Hand-enter Your Transmittal Number → W 035925 1009

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

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: NOI for MS4

Type of Project or Activity: Stormwater

B. Applicant Information (Firm or Individual)

Name of Firm: Town of Hampden

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

Individual's Last Name:	First Name	MI

Street Address			
625 Main Street			
City/Town: Hampden	State: MA	Zip Code: 01036	Telephone Number: (413) 566-2151 ext.
Contact: Duane Mosier, Selectman		e-mail address (optional)	

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual			DEP Facility Number (if Known)
Town of Hampden			
Street Address: 625 Main Street			e-mail address: (optional)
City/Town: Hampden	State: MA	Zip Code: 01036	Telephone Number: (413) 566-2151 ext.

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

Name of Individual or Firm:			
Tighe & Bond Consulting Engineers			
Address: 53 Southampton Road			
City/Town: Westfield	State: MA	Zip Code: 01085	Telephone Number: (413) 562-1600 ext.
Contact: David Partridge, P.E.		LSP Number (21E only)	

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

BRP WM 08A NPDES Stormwater General Permit

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

W 035925
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 Hampden — Duane Mosier, Selectmen (per 9/10/03 T.C. to Tighe & Bond)
Name

625 Main Street
Mailing Address

Hampden — MA
City/Town — State

(413) 566-2151
Telephone Number — Email (if available)

2. Municipality Name

Hampden
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

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)

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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
Scantic River (Name)	To be Determined	☐ Yes ☒ No	Specify
South Branch Mill River (Name)	To be Determined	☐ Yes ☒ No	Specify
Watchaug Brook (Name)	To be Determined	☐ Yes ☒ No	Specify
Un-named Tributaries (Name)	To be Determined	☐ 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
Name	Number	☐ Yes ☐ No	Specify

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)

W 035925
Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary

1. Public Education:

1A
BMP ID #

Educational Displays	Board of Health	One display at municipal building per year, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

1B
BMP ID #

Educational Pamphlets	Board of Health	One town-wide mailing per year, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

1C
BMP ID #

Classroom Education	School Department	One stormwater topic per year minimum (4th through 6th grade) Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

1D
BMP ID #

Community Website & Hotline	Board of Selectmen	Post information including DEP link Year 1. Annual updates as necessary, Year 2-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

1E
BMP ID #

Hazardous Waste Collection Day	Board of Health	Publicize and support annual 5-town collection event Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

2. Public Participation:

2A
BMP ID #

Adopt-a-Road	Board of Health / DPW	Support annual pickup of urban area roads, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

2B
BMP ID #

Storm Drain Stenciling	DPW	Form program, target 10% of Town's catch basins annually, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

2C
BMP ID #

Stormwater Committee	Planning Board	Initiate and set agenda Year 1. Administer SMP Year 2-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

2D
BMP ID #

Attitude Survey	Planning Board	1st survey to set baseline Year 2. 2nd survey to measure progress and awareness in Year 5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

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
3A	Mapping Stormwater Outfalls	DPW	Compile map Year 1. Field inspect / verify 25% of outfalls annually, Year 2-5.
3B	DPW Employee Education	DPW	Training under BMP #6C Year 1 to recognize illicit discharges. Annual refresher Year 2-5.
3C	Non-Stormwater Discharge Ordinance	Board of Health / Planning Board	Evaluate existing procedures Year 1. Draft ordinance Year 2. Propose for adoption Year 3. Enforce Year 4-5.
3D	Develop Illicit Discharge Plan	Board of Selectmen	Evaluate and draft plan Year 1. Propose for adoption Year 2. Implement thereafter Year 3-5

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
4A	Construction Runoff Ordinance	Planning Board	Evaluate existing regulations Year 1. Draft revisions Year 2. Propose for adoption by Year 3. Enforce Year 3-5.
4B	Construction Plan Review	Planning Board	Enforcement under existing Town regulations Year 1 and 2. Enforcement under adopted ordinance Year 3-5.
4C	Inspection / Reporting	Building Inspector	Enforcement under existing Town regulations Year 1 and 2. Enforcement under adopted ordinance Year 3-5.
4D	Building Permit Application	Building Inspector	Include requirement for sites >1 acre to supply EPA permit number to trigger notice Year 1.

