Hand-enter Your Transmittal Number → W041288 Transmittal Number

2029

Your unique Transmittal Number can be accessed online: http://www.state.ma.us/scripts/dep/trasmfm.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 Storm Water General Permit
Name of Permit Category

Storm Water Discharges
Type of Project or Activity

## B. Applicant Information – Firm or Individual

U.S. Air Force
Name of Firm - Or, if party needing this approval is an individual enter name below:

Last Name of Individual | First Name of Individual | MI

120 Grenier Street
Street Address

Hanscom Air Force Base | State | 01731-1910 Zip Code | 781-377-2475 Telephone # and extension
City/Town

Donald C. Morris, PE
Contact Person

donald.morris@hanscom.af.mil
e-mail address (optional)

## C. Facility, Site or Individual Requiring Approval

Hanscom Air Force Base
Name of Facility, Site or Individual | DEP Facility Number (if Known) | Federal I.D. Number (If Known)

120 Grenier Street
Street Address

e-mail address (optional)

Hanscom AFB | MA State | 01731-1910 Zip Code | 781-377-2475 Telephone # and extension
City/Town

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

Name of Firm Or Individual

Address

City/Town | State | Zip Code | Telephone # and extension

Contact Person | LSP Number (21E only)

## E. Permit - Project Coordination

Is this project subject to MEPA review? ☐ yes ☒ no If yes, enter the project's EOEA file number - assigned when an Environmental Notification Form is submitted to the MEPA unit: EOEA 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

2611
Check Number

$80.00
Dollar Amount

30 JULY 2003
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

tr.formw - rev. 5/03

**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)

W041288
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:

   DONALD C. MORRIS, PE
   Name

   120 Grenier Street
   Mailing Address

   Hanscom Air Force Base
   City/Town

   Massachusetts
   State

   781-377-2475
   Telephone Number

   donald.morris@hanscom.af.mil
   Email (if available)

2. Municipality Name

   Hanscom Air Force Base
   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)**

W041288
Transmittal Number

Facility ID (if known)

## 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

Section 303(d) List segment # SMA83-08 in report

| Receiving Water: | No. of Outfalls | Listed as Impaired? | Impairment |
|---|---|---|---|
| Shawsheen River (Name) | 37 (Number) | ☒ Yes ☐ No | "other habitat alterations" – deals w (Flow) (Specify) |
| Kiln Brook (Name) | 2 (Number) | ☐ Yes ☒ No | (Specify) |
| Hobbs Brook (Name) | 1 (Number) | ☐ Yes ☒ No | After SW system direct flow into groundwater (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)**

W041288
Transmittal Number

Facility ID (if known)

## D. Stormwater Management Program Summary

1. Public Education:

| BMP ID # | Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
|---|---|---|---|
| 3.1a | Partnering w/Massport, Towns | 66 MSG/CEV | 1 partnering event per year |
| 3.1b | Partnering w/Base Organization | 66 MSG/CEV | 1 partnering event per year |
| 3.1c | Educational Materials, Base | 66 MSG/CEV | Pamphlets, flyers, e-mails |
| 3.1d | Educational Displays, Notices | 66 MSG/CEV | 1 display event per year |
| 3.1e | Pollution Prevention Events | 66 MSG/CEV | 1 event per week |

2. Public Participation:

| BMP ID # | Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
|---|---|---|---|
| 3.2a | Public Stakeholder Meetings | 66 MSG/CEV | 1 stakeholder meeting per year |
| 3.2b | Annual MS4 Public Notice | 66 MSG/CEV | Document notice & responses |
| 3.2c | Oil, Vehicle Fluid Disposal Info | 66 MSG/CEV | Document distributed info & waste turn-ins |
| | | | |
| | | | |

**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)**

W041288
Transmittal Number

Facility ID (if known)

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

3. Illicit Discharge Detection and Elimination:

| BMP ID # | Responsible Dept./Person Name | Specify Measurable Goal |
|---|---|---|
| 3.3a<br>Update Storm Water & Sewer Maps on CAD | 66 MSG/CE | Update as changes occur |
| 3.3b<br>Inspect By-Pass Valves, Train Civil Engineering Personnel | 66 MSG/CE | Sewer valves operate, zero discharge to storm water |
| 3.3c<br>Inspect, Clean Oil/Water Separators | 66 MSG/CE | Document conditions, verify connections, modify as |
| 3.3d<br>Inspect for Non-Storm Water Connections, Floor Drains | 66 MSG/CE | Document findings, zero non-storm water connections |
| 3.3e<br>Sample/Analyse Storm Water | 66 MSG/CEV | Sample 2 events per year |

