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)

1008
W039490
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:

   Town of Hadley
   Name

   100 Middle Street
   Mailing Address

   Hadley — City/Town
   MA — State

   413-586-2390 — Telephone Number
   hadleydp@javanet.com — Email (if available)

2. Municipality Name

   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:

   Massachusetts Highway Department (Route 9), University of Massachusetts(portion)

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
Coleman Brook to Connecticut River A-1 to A-5	5 (Number)	☐ Yes ☒ No	(Specify)
Connecticut River A-6 to A-9 (Name)	4 (Number)	☒ Yes ☐ No	Seg.ID MA34-04_2002 Cat 5 Priority Organics, Pathogens
Unnamed Brook (1) to Connecticut River A-10,A-11	2 (Number)	☐ Yes ☒ No	(Specify)
Unnamed Brook (2) to Connecticut River A-12-A-14	3 (Number)	☐ Yes ☒ No	(Specify)
Unnamed Brook (3) to Connecticut River A-15-A-17	3 (Number)	☐ Yes ☒ No	(Specify)
Unnamed Brook (4) to Fort River B-1, B-2	2 (Number)	☐ Yes ☒ No	(Specify)
Unnamed Brook (5) to Fort River B-3 to B-6	4 (Number)	☐ Yes ☒ No	(Specify)
Unnamed Brook (6) to Mill River C-1 to C-3	3 (Number)	☐ Yes ☒ No	Mill River flows into Lake Warner Category 4c TDML
Unnamed Brook (7) to Mill River C-4, C-5	2 (Number)	☐ Yes ☒ No	Seg. ID MA34098_2002 (Specify)
(Name)	(Number)	☐ Yes ☐ No	Turbidity, Nutriants, Organic Enrichment, Noxious Plants
(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)
All numbered outfalls shown on attached Map	(Number)	☐ Yes ☐ No	(Specify)

D. Stormwater Management Program Summary

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1. Public Education:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1-A	Partnership Lake Warner - Mill River Steering Committee	Highway Department/ Augustine (Gus) O'Grady	Specific goals set by Lake clean-up organization
1-B	Distributing Fact Sheets Brochers With Water Bills	Highway provide Brochure Water Dept.distribute	distribution to all Hadley households
1-C	Presentation of eductional video on Publiic Access Cable	Highway Dept/Augustine (Gus) O'Grady	provide generic or regional video, by others for 2-4 airings

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2-A	Partnership Lake Warner - Mill River Watershed Steering Co.	Highway Department/ Augustine (Gus) O'Grady	Specific goals set by Lake clean-up organization
2-B	Est. NPDES Steering Comm. oversee permit implementation	Board of Selectmen/ David S. Moskin	include members from all town boards and committes
2-C	Hold public mtgs for input on Stormwater Program	NPDES Steering Committee/ ?	Hold three public meetings on the Town's Prop SW program

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-A	Partnership with MHD	Highway Dept/ Augustine (Gus) O'Grady	Mapping of drainage system within Rt 9 corridor, year one
3-B	Storm drain system map within Urban Area	HighwayDept/Augustine (Gus) O'Grady	Mapping of drainage system w/in UA & outwardlly as poss.
3-C	Dry weather screenig and video inspection	Highway Dept/ Augustine (Gus) O'Grady	screen 20% outfalls per year, video suspicious pipelines yrly
3-D	Est. Illicit discharge Hotline news/advertise in waterbill	Police/Fire	Hotline for citizens to report illicit discharges established

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
4-A	Develop By-laws for land disturbaces over 1 acre	NPDES Steering Committee/ ?	drafting, public meetings adoption within three years

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
5-A	Develop By-laws for post const. runoff control 1 ac +	NPDES Steering Committee/?	drafting, public meetings adoption within three years

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
6-A	Existing spill prevention control plans for town facilities	Highway Department/ Augustine (Gus) O'Grady	Revise plan/conduct annual training
6-B	Training program for maint. and landscaping crews	Highway Department/ Augustine (Gus) O'Grady	Develop pollution prevention workshop for munic. employee
6-C	Now incorporate the use of road salt alt. for deicing	Highway Department/ Augustine (Gus) O'Grady	During 1st year cont. reducing amt. of road salt used by 25%

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

BMP ID #		
1-A		
Partnership Lake Warner - Mill River Steering Committee	Highway Department/ Augustine (Gus) O'Grady	Specific goals set by Lake clean-up organization
3-C		
Dry weather screenig and video inspection	Highway Dept/ Augustine (Gus) O'Grady	screen 20% outfalls per year, video suspicious pipelines yrly
4-A		
Develop By-laws const. site runoff control over 1 acre	NPDES Steering Committee/? (Responsible Dept./Person Name)	drafting, public meetings adoption within three years
6-A		
Existing spill prevention control plans for town facilities	Highway Dept/ Augustine (Gus) O'Grady	Revise plan/conduct annual training
6-C		
Now incorporate the use of road salt alt. for deicing	Highway Dept/ Augustine (Gus) O'Grady	During 1st year cont. reducing amt. of road salt used by 25%

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.

David S. Moskin, Chairman, Hadley Board of Selectmen
Printed Name

Signature

6.3.03
Date

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Town of Hadley Storm Water Management Program TIME FRAMES

TOWN OF HADLEY
Transmittal Number W039490
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	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-A		—																			
1-B			X														—	—	—		
1-C							—	—	—												
1-D		X					X								X						
2-A		—																			
2-B		—	—	—	—																
2-C						X			X		X										
3-A	—	—	—	—																	
3-B			—	—	—	—	—	—	—	—	—	—									
3-C		—				—				—				—				—			
3-D			—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
4-A						—	—	—	—	—	—	—									
5-A						—	—	—	—	—	—	—									
6-A	X																				
6-B		—				—				—				—				—			
6-C				—				—				—				—				—	