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

BRP WM 08A NPDES Stormwater General Permit

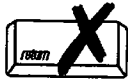
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

Transmittal Number

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:

Gregory Kereakoglow, P.E.

Name

10 Industrial Drive

Mailing Address

South Hadley

City/Town

413 538 5033

Telephone Number

Ma

State

greg.kereakoglow@the-spa.com

Email (if available)

2. Municipality Name

Town of South Hadley

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

JUL 23 2003

MUNICIPAL ASSISTANCE UNIT



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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
Connecticut River Name	Unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	PCB's Specify
Stoney Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Bachelor Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
White Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Buttery Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Dry Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Wetland Trib. To Connecticut. River. Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Wetland Trib. To Stoney Brook. Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Wetland Trib. To Bachelor Brook. Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Wetland Trib. To White Brook. Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Wetland Trib. To Buttery Brook. Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Wetland Trib. To Dry Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Leaping Well Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Wetland Trib. to Leaping Well Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" 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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D. Stormwater Management Program Summary

1. Public Education:

<p>1 _____ BMP ID # Informational Brouchures Specify Best Management Practice</p>	<p>DPW/Gregory Kereakoglow _____ Responsible Dept./Person Name</p>	<p>Reduction of litter and _____ contaminants into the system</p>
<p>2 _____ BMP ID # Stuffer into Sewer Bills Specify Best Management Practice</p>	<p>DPW/Gregory Kereakoglow _____ Responsible Dept./Person Name</p>	<p>Incease access to information _____ Specify Measurable Goal</p>
<p>3 _____ BMP ID # Website Development Specify Best Management Practice</p>	<p>DPW/Gregory Kereaoglow - _____ Cable Studio Manger</p>	<p>Increased access to _____ information</p>
<p>4 _____ BMP ID # Stencile Catch Basins Specify Best Management Practice</p>	<p>DPW/Gregory Kereakoglow _____ Responsible Dept./Person Name</p>	<p>Reduction of illegal discharges _____ Specify Measurable Goal</p>
<p>5 _____ BMP ID # School Curricular/Flyers Specify Best Management Practice</p>	<p>DPW/Gregory Kereakoglow _____ Responsible Dept./Person Name</p>	<p>Increased awareness of _____ requirements</p>

2. Public Participation:

<p>6 _____ BMP ID # TV Spots and Postings _____</p>	<p>DPW/Gregory Kerekoglow - _____ Cable Access Studio</p>	<p>Increased Public Awareness _____ and access to infoirmation</p>
<p>7 _____ BMP ID # Public Meetings Specify Best Management Practice</p>	<p>DPW/Gregory Kereakoglow, _____ Board of Selectmen</p>	<p>Increased Public input and _____ increased awareness</p>
<p>8 _____ BMP ID # Neighborhood Watch Specify Best Management Practice</p>	<p>DPW/Gregory Kereakoglow _____ Responsible Dept./Person Name</p>	<p>Reduction in Illicit Discharges _____ Specify Measurable Goal</p>
<p>_____ BMP ID # _____ Specify Best Management Practice</p>	<p>_____ Responsible Dept./Person Name</p>	<p>_____ Specify Measurable Goal</p>
<p>_____ BMP ID # _____ Specify Best Management Practice</p>	<p>_____ Responsible Dept./Person Name</p>	<p>_____ Specify Measurable Goal</p>



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D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

<u>9</u> BMP ID #	<u>DPW/Gregory Kereakoglow</u> Responsible Dept./Person Name	<u>Increased Illicit Discharge Detection</u>
<u>Storm System Mapping</u> Specify Best Management Practice		
<u>10</u> BMP ID #	<u>DPW/Gregory Kereakoglow - Solid Waste Facility Manager</u>	<u>Reduction in Nutrient Loading into System</u>
<u>Household Hazardous Waste Collection Depot</u>		
<u>19</u> BMP ID #	<u>DPW/Gregory Kereakoglow</u> Responsible Dept./Person Name	<u>Regulatory Control of Illicit Disch. w/ Punitive Measures</u>
<u>Review/Amend Town By Law on Discharges of storm water</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>

