



Hand-enter Your Transmittal Number

W 040556

Transmittal Number

1012

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

NPDES Stormwater General Permit

Permit Code: 7 or 8 character code from permit instructions

Name of Permit Category

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

Type of Project or Activity

B. Applicant Information -- Firm or Individual

Town of Lanesborough

Name of Firm - Or, if party needing this approval is an individual enter name below:

Last Name of Individual

First Name of Individual

MI

83 North Main Street

Street Address

Lanesborough

MA

01237

(413) 442-1167

City/Town

State

Zip Code

Telephone # and extension

Contact Person

e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Town of Lanesborough

Name of Facility, Site or Individual

DEP Facility Number (if Known)

Federal I.D. Number (if Known)

83 North Main Street

Street Address

Lanesborough

e-mail address (optional)

MA

01237

(413) 442-1167

City/Town

State

Zip Code

Telephone # and extension

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

Guertin Elkerton & Associates, Inc.

Name of Firm Or Individual

91 Montvale Avenue

Address

Stoneham

MA

02180

(413) 781-0000

City/Town

State

Zip Code

Telephone # and extension

Mary Burgess

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 EOE 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

Check Number

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

W040556

Transmittal Number

BRP WM 08A NPDES Stormwater General Permit

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

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:

Name

Town of Lanesborough, 83 North Main Street

Mailing Address

Lanesborough

MA

City/Town

State

(413) 442-1167

Telephone Number

Email (if available)

2. Municipality Name

Town of Lanesborough

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:

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



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

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

- No current mapping. Unknown at present time. Will be identified during 5-year implementation of stormwater management program (See program summary).

Receiving Water:	No. of Outfalls	Listed as Impaired?	Impairment
Name _____	Number _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
Name _____	Number _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
Name _____	Number _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
Name _____	Number _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
Name _____	Number _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
Name _____	Number _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
Name _____	Number _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
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Name _____	Number _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
Name _____	Number _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
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Name _____	Number _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
Name _____	Number _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
Name _____	Number _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
Name _____	Number _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
Name _____	Number _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____



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BRP WM 08A NPDES Stormwater General Permit

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

Facility ID (if known)

D. Stormwater Management Program Summary

1. Public Education:

1

BMP ID #

Create a Stormwater Program
Specify Best Management Practice

Department of Public Works
Planning Board
Conservation Commission
Board of Health
Board of Selectmen

Responsible Dept./Person Name

Lanesborough will present to the public at a public meeting Lanesborough's draft Comprehensive Stormwater Management Program.
Specify Measurable Goal

2

BMP ID #

Create a Stormwater Program
Specify Best Management Practice

Department of Public Works
Responsible Dept./Person Name

Lanesborough will identify appropriate sources of funding assistance (SRF, 319 Grant Program, 604(b) Grant Program, Lakes & Ponds Grant Program, Source Water Protection Grant Program, Recycling Grant Program) and apply for assistance in implementing portions of Lanesborough's Comprehensive Stormwater Management Program, including public education and outreach.

Lanesborough will reference recommendations found in the Final Report of a stormwater assessment in the Hoosic and Housatonic watersheds, dated June 2000. This assessment was funded by a grant from DEP's 319 Grant Program through the Berkshire Regional Planning Commission. These recommendations can be used to support additional requests for funding assistance.

Specify Measurable Goal

3

BMP ID #

Address specific groups
Specify Best Management Practice

Department of Public Works
Responsible Dept./Person Name

Distribute EPA and other relevant educational brochures to targeted audiences. Distribution points include Town Hall, Library, and Post Office.

Specify Measurable Goal



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

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Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

1. Public Education (Cont.):

4

BMP ID #

Target groups likely to impact storm
water

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

Brochures targeting specific audiences and activities will be available. These target groups include homeowner and lawn maintenance activities, disposal of household waste, and pet maintenance.

Specify Measurable Goal

5

BMP ID #

Identify alternative information
sources

Specify Best Management Practice

Board of Selectmen

Responsible Dept./Person Name

Lanesborough will develop a website to post public meetings on water quality issues and links to water quality education sites at DEP and EPA.

