Hand-enter Your Transmittal Number → **W 035763**

Your unique Transmittal Number can be accessed through DEP's web site or by calling the DEP InfoLine as listed on the last page of this document

Massachusetts Department of Environmental Protection

1002

Transmittal Form for Permit Application and Payment

Instructions

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

2. Your check should be made payable to the Commonwealth of Massachusetts. Please mail your check along with a copy of this form to: DEP, P.O. Box 4062, Boston, MA 02211.

3. Three (3) 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. Application Information

DEP Permit Code (the 7 or 8 character code from first page of permit application instructions):
BRPWM08A

Name of Permit Category:
NPDES Storm Water General Permit

Type of Project or Activity:
Notice of Intent for Discharges from Small MS4s

B. Applicant Information (Firm or Individual)

Name of Firm:
Town of Belchertown

Or, if party needing this approval is clearly an individual:

Individual's Last Name:	First Name	MI

Street Address			
Finnerty House, One South Main Street			
City/Town Belchertown	State MA	Zip Code 01007 0670	Telephone Number (413) 323-0403 ext.
Contact: Gary L. Brougham, Town Administrator		e-mail address (optional) gbrougham@belchertown.org	

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual			DEP Facility Number (if Known)
Town of Belchertown			
Street Address Finnerty House, One South Main Street			e-mail address: (optional)
City/Town Belchertown	State MA	Zip Code 01007 0670	Telephone Number (413) 323-0403 ext.

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

Name of Individual or Firm:
Fuss & O'Neill, Inc.

Address
78 Interstate Drive

City/Town	State	Zip Code	Telephone Number
West Springfield	MA	01089	(413) 452-0445 ext.4433

Contact:	LSP Number (21E only)
Erik V. Mas, P.E.	

E. Permit - Project Coordination

Is this project subject to MEPA review? ☐ yes ☒ no

If yes, indicate the project's EOEA file number (assigned when an Environmental Notification Form is submitted to the MEPA unit)

EOEA # 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 Number (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 #:	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

W035763
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

1. Small MS4 Operator/Owner Information:

   Gary Brougham, Town Administrator
   Name

   Finnerty House, One South Main Street
   Mailing Address

   Belchertown — City/Town
   MA — State

   (413) 323-0403 — Telephone Number
   gbrougham@belchertown.org — Email (if available)

2. Municipality Name

   Belchertown
   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:

   Route 202

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

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
Unnamed tributary of Roaring Brook	5 (Number)	☐ Yes ☒ No	Specify
Unnamed tributary of Broad Brook	1 (Number)	☐ Yes ☒ No	Specify
Unnamed tributary of Forge Pond	4 (Number)	☒ Yes ☐ No	Nutrients, noxious aquatic plants (Forge Pond)
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify

D. Stormwater Management Program Summary

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)

W035763
Transmittal Number

Facility ID (if known)

1. Public Education:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1.1	Continue school educational programs	SW Committee, School Dept.	Number of programs offered
1.2	Provide plan copies to schools and library	SW Committee	Distributed copies
1.3	Create stormwater web link	SW Committee, MIS Dept.	Create link, include SWMP
1.4	Prepare storm water flyer, article, or ad	SW Committee, School Dept.	Number of materials created
1.5	Distribute flyers within regulated area	SW Committee, BOH, DPW	Number of materials created and distributed

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2.1	Form a Stormwater Committee	SW Committee	Form a committee
2.2	Initial public review and hearing on Phase II Plan	SW Committee	Make plan available for public review and hold meeting
2.3	Continue school programs	SW Committee, School Dept.	Number of programs offered
2.4	Expand Storm Water Committee	SW Committee	Number of additional committee members recruited
2.5	Conduct public meeting to present annual report	SW Committee	Hold public meeting

D. Stormwater Management Program Summary (Cont.)

1. Public Education:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1.6	Add new link to BOH web site with septic system maint.	SW Committee, BOH, MIS	Provide website link
1.7	Publicize and hold a hazwaste collection day	SW Committee, DPW	Publicize and hold a hazwaste collection day

