



**DEPARTMENT OF THE AIR FORCE
102D FIGHTER WING (ACC)
MASSACHUSETTS AIR NATIONAL GUARD
OTIS AIR NATIONAL GUARD BASE MASSACHUSETTS**

MAR 04 2003

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19 June 2003

102FW/EMO
197 Granville Avenue; Box 46
Otis ANG Base, MA 02542-1330

US Environmental Protection Agency
Region 1
Municipal Assistance Unit (CMU)
One Congress Street – Suite 1100
Boston, MA 02114-2023

MA Department of Environmental Protection
Division of Watershed Management
627 Main Street
Worcester, MA 01608

Liz MASCO
508/968-4327
508-968-4844
JUN 23 2003

SUBJECT: Notice of Intent Phase II NPDES Program

In accordance with the requirements of the Phase II portion of the National Pollutant Discharge Elimination System program, this letter serves as a Notice of Intent for the 102nd Fighter Wing (102FW) of the Massachusetts Air National Guard seeking coverage under the aforementioned program. The pertinent information is presented as follows:

Person Responsible for Program Coordination

LtCol Christopher Faux
ANG/102FW
Environmental Management Office
197 Granville Ave, Box 46
Otis ANG Base, MA 02542-1330

The legal status of the MS4 operator is a federal facility. There are three outfalls emanating from the facility operated by the 102FW. There are two receiving waterbodies, Ashumet Pond and John's Pond. Based upon storm water control devices already in place, it is expected that only two of the three outfalls would actually discharge from the facility and reach John's Pond. There are no expected discharges to Ashumet Pond.

In accordance with Addendums A and B of the general permit, the following is a certification of the eligibility criteria for listed species and critical habitat and protection of historic properties. The facility operated by the 102FW meets Criterion A under the Endangered Species Act, there are no endangered or threatened species or critical habitat in proximity to the MS4 or the points where authorized discharges reach the receiving waters. The facility operated by the 102FW does not have the potential to affect a property that is either listed or eligible for listing on the National Register of Historic Places.

Attached to this Notice of Intent are the Best Management Practices (BMPs) outlined for each of the six minimum control measures. The attached documents outline the BMPs for each measure and also identify the measureable goals and implementation timeframe for each BMP.

Per the requirements of the MADEP, the application fee of \$80.00 is being submitted concurrently. For any questions or further clarification please contact the undersigned at 508/313-0577.

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.



CHRISTOPHER M. FAUX, LtCol, MA ANG
Environmental Manager

Attachments

cc:
102FW/CC
102FW-SPTG/CC
102FW-CES/CC
102FW/PA
102FW/EMO
HQMAANG/JA (Mullen)

**Massachusetts Department of Environmental Protection**

Bureau of Resource Protection - Watershed Management

W039880

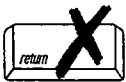
Transmittal Number

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:

Air National Guard, 102nd Fighter Wing

Name

197 Granville Ave, Box 46

Mailing Address

Otis ANG Base

City/Town

508/313-0577

Telephone Number

MA

02542-1330

State

christopher.faux@maotis.ang.af.mil

Email (if available)

2. Municipality Name

Otis ANG 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



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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:	No. of Outfalls	Listed as Impaired?	Impairment
Ashumet Pond	1	☒ Yes ☐ No	metals
Name	Number		Specify
John's Pond	2	☒ Yes ☐ No	metals
Name	Number		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
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Name	Number	☐ Yes ☐ No	Specify
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Name	Number	☐ Yes ☐ No	Specify



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D. Stormwater Management Program Summary