Specify Measurable Goal

6

BMP ID #

Identify alternative information
sources

Specify Best Management Practice

Board of Selectmen

Responsible Dept./Person Name

The Friends of Pontoosuc Lake and the Housatonic Valley Association will be consulted and asked to provide educational data from their studies and educational programs for distribution to the Town residents. Distribution points can include town hall, library, local convenience stores, etc.

Specify Measurable Goal

7

BMP ID #

Promote Household Waste Recycling
Specify Best Management Practice

Department of Public Works

Board of Health

Responsible Dept./Person Name

The Town of Lanesborough, the Board of Health, and the Northern Berkshire Solid Waste Management District will promote recycling and hazardous waste collection opportunities through brochures and mailings.

Specify Measurable Goal



Massachusetts Department of Environmental Protection
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**Notice of Intent for Discharges from Small Municipal Separate
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Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

1. Public Education (Cont.):

8

BMP ID #

Develop, conduct and document
educational programs

Specify Best Management Practice

Board of Selectmen

Liaison

Responsible Dept./Person Name

The Town of Lanesborough will
appoint a liaison to the Hoosic River
Watershed Association and the
Housatonic Valley Association to
disseminate information to the Town
on programs and activities.

Specify Measurable Goal

2. Public Participation:

9

BMP ID #

Storm drain stenciling

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

Lanesborough will work with the
Housatonic Valley Association in
continuing its support of storm drain
stenciling.

Specify Measurable Goal

10

BMP ID #

Community clean-ups

Specify Best Management Practice

Department of Public Works

Lanesborough Conservation
Commission

Responsible Dept./Person Name

Town of Lanesborough will
encourage local stream team
cleanups through Friends of
Pontoosuc Lake. Town will provide
notice of event.

Town will provide trucks and other
material to support cleanup efforts
and disposal of materials.

Specify Measurable Goal



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

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Storm Sewer Systems (MS4s)**

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Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

1. Public Participation (Cont.):

11

BMP ID #

Organize Water Quality Monitoring
Specify Best Management Practice

Board of Selectmen

Responsible Dept./Person Name

Town will work with the Friends of Pontoosuc Lake in the collection and dissemination of data from the association's monitoring and sampling program. Data will be made available to the public through newsletters and brochure distribution.

Specify Measurable Goal

3. Illicit Discharge Detection and Elimination:

12

BMP ID #

Inventory and mapping of storm drain
system
Specify Best Management Practice

Department of Public Works
Board of Selectmen

Responsible Dept./Person Name

Lanesborough will identify appropriate sources of funding assistance (SRF, 319 Grant Program, 604(b) Grant Program, Lakes & Ponds Grant Program, Source Water Protection Grant Program, Recycling Grant Program) and apply for assistance in implementing portions of Lanesborough's Comprehensive Stormwater Management Program, including public education and outreach.

Specify Measurable Goal

13

BMP ID #

Mapping and identification of outfalls
and receiving waters
Specify Best Management Practice

Department of Public Works
Board of Assessors

Responsible Dept./Person Name

Lanesborough will develop and implement a plan to map all outfalls and receiving bodies of water, contingent on Town Meeting approval of funding.

Specify Measurable Goal

14

BMP ID #

Identification/description of problem
areas
Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

Lanesborough will develop and implement an Illicit Discharge Detection and Elimination (IDDE) plan, contingent on Town Meeting approval of funding.

Specify Measurable Goal



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

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Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination (Cont.):

15

BMP ID #

Enforcement procedures addressing
illicit discharges

Specify Best Management Practice

Planning Board

Town Counsel

Board of Health

Responsible Dept./Person Name

Lanesborough will review whether local authority is appropriate and able to respond to potential illicit discharges. New by-laws, if necessary, will be proposed to Town Meeting.