4. Construction Site Runoff Control:

<u>11</u> BMP ID #	<u>Town PLanner/Richard Harris</u> Responsible Dept./Person Name	<u>Increase awareness and compliance by developers</u>
<u>Town By Law</u> Specify Best Management Practice		
<u>12</u> BMP ID #	<u>Town PLanner/ Richard Harris - Conservation Commission</u>	<u>Increased Developer awareness and compliance</u>
<u>Subdivision Regulation Modifications</u>		
<u>13</u> BMP ID #	<u>DPW/Gregory Kereakoglow</u> Responsible Dept./Person Name	<u>Increased enforcement and compliance and penalties</u>
<u>Regular Site Inspection</u> Specify Best Management Practice		
<u>14</u> BMP ID #	<u>Town PLanner/ Richard Harris - Conservation Commission</u>	<u>Increased awareness and compliance from developers</u>
<u>Site PPlan Review Modifications</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.)

5. Post Construction Runoff Control:

20 BMP ID # _____ Review Planning Brd. Reg & Zoning Brd. Regs _____	Planning Board/Richard Harris Responsible Dept./Person Name	Increased developer awareness and compliance _____
14 BMP ID # _____ Site Plan review modifications Specify Best Management Practice _____	Planning Board/Richard Harris Responsible Dept./Person Name	Increased developer awareness and compliance _____
13 BMP ID # _____ Regular construction site inspections _____	DPW/Gregory Kereakoglow Responsible Dept./Person Name	Increased enforcement, compliance and penalties _____
9 BMP ID # _____ System Mapping Specify Best Management Practice _____	DPW/Gregory Kereakoglow Responsible Dept./Person Name	Increased illicit discharge detection _____
19 BMP ID # _____ Develop Town By Law on Discharges from all town lands _____	DPW/Gregory Kereakoglow Responsible Dept./Person Name	Regulatory Control of Illicit Disch. w/ Punitive Measures _____

6. Municipal Good Housekeeping:

15 BMP ID # _____ DPW Operations Manual Specify Best Management Practice _____	DPW/Gregory Kereakoglow Responsible Dept./Person Name	increased awarens of personnel _____
16 BMP ID # _____ Catch Basin Cleaning program Specify Best Management Practice _____	DPWGregory Kereakoglow Responsible Dept./Person Name	reduction in floatables and deposition into system _____
17 BMP ID # _____ Street Sweeping Program Specify Best Management Practice _____	DPWGregory Kereakoglow Responsible Dept./Person Name	reduction in deposition into system _____
18 BMP ID # _____ monitoring of commercial establishments in IPP Prog. _____	WWTP/Melissa LeBonte Responsible Dept./Person Name	closer complience of industrial and commercial est. _____
BMP ID # _____ Specify Best Management Practice _____	Responsible Dept./Person Name	Specify Measurable Goal _____
BMP ID # _____	Specify Best Management Practice	_____



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D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

<u>1</u> BMP ID #	<u>Brouchures for public</u> Specify Best Management Practice	<u>DPW/Gregory Kereakoglow</u> Responsible Dept./Person Name	<u>reduction of litter and contaminents into system</u>
<u>10</u> BMP ID #	<u>Household Haz. Waste Collection Center</u>	<u>DPW/Gregory Kereakoglow - Solid Waste Div.</u>	<u>reduction of nutrients into system</u>
<u>16</u> BMP ID #	<u>Catch Basin Cleaning Program</u>	<u>DPW/Gregory Kereakoglow</u> Responsible Dept./Person Name	<u>reduction of floatables and deposition into system</u>
<u>17</u> BMP ID #	<u>Street Sweeping Program</u> Specify Best Management Practice	<u>DPW/Gregory Kereakoglow</u> Responsible Dept./Person Name	<u>reduction in deposition into system</u>
<u> </u> BMP ID #	<u> </u> Specify Best Management Practice	<u> </u> Responsible Dept./Person Name	<u> </u> 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.

Barbara Eckman, Chair Board of Selectmen

Printed Name

Barbara L Eckman
Signature

7/15/03

Date



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F. South Hadley - Storm Water Management Program - TIME FRAMES

BMP ID #	PERMIT YEAR ONE				PERMIT YEAR TWO				PERMIT YEAR THREE				PERMIT YEAR FOUR				PERMIT YEAR FIVE					
	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	Next Permit	
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