Dave W.

**Hand-enter Your Transmittal Number** → W036097

1014

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

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

| Individual's Last Name: | First Name | MI |
|---|---|---|
| | | |

Street Address
198 Sportsmen's Road

| City/Town | State | Zip Code | Telephone Number |
|---|---|---|---|
| Ludlow | MA | 01056 | (413) 583-5625 ext.14 |

| Contact: | e-mail address (optional) |
|---|---|
| Felix Harvey | 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 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

rev: 03/21/00

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

# BRP WM 08A NPDES Stormwater General Permit

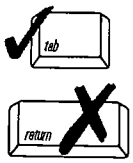
**Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)**

W036097
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 Ludlow — Felix Harvey, Asst. Town Engineer
Name

198 Sportsmen's Road
Mailing Address

Ludlow
City/Town

MA
State

(413) 583-5625 x14
Telephone Number

Fharvey@Ludlow.ma.us
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.)

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: Name | No. of Outfalls Number | Listed as Impaired? | Impairment Specify |
|---|---|---|---|
| Chicopee River | 10 | ☒ Yes ☐ No | Pathogens |
| Minechoag Pond | 1 | ☒ Yes ☐ No | Noxious Aquatic Plants |
| Higher Brook | 19 | ☐ 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 | |
| | | ☐ Yes ☐ No | |
| | | ☐ Yes ☐ No | |
| | | ☐ Yes ☐ No | |

## D. Stormwater Management Program Summary

1. Public Education:

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

2. Public Participation:

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

## 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 | Draft ByLaw | Stormwater Committee | Prepare for Town Meeting |
| 3b | Map MS4 | DPW/Felix Harvey | Map MS4 |
| | | | |
| | | | |
| | | | |
| | | | |

4. Construction Site Runoff Control:

| BMP ID # | Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
|---|---|---|---|
| 4a | Draft Bylaw | Stormwater Committee | Interdepartmental policy |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

## 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 | Adopt Bylaw | Stormwater Committee | Prepare for Town Meeting |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

6. Municipal Good Housekeeping:

| BMP ID # | Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
|---|---|---|---|
| 6a | Clean Catch Basins | DPW/Ken Batista | Once per year |
| 6b | Sweep Streets | DPW/Ken Batista | Once per year |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

7. BMPs for Meeting TMDL:

| | | |
|---|---|---|
| 7a<br>BMP ID # | | |
| Map Drainage to Minechoag Pond<br>Specify Best Management Practice | DPW/Felix Harvey<br>Responsible Dept./Person Name | Document drainage to pond, identify all possible sources.<br>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.

Antonio J. da Cruz, Chairman Board of Public Works
Printed Name

Antonio J da Cruz
Signature

10/7/03
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. Example Storm Water Management Program TIME FRAMES

Transmittal Number W036097

Facility ID (if known)

Page 1 of 1

| | 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** |
| 1a | | | X | | | | | | | | | | | | | | | | | | |
| 1b | — | — | — | | — | — | — | | — | — | — | | — | — | — | | — | — | — | | |
| 1c | | | | | X | | | | X | | | | X | | | | X | | | | X |
| 1d | | | X | | | | X | | | | X | | | | X | | | | | | |
| 1e | | | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| 2a | X | | | | | | | | | | | | | | | | | | | | |
| 2b | | | — | — | — | | | | | | | | | | | | | | | | |
| 2c | | | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| 3a | | | — | — | — | | | | | | | | | | | | | | | | |
| 3b | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| 4a | | | — | — | — | | | | | | | | | | | | | | | | |
| 5a | | | — | — | — | | | | | | | | | | | | | | | | |
| 6a | | X | | | | X | | | | X | | | | X | | | | X | | | |
| 6b | X | | | | X | | | | X | | | | X | | | | X | | | | |