1. Public Education:

1A

BMP ID #

Trash Management

Specify Best Management Practice

Environmental Mgmt Office

Responsible Dept./Person Name

list of areas inspected/cleaned

Specify Measurable Goal

1B

BMP ID #

Stormwater Education

Specify Best Management Practice

Environmental Mgmt Office

Responsible Dept./Person Name

list of documents distributed

Specify Measurable Goal

1C

BMP ID #

Pollution Prevention

Specify Best Management Practice

Environmental Mgmt Office

Responsible Dept./Person Name

list of documents distributed

Specify Measurable Goal

1D

BMP ID #

Education/Outreach

Specify Best Management Practice

Environmental Mgmt Office

Responsible Dept./Person Name

list of documents distributed

Specify Measurable Goal

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

2. Public Participation:

2A

BMP ID #

Attitude Surveys

Specify Best Management Practice

Environmental Mgmt Office

Responsible Dept./Person Name

analysis of results

Specify Measurable Goal

2B

BMP ID #

Storm Drain Stenciling

Specify Best Management Practice

Environmental Mgmt Office

Responsible Dept./Person Name

list drains stenciled

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



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D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

3A BMP ID # ID/Elimination Specify Best Management Practice	Environmental Mgmt Office Responsible Dept./Person Name	list of areas inspected Specify Measurable Goal
3B BMP ID # Sanitary Sewer Overflows Specify Best Management Practice	Environmental Mgmt Office Responsible Dept./Person Name	list of inspections/repair Specify Measurable Goal
3C BMP ID # ID Illicit Connections Specify Best Management Practice	Environmental Mgmt Office Responsible Dept./Person Name	distribute ordinance 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 # Good Housekeeping Specify Best Management Practice	Environmental Mgmt Office Responsible Dept./Person Name	document trained personnel Specify Measurable Goal
4B BMP ID # Runoff Control Specify Best Management Practice	Environmental Mgmt Office Responsible Dept./Person Name	list inspections/maintenance Specify Measurable Goal
4C BMP ID # Erosion Control Specify Best Management Practice	Environmental Mgmt Office Responsible Dept./Person Name	list inspections/maintenance Specify Measurable Goal
4D BMP ID # Sediment Control Specify Best Management Practice	Environmental Mgmt Office Responsible Dept./Person Name	list inspections/maintenance Specify Measurable Goal
BMP ID # Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal



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D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

5A BMP ID # Ordinance for Control Specify Best Management Practice	Environmental Mgmt Office Responsible Dept./Person Name	track reduction of cover Specify Measurable Goal
5B BMP ID # BMP Inspection Specify Best Management Practice	Environmental Mgmt Office Responsible Dept./Person Name	analyze BMP effectiveness Specify Measurable Goal
5C BMP ID # Catch Basin Specify Best Management Practice	Environmental Mgmt Office Responsible Dept./Person Name	list of evaluation/upgrade 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 # Illegal Dumping Control Specify Best Management Practice	Environmental Mgmt Office Responsible Dept./Person Name	list articles created/distributed Specify Measurable Goal
6B BMP ID # Roadway Maintenance Specify Best Management Practice	Environmental Mgmt Office Responsible Dept./Person Name	list of employees trained in P2 Specify Measurable Goal
6C BMP ID # Good Housekeeping Specify Best Management Practice	Environmental Mgmt Office Responsible Dept./Person Name	document spills and training Specify Measurable Goal
6D BMP ID # Parking Lot/Street Cleaning Specify Best Management Practice	Environmental Mgmt Office Responsible Dept./Person Name	instruction manual/schedule Specify Measurable Goal
6E BMP ID # Auto Maintenance Specify Best Management Practice	Environmental Mgmt Office Responsible Dept./Person Name	educational statement Specify Measurable Goal



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D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

7A		
BMP ID #		
Laboratory Analysis	Environmental Mgmt Office	list results/data analysis
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
7B		
BMP ID #		
Dry Weather Monitoring	Environmental Mgmt Office	list of results
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.

LtCol Christopher M. Faux

Printed Name

Signature

19 June 2003

Date



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

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F. Storm Water Management Program TIME FRAMES

BMP ID #	PERMIT YEAR ONE		PERMIT YEAR TWO		PERMIT YEAR THREE		PERMIT YEAR FOUR		PERMIT YEAR FIVE		Next Permit								
	Spring 03	Fall 03	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
1A																			
1B																			
1C																			
1D																			
2A																			
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6D																			
6E																			
6F																			
6G																			

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