4. Construction Site Runoff Control:

| BMP ID # | Responsible Dept./Person Name | Specify Measurable Goal |
|---|---|---|
| 3.4a<br>Stabilize Drainage, Exposed Soil, Minimize Disturbed Areas | 66 MSG/CEV | Approve construction P2 plans, inspect sites |
| 3.4b<br>Sediment Control | 66 MSG/CEV | Inspect before/during/after work |
| 3.4c<br>Protect Wetlands, Buffer Zones | 66 MSG/CEV | Approve staging/storage/access |
| 3.4d<br>Sequence Construction Activity | 66 MSG/CEV | Approve work sequence to minimize impact |
| 3.4e<br>Implement Good Housekeeping | 66 MSG/CEV | No-notice site inspections |

W041288
Transmittal Number

Facility ID (if known)

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

5. Post Construction Runoff Control:

| BMP ID # | Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
|---|---|---|---|
| 3.5a | Structural Controls | 66 MSG/CE | Design consistent w/5 year watershed action plan |
| 3.5b | Non-Structural Controls | 66 MSG/CEV | Watershed goals linked to planning, re-development |
| 3.5c | Natural Controls | 66 MSG/CEV | Vegetation buffers maintained |
| | | | |
| | | | |
| | | | |

6. Municipal Good Housekeeping:

| BMP ID # | Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
|---|---|---|---|
| 3.6a | Catch Basin Cleaning | 66 MSG/CE | Scheduled & as-needed cleaning |
| 3.6b | Vehicle Wash Controls | 66 MSG/CEV | Inspect maintenance, washing activities, discharge to sewer |
| 3.6c | Organic Runoff Controls | 66 MSG/CE | Inspect hydro-seeding, composting, recharge runoff |
| 3.6d | Spill Response Procedure/Plan | 66 MSG/CEV | Inspect, train workers, assure on-call licensed contractor |
| 3.6e | Conduct Environmental Audits | 66 MSG/CEV | Annual comprehensive audit & report |

W041288
Transmittal Number

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 |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

## 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.

DARRELL D. JONES, Colonel, USAF, Commander, 66 Air Base Wing
Printed Name

Darrell D. Jones
Signature

30 July 2003
Date

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 W041288

Facility ID (if known)

Page one of one

| | 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 |
| 3.1a | | | | X | | | | X | | | | X | | | | X | | | | X | |
| 3.1b | | | X | | | | X | | | | X | | | | X | | | | X | | |
| 3.1c | | X | | | | X | | | | X | | | | X | | | | X | | | |
| 3.1d | | | | X | X | | | | X | | | | X | | | | X | | | | |
| 3.1e | | | | | | | | | | | | | | | | | | | | | |
| 3.2a | | | X | | | | X | | | | X | | | | X | | | | X | | |
| 3.2b | | | | X | | | | X | | | | X | | | | X | | | | X | |
| 3.2c | | | | | | | | | | | | | | | | | | | | | |
| 3.3a | | | | | | | | | | | | | | | | | | | | | |
| 3.3b | | X | | | X | | | | X | | | | X | | | | X | | | | |
| 3.3c | | | | | | | | | | X | | | | | | | | | | | |
| 3.3d | | | | | | | | X | | | | | | | | | | | | | |
| 3.3e | | | X | | | | X | | | | X | | | | X | | | | X | | |
| 3.4a | | | | | | | | | | | | | | | | | | | | | |
| 3.4b | | | | | | | | | | | | | | | | | | | | | |
| 3.4c | | | | | | | | | | | | | | | | | | | | | |
| 3.4d | | | | | | | | | | | | | | | | | | | | | |
| 3.4e | | | | | | | | | | | | | | | | | | | | | |
| 3.5a | | | | | | | | | | | | | | | | | | | | | |
| 3.5b | | | | | | | | | | | | | | | | | | | | | |
| 3.5c | | | | | | X | | | | X | | | | X | | | | X | | | |
| 3.6a | | | | X | | | | X | | | | X | | | | X | | | | X | |
| 3.6b | | | | | | | | | | | | | | | | | | | | | |
| 3.6c | | | | | | | | | | | | | | | | | | | | | |
| 3.6d | | | | | | X | | | | X | | | | X | | | | X | | | |
| 3.6e | | | X | | | X | | | | X | | | | X | | | | X | | | |