Management Practice	<u>Board of Selectmen</u> <u>Department of Public Works</u> Responsible Dept./Person Name	<u>Monson will identify appropriate sources of funding assistance (SRF, 319 Grant Program, 604(b) Grant Program, Lakes &amp; Ponds Grant Program, Source Water Protection Grant Program, Recycling Grant Program) and apply for assistance in implementing portions of Monson's Comprehensive Stormwater Management Program, including public education and outreach.</u> Specify Measurable Goal
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<u>3</u> BMP ID # <u>Address specific groups</u> Specify Best Management Practice	<u>Board of Selectmen</u> <u>Department of Public Works</u> Responsible Dept./Person Name	<u>Distribute EPA and other relevant educational brochures to targeted audiences. Distribution points include Town Hall, Library, and Transfer Station.</u> Specify Measurable Goal
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<u>4</u> BMP ID # <u>Target groups likely to impact storm water</u> Specify Best Management Practice	<u>Board of Selectmen</u> <u>Department of Public Works</u> <u>Board of Health</u> Responsible Dept./Person Name	<u>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.</u> Specify Measurable Goal
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<u>5</u> BMP ID # <u>Identify alternative information sources</u> Specify Best Management Practice	<u>Board of Selectmen</u> <u>MIS Department</u> Responsible Dept./Person Name	<u>Monson will post links to stormwater BMPs and other water quality education resources, including EPA and DEP on its website: <a href="http://www.townofmonson.com">www.townofmonson.com</a></u> Specify Measurable Goal
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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)

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

1. Public Education (Cont.):

6

BMP ID #

Identify alternative information  
sources

Specify Best Management Practice

Board of Selectmen

MIS Department

Responsible Dept./Person Name

Monson will also post links on its  
website to the Chicopee River  
Watershed Association @  
[www.chicopeeriver.org](http://www.chicopeeriver.org), and the  
Connecticut River Watershed Council  
@ [www.ctriver.org](http://www.ctriver.org).

Specify Measurable Goal

7

BMP ID #

Utilize local public access channel

Specify Best Management Practice

Board of Selectmen

Responsible Dept./Person Name

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

Specify Measurable Goal

8

BMP ID #

Develop, conduct and document  
educational programs

Specify Best Management Practice

Department of Public Works

Liaison

Responsible Dept./Person Name

The Town of Monson will appoint a  
liaison to the Connecticut River  
Watershed Association and the  
Chicopee River Watershed Council 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 Monson 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

2. Public Participation:

10

BMP ID #

Storm drain stenciling

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

Monson will work with local Scout  
groups to develop a stenciling  
program. Stenciling will target  
Monson's subwatersheds.

Specify Measurable Goal



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Storm Sewer Systems (MS4s)

Facility ID (if known)

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

2. Public Participation (Cont.):

11

BMP ID #

Community clean-ups  
Specify Best Management Practice

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

Town of Monson will encourage local stream team cleanups with local residents and area Scout groups. The Paradise Lake, Stagecoach Lake, and Pulpit Rock Associations perform cleanups around their respective waterbodies. Town will provide solicitation of sponsors and notice of events on local access channel and website.

Specify Measurable Goal

12

BMP ID #

Community clean-ups  
Specify Best Management Practice

Department of Public Works  
Responsible Dept./Person Name

Town will provide trucks and other material to support cleanup efforts and disposal of materials.

Specify Measurable Goal

3. Illicit Discharge Detection and Elimination:

13

BMP ID #

Inventory and mapping of storm drain system  
Specify Best Management Practice

Board of Selectmen  
Department of Public Works  
Responsible Dept./Person Name

Monson 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 Monson's Comprehensive Stormwater Management Program, including public education and outreach.

Specify Measurable Goal



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)

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

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

14

BMP ID #

Mapping and identification of outfalls  
and receiving waters

Specify Best Management Practice

Department of Public Works

Board of Selectmen

Responsible Dept./Person Name

Monson will develop and implement a  
plan to map all outfalls and receiving  
bodies of water, contingent on Town  
Meeting approval of funding.

Specify Measurable Goal

15

BMP ID #

Identification/description of problem  
areas

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

Monson will develop and implement  
an Illicit Discharge Detection and  
Elimination (IDDE) plan, contingent  
on Town Meeting approval of funding.

Specify Measurable Goal

16

BMP ID #

Enforcement procedures addressing  
illicit discharges

Specify Best Management Practice

Planning Board

Town Counsel

Board of Health

Responsible Dept./Person Name

Monson 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

17

BMP ID #

Public information program regarding  
hazardous wastes and dumping

Specify Best Management Practice

Department of Public Works

Board of Health

Responsible Dept./Person Name

Monson will provide educational  
brochures to residents promoting  
proper disposal of household  
hazardous wastes and conditions for  
regional collections.

Specify Measurable Goal

18

BMP ID #

Initiation of recycling programs

Specify Best Management Practice

Department of Public Works

Board of Health

Responsible Dept./Person Name

Monson 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



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

**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

Monson 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.

Specify Measurable Goal

20

BMP ID #

Watershed assessments and studies  
Specify Best Management Practice

Department of Public Works  
Responsible Dept./Person Name

The Town of Monson 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 in Monson.

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

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

Specify Measurable Goal

5. Post Construction Runoff Control:

22

BMP ID #

Bylaw: Require post-construction  
runoff controls  
Specify Best Management Practice

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

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

Specify Measurable Goal



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

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Facility ID (if known)

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

6. Municipal Good Housekeeping:

23

BMP ID #

Develop a municipal Operations and Maintenance Plan

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

Using regulations and recommendations from DEP and EPA, Monson will develop and update an operations and maintenance plan to include proper disposal of street sweepings, catchbasin cleanout, snow disposal, roadway de-icing procedures, vehicle washing, and outside storage of materials.

Specify Measurable Goal

24

BMP ID #

Develop a municipal Operations and Maintenance Plan

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

Monson will implement a formal inspection program, including maintenance logs and scheduling, for catchbasin cleaning, repairs, and new installation.

Specify Measurable Goal

25

BMP ID #

Develop and implement training programs for municipal employees

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

Monson will send a minimum of 3 public works employees annually to training seminars sponsored by MassHighway, BayState Roads, and other relevant agencies or vendors.

Specify Measurable Goal

26

BMP ID #

Review storm drainage infrastructure needs

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

Monson will incorporate storm drain infrastructure review in Monson's Chapter 90 project utilizations.

Specify Measurable Goal



Massachusetts Department of Environmental Protection  
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Storm Sewer Systems (MS4s)

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.

Richard E. Guertin, Chairman Board of Selectmen  
 Printed Name Richard E. Guertin  
 Signature Richard E. Guertin Date 7-21-03

**STORM WATER MANAGEMENT PROGRAM**

Mass. Transmittal No. W040554

EPA No. \_\_\_\_\_

**SCHEDULE**

Name of MS4: Monson

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			
1																							
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