Specify Measurable Goal

16

BMP ID #

Public information program regarding
hazardous wastes and dumping

Specify Best Management Practice

Department of Public Works

Board of Health

Responsible Dept./Person Name

Lanesborough will provide educational brochures to residents promoting proper disposal of household hazardous wastes and conditions for regional collections.

Specify Measurable Goal

17

BMP ID #

Initiation of recycling programs

Specify Best Management Practice

Department of Public Works

Board of Health

Responsible Dept./Person Name

Lanesborough will apply for funding assistance from DEP's Recycling Grant Program for assistance in public education and the purchase of recycling materials.

Specify Measurable Goal

18

BMP ID #

Watershed assessments and studies

Specify Best Management Practice

Department of Public Works

Conservation Commission

Board of Health

Responsible Dept./Person Name

Lanesborough will identify opportunities for funding assistance from DEP's 604(b) and 319 grant programs and the Department of Environmental Management's Lakes and Ponds Grant Program to support watershed assessment and implementation activities. Tasks can include design and installation of stormwater BMPs and public outreach including storm drain stenciling. Emphasis will be on assessments and remediation of stormwater related problems impacting water quality.

Specify Measurable Goal



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

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D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination (Cont.):

19

BMP ID #

Watershed assessments and studies
Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

The Town of Lanesborough will apply for funding assistance from DEP's Source Water Protection Program for grant assistance to develop wellhead protection plans and stormwater management plans within Zones II in Lanesborough.

Specify Measurable Goal

4. Construction Site Runoff Control:

20

BMP ID #

Bylaw: Storm water management
regulations for construction sites 1
acre or larger
Specify Best Management Practice

Planning Board
Conservation Commission
Town Counsel
Board of Health
Zoning Board of Appeals
Responsible Dept./Person Name

Lanesborough will review model by-law developed by DEP in consultation with the Attorney General's Office.

Specify Measurable Goal

5. Post Construction Runoff Control:

21

BMP ID #

Bylaw: Require post-construction
runoff controls
Specify Best Management Practice

Planning Board
Conservation Commission
Town Counsel
Board of Health
Zoning Board of Appeals
Responsible Dept./Person Name

Lanesborough will review model by-law developed by DEP in consultation with the Attorney General's Office.

Specify Measurable Goal

6. Municipal Good Housekeeping:

22

BMP ID #

Develop a municipal Operations and
Maintenance Plan
Specify Best Management Practice

Department of Public Works
Responsible Dept./Person Name

Using regulations and recommendations from DEP and EPA, Lanesborough will develop and update an operations and maintenance plan to include proper disposal of street sweepings, catchbasin cleanout, snow disposal, roadway de-icing procedures, vehicle washing, and outside storage of materials.

Specify Measurable Goal



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

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Storm Sewer Systems (MS4s)**

W040556

Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

6. Municipal Good Housekeeping (Cont.):

23

BMP ID #

Develop a municipal Operations and
Maintenance Plan

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

Lanesborough will implement a
formal inspection program, including
maintenance logs and scheduling, for
catchbasin cleaning, repairs, and new
installation.

Specify Measurable Goal

24

BMP ID #

Develop and implement training
programs for municipal employees

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

Lanesborough will send a minimum
of 3 public works employees annually
to training seminars sponsored by
MassHighway, BayState Roads, and
other relevant agencies or vendors.

Specify Measurable Goal

25

BMP ID #

Review storm drainage infrastructure
needs

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

Lanesborough will incorporate storm
drain infrastructure review in
Lanesborough's Chapter 90 project
utilizations.

Specify Measurable Goal

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



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

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

Facility ID (if known)

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.

Printed Name

Signature

David L. Webb
David L. Webb

Date

01/23/03

STORM WATER MANAGEMENT PROGRAM

Mass. Transmittal No. W040556

EPA No. _____

SCHEDULE

Name of MS4: Lanesborough

BMP ID.	PERMIT YEAR				PERMIT YEAR TWO				PERMIT YEAR THREE				PERMIT YEAR FOUR				PERMIT YEAR FIVE			
	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
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