Hand-enter Your Transmittal Number → W041288 11 2629
Transmittal Number

Your unique Transmittal Number can be accessed online: http://www.state.ma.us/scripts/dep/trasmfrm.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 — City/Town
State
01731-1910 — Zip Code
781-377-2475 — Telephone # and extension

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

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. 5/02

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

BRP WM 08A NPDES Stormwater General Permit

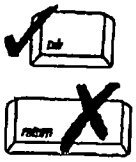
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

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

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: Name	No. of Outfalls: Number	Listed as Impaired?	Impairment: Specify
Shawsheen River	37	☒ Yes ☐ No	"other habitat alterations" – deals w/ (Flow)
Kiln Brook	2	☐ Yes ☒ No	
Hobbs Brook	1	☐ Yes ☒ No	Alter SW system divert flow into groundwater
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ 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)

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

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

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

4. Construction Site Runoff Control:

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

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

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

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)

	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																	X				
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			