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

5A BMP ID #		
Post Construction Runoff Ordinance	Planning Board	Evaluate current regulations Year 1. Draft amendments Year 2. Propose adoption for Year 3. Enforce year 3-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
5B BMP ID #		
Site Plan Review	Planning Board	Enforcement under existing Town regulations Year 1 and 2. Enforcement under adopted ordinance Year 3-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
5C BMP ID #		
Stormwater System Maintenance Plan	Planning Board	Enforcement under existing Town regulations Year 1 and 2. Enforcement under adopted ordinance Year 3-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
5D BMP ID #		
Training of Town Officials / Staff	Board of Selectmen	Initial training on new ordinances Year 3.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

6. Municipal Good Housekeeping:

6A BMP ID #		
Municipal Maintenance Activity Program	Board of Health	Evaluate and draft additional policies as necessary Year 1. Comply Year 2-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
6B BMP ID #		
Training of Municipal Employees	Board of Health / DPW	Initial training Year 2. Annual refresher Year 3-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
6C BMP ID #		
Storm Water Pollution Prevention Plan / MSGP	Board of Selectmen	Compliance with SWPPP Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
6D BMP ID #		
Catch Basin Cleaning Program	DPW	Clean 15% in urbanized area Year 1. Clean 25% of remaining, Years 2 through 5.
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	Responsible Dept./Person Name	Specify Measurable Goal
5A	Post Construction Runoff Ordinance	Planning Board	Evaluate current regulations Year 1. Draft amendments Year 2. Propose adoption for Year 3. Enforce year 3-5.
5B	Site Plan Review	Planning Board	Enforcement under existing Town regulations Year 1 and 2. Enforcement under adopted ordinance Year 3-5.
5C	Stormwater System Maintenance Plan	Planning Board	Enforcement under existing Town regulations Year 1 and 2. Enforcement under adopted ordinance Year 3-5.
5D	Training of Town Officials / Staff	Board of Selectmen	Initial training on new ordinances Year 3.

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
6A	Municipal Maintenance Activity Program	Board of Health	Evaluate and draft additional policies as necessary Year 1. Comply Year 2-5.
6B	Training of Municipal Employees	Board of Health / DPW	Initial training Year 2. Annual refresher Year 3-5.
6C	Storm Water Pollution Prevention Plan / MSGP	Board of Selectmen	Compliance with SWPPP Year 1-5.
6D	Catch Basin Cleaning Program	DPW	Clean 15% in urbanized area Year 1. Clean 25% of remaining, Years 2 through 5.

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)

W 035925
Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

7. BMPs for Meeting TMDL:

BMP ID #
Not Applicable

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.

Duane E. Mosier
Printed Name

Duane E. Mosier
Signature

June 27, 2003
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 W - 035925

Facility ID (if known)

Minimum Control	BMP ID	Description of BMP	Permit Year 1				Permit Year 2				Permit Year 3				Permit Year 4				Permit Year 5				
			Spring '03	Summer '03	Fall '03	Winter '03	Spring '04	Summer '04	Fall '04	Winter '04	Spring '05	Summer '05	Fall '05	Winter '05	Spring '06	Summer '06	Fall '06	Winter '06	Spring '07	Summer '07	Fall '07	Winter '07	Next Permit
No. 1 - Public Education / Outreach Program	1A	Educational Displays		X				X				X				X				X			X
	1B	Educational Pamphlets			X				X				X				X				X		X
	1C	Classroom Education																					
	1D	Community Website & Hotline																					
	1E	Hazardous Waste Collection Day			X				X				X				X				X		X
No. 2 - Public Involvement / Participation	2A	Adopt-a-Road																					
	2B	Storm-Drain Stenciling																					
	2C	Stormwater Committee																					
	2D	Attitude Survey					X												X				
No. 3 - Illicit Discharge Program	3A	Mapping Stormwater Outfalls																					
	3B	DPW Employee Education				X				X				X				X				X	X
	3C	Non-Stormwater Discharge Ordinance																					
	3D	Develop Illicit Discharge Plan																					
No. 4 - Construction Site Runoff Control	4A	Construction Runoff Ordinance																					
	4B	Plan Review																					
	4C	Inspection / Reporting																					
	4D	Building Permit Application																					
No. 5 - Post-Construction Stormwater Mgmt.	5A	Post Construction Runoff Ordinance																					
	5B	Construction Plan Review																					
	5C	Stormwater System Maintenance Plan																					
	5D	Training for Town Officials / Staff																					
No. 6 - Good Housekeeping	6A	Municipal Maintenance Activity Program				X				X				X				X				X	X
	6B	Training of Municipal Employees				X				X				X				X				X	X
	6C	Stormwater Pollution Prevention Plan / MSGP																					
	6D	Catch Basin Cleaning Program																					