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2.6	Recruit volunteers to assist with illicit discharge detection	SW Committee, School Dept., DPW	Number of volunteers recruited

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
3.1	Create outfall map	SW Committee, DPW, MIS	Create map, begin dry weather outfall screening
3.2	Complete outfall screening	SW Committee, DPW, BOH	Number of outfalls screened
3.3	Inspect outfalls, perform outfall sampling, track sources	SW Committee, DPW, BOH	Conduct source tracking and identify sources of discharges
3.4	Eliminate illicit discharges whose sources are identified	SW Committee, DPW, BOH	Number or percentage of discharges eliminated
3.5	Review, draft and adopt illicit discharge by-law	SW Committee, DPW, BOH	Review, draft, and adopt by-law

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
4.1	Review model by-law, determine applicability	SW Committee, Bldg. Inspector, Planning Board	Review by-law and hold public meeting
4.2	Draft and adopt an erosion and sediment control by-law	SW Committee, Bldg. Inspector, Planning Board	Draft and adopt by-law
4.3	Train Town staff for compliance with new by-law	SW Committee, Bldg. Inspector, Planning Board	Conduct training
4.4	Develop methods/materials for public inquiry and comments	SW Committee, Bldg. Inspector, Planning Board	Develop public inquiry and site inspection procedures

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
3.6	Educational materials to address illicit discharges	SW Committee, DPW, MIS	Disseminate educational materials to the public

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

BMP ID #	Specify Best Management Practice	Specify Measurable Goal
5.1	Review model by-law, determine applicability	SW Committee, Bldg. Insp., Plan. Board, Cons. Comm.	Review by-law and hold public meeting
5.2	Draft and adopt post-construction by-law	SW Committee, Bldg. Insp., Plan. Board, Cons. Comm.	Draft and adopt by-law
5.3	Train Town staff for compliance with new by-law	SW Committee, Bldg. Insp., Plan. Board, Cons. Comm.	Conduct training
5.4	Develop methods/materials for public inquiry and comments	SW Committee, Bldg. Insp., Plan. Board, Cons. Comm.	Develop public inquiry and site inspection procedures
		SW Committee, Bldg. Insp., Plan. Board, Cons. Comm.	

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
6.1	Develop employee training for Town maintenance activities	SW Committee, DPW	Develop training program
6.2	Develop record keeping procedures for maint. activities	SW Committee, DPW	Develop record keeping procedures
6.3	Conduct training for Town employees	SW Committee, DPW	Conduct training, number of employees trained
6.4	Sweep streets within regulated area on a rotating basis	DPW	Conducted sweeping, quantuty of debris collected
6.5	Establish inspection and maintenance schedules	SW Committee, DPW	Establish schedules

D. Stormwater Management Program Summary (cont.)

5. Post Construction Runoff Control:

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

6. Municipal Good Housekeeping:

6.6
BMP ID #

Publicize and hold a hazwaste collection day | SW Committee, DPW (Responsible Dept./Person Name) | Publicize and hold a hazwaste collection day

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

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

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.

Gary L. Brougham
Printed Name

Signature

5/8/03
Date

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)

F. Storm Water Management Program TIME FRAMES

Transmittal Number W035763

Facility ID (If known)

	PERMIT YEAR ONE				PERMIT YEAR TWO				PERMIT YEAR THREE				PERMIT YEAR FOUR				PERMIT YEAR FIVE				
BMP ID #	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
1.1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
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1.3					—	—	—	—													
1.4					—	—	—	—													
1.5									—	—	—	—									
1.6													—	—	—	—					
1.7																			X		
2.1	X																				
2.2	X																				
2.3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
2.4					—	—	—	—													
2.5																X					
2.6									—	—	—	—	—	—	—	—	—	—	—	—	
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6.2	—	—	—	—																	
6.3				X				X				X				X				X	
6.4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
6.5					—	—	—	—													
6.6																			X		