



Hand-enter Your Transmittal Number

David W. → W036097 2014

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: NPDES Stormwater General Permit
Type of Project or Activity: NOI for Discharges from Small Municipal Separate Storm System

B. Applicant Information (Firm or Individual)

Name of Firm: Town of Ludlow		
<i>Or, if party needing this approval is clearly an individual:</i>		
Individual's Last Name:	First Name	MI
Street Address 198 Sportsmen's Road		
City/Town Ludlow	State MA	Zip Code 01056
Telephone Number (413) 583-5625		ext. 14
Contact: Felix Harvey	e-mail address (optional) Fharvey@Ludlow.MA.US	

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual		DEP Facility Number (if Known)	
Street Address		e-mail address: (optional)	
City/Town	State	Zip Code	Telephone Number () ext.

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

Name of Individual or Firm:			
Address			
City/Town	State	Zip Code	Telephone Number () ext.
Contact:	LSP Number (21E only)		

E. Permit - Project Coordination

Is this project subject to MEPA review? yes no
If yes, indicate the project's EOE 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		



BRP WM 08A NPDES Stormwater General Permit
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

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 Ludlow Felix Harvey, Asst. Town Engineer
Name
198 Sportsmen's Road
Mailing Address
Ludlow MA
City/Town State
(413) 583-5625 x14 Fharvey@Ludlow.ma.us
Telephone Number Email (if available)

2. Municipality Name

Town of Ludlow
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:

Unknown

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.)



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

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Storm Sewer Systems (MS4s)

Facility ID (if known)

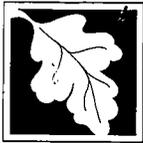
1. Public Education:

1a BMP ID # Website links Specify Best Management Practice	DPW/Felix Harvey Responsible Dept./Person Name	Links to EPA and DEP info Specify Measurable Goal
1b BMP ID # Make Stormwater Plan Available	DPW/Felix Harvey Responsible Dept./Person Name	Town Hall, Library, DPW Specify Measurable Goal
1c BMP ID # Arbor Day Specify Best Management Practice	DPW/Paul Dzubek Responsible Dept./Person Name	One per year/distribute info Specify Measurable Goal
1d BMP ID # Household Hazardous Waste Collection Day	DPW/Felix Harvey Responsible Dept./Person Name	One per year/distribute info Specify Measurable Goal
1e BMP ID # Cable Access Specify Best Management Practice	DPW/Felix Harvey Responsible Dept./Person Name	4/year bulletin Specify Measurable Goal

2. Public Participation:

2a BMP ID # Form Stormwater Committee Specify Best Management Practice	Selectmen Responsible Dept./Person Name	Begin meeting Specify Measurable Goal
2b BMP ID # Develop bylaw Specify Best Management Practice	Stormwater Committee Responsible Dept./Person Name	Public Hearing Process Specify Measurable Goal
2c BMP ID # Develop Stenciling Program Specify Best Management Practice	DPW/Felix Harvey Responsible Dept./Person Name	Provide Volunteer Program 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

D. Stormwater Management Program Summary (Cont.)



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Storm Sewer Systems (MS4s)

Facility ID (if known)

3. Illicit Discharge Detection and Elimination:

3a		
BMP ID #		
Draft ByLaw	Stormwater Committee	Prepare for Town Meeting
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
3b		
BMP ID #		
Map MS4	DPW/Felix Harvey	Map MS4
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

4. Construction Site Runoff Control:

4a		
BMP ID #		
Draft Bylaw	Stormwater Committee	Interdepartmental policy
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

D. Stormwater Management Program Summary (Cont.)



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5. Post Construction Runoff Control:

5a

BMP ID #

Adopt Bylaw

Specify Best Management Practice

Stormwater Committee

Responsible Dept./Person Name

Prepare for Town Meeting

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:

6a

BMP ID #

Clean Catch Basins

Specify Best Management Practice

DPW/Ken Batista

Responsible Dept./Person Name

Once per year

Specify Measurable Goal

6b

BMP ID #

Sweep Streets

Specify Best Management Practice

DPW/Ken Batista

Responsible Dept./Person Name

Once per year

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.)



BRP WM 08A NPDES Stormwater General Permit
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Facility ID (if known)

7. BMPs for Meeting TMDL:

7a

BMP ID #

Map Drainage to Minechoag Pond

DPW/Felix Harvey
Responsible Dept./Person Name

Document drainage to pond, identify all possible sources.

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

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.

ANTONIO J. da CRUZ, Chairman Board of Public Works

Printed Name

Antonio J da Cruz
Signature

10/7/03
Date

