



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

W 035881  
Transmittal Number

1001

**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:

Town of Agawam, c/o Department of Public Works  
Name  
36 Main Street  
Mailing Address  
Agawam MA 01001  
City/Town State  
413-786-0400  
Telephone Number Email (if available)

2. Municipality Name

Agawam  
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:

Mass Highway Dept., City of Springfield Water and Sewer Commission

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





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

W 035881  
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)

**D. Stormwater Management Program Summary**

1. Public Education:

1A BMP ID # _____		
Educational Displays	DPW	One Display in municipal building per year, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1B BMP ID # _____		
Classroom Education	School Dept.	Supplement current science curriculum to include stormwater education, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1C BMP ID # _____		
Local Cable Access	DPW	Two informational bulletins per year, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1D BMP ID # _____		
Community Website	DPW	Two stormwater information postings per year, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1E BMP ID # _____		
Newspaper press releases	DPW	Two per year in local newspaper, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1F BMP ID # _____		
Informational Pamphlets	DPW	One per year, Years 1, 3, and 5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

2. Public Participation:

2A BMP ID # _____		
Adopt-a-Road	DPW	Support annual neighborhood pickup targeting 10% of urban area roads, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2B BMP ID # _____		
Attitude Surveys	DPW	Mail storm water attitude survey with water bills, Years 2 and 5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2C BMP ID # _____		



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

Facility ID (if known)

Storm Drain Stenciling	DPW	Supervise and supply materials for volunteer groups stenciling catch basins, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

**D. Stormwater Management Program Summary (Cont.)**

2D  
BMP ID #

Watershed Committee	Conservation Commission	Coordinate stormwater activities with Watershed Committee, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

3. Illicit Discharge Detection and Elimination:

3A  
BMP ID #

Mapping Stormwater Outfalls	DPW	Develop map of stormwater outfalls, Year 1. Field inspect / verify 25%, Year 2-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

3B  
BMP ID #

Non-Stormwater Discharge Ordinance	DPW	Evaluate existing regulations, Year 1. Draft ordinance Year 2. Propose for adoption Year 3. Enforce Year 3-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

3C  
BMP ID #

Develop Illicit Discharge Plan	DPW	Evaluate Year 2. Draft plan and propose for adoption Year 3. Implement Year 3-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

3D  
BMP ID #

Inform Employees, Business, and Public	DPW	Publicity about ordinance and Illicit Discharges, Year 3-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

3E  
BMP ID #

Video Inspection	DPW	Inspect storm drain pipes as needed to follow up on #3B detection program, Year 3-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

3F  
BMP ID #

Failing Septic Systems	Board of Health	Report BOH records of complaints and failures Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal



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

W 035881

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)

Storm Drain Stenciling	DPW	Supervise and supply materials for volunteer groups stenciling catch basins, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

**D. Stormwater Management Program Summary (Cont.)**

2D  
BMP ID #

Watershed Committee	Conservation Commission	Coordinate stormwater activities with Watershed Committee, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

**3. Illicit Discharge Detection and Elimination:**

3A  
BMP ID #

Mapping Stormwater Outfalls	DPW	Develop map of stormwater outfalls, Year 1. Field inspect / verify 25%; Year 2-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

3B  
BMP ID #

Non-Stormwater Discharge Ordinance	DPW	Evaluate existing regulations, Year 1. Draft ordinance Year 2. Propose for adoption Year 3. Enforce Year 3-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

3C  
BMP ID #

Develop Illicit Discharge Plan	DPW	Evaluate Year 2. Draft plan and propose for adoption Year 3. Implement Year 3-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

3D  
BMP ID #

Inform Employees, Business, and Public	DPW	Publicity about ordinance and Illicit Discharges, Year 3-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

3E  
BMP ID #

Video Inspection	DPW	Inspect storm drain pipes as needed to follow up on #3B detection program, Year 3-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

3F  
BMP ID #

Failing Septic Systems	Board of Health	Report BOH records of complaints and failures Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

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

### 4. Construction Site Runoff Control:

<u>4A</u> BMP ID #		
Construction Runoff Ordinance	DPW/ Planning Dept/ Building Inspector	Evaluate existing regulations Year 1. Draft revisions Year 2. Propose for adoption by Year 3. Enforce Year 3-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>4B</u> BMP ID #		
Construction Plan Review	DPW/ Planning Dept/ Building Inspector	Enforcement under existing Town regulations, Year 1 and 2. Enforcement under adopted ordinance, Year 3-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>4C</u> BMP ID #		
Inspection / Reporting	DPW/ Planning Dept/ Building Inspector	Enforcement under existing Town regulations, Year 1 and 2. Enforcement under adopted ordinance, Year 3-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

### 5. Post Construction Runoff Control:

<u>5A</u> BMP ID #		
Post Construction Runoff Ordinance	DPW/ Planning Dept/ Building Inspector	Evaluate current regulations Year 1. Draft amendments Year 2. Propose for adoption Year 3. Enforce Year 3-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>5B</u> BMP ID #		
Site Plan Review	DPW/ Planning Dept/ Building Inspector	Enforcement under existing Town regulations, Year 1 and 2. Enforcement under adopted ordinance, Year 3-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>5C</u> BMP ID #		
Stormwater System Maintenance Plan	DPW/ Planning Dept/ Building Inspector	Enforcement under existing Town regulations, Year 1 and 2. Enforcement under adopted ordinance, Year 3-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

### 6. Municipal Good Housekeeping:

<u>6A</u> BMP ID #		
Municipal Maintenance Activity Program	DPW	Evaluate and Draft additional policies as necessary, Year 1. Comply, Year 2-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>6B</u> BMP ID #		
Training of Municipal Employees	DPW	Initial Good Housekeeping training, Year 2. Annual refresher, Year 3-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>6C</u> BMP ID #		
Catch Basin Cleaning Program	DPW	Develop program and priority areas, Year 1. Comply, Year 2-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

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

<u>6D</u> BMP ID #		
Street Sweeping	DPW	Sweep streets once per year, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>6E</u> BMP ID #		
Pest Control / Landscaping and Lawn Care	DPW	Evaluate use of toxics, Year 1. Contracts with licensed applicators, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>6F</u> BMP ID #		
Stormwater Pollution Prevention Plan / MSGP	DPW	Implementation of SWPPP Year 1. Comply Year 2-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>6G</u> BMP ID #		
Used Oil Recycling	DPW	Year-round collection and recycling, Years 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>6H</u> BMP ID #		
Hazardous Waste Collection	DPW	Annual collection event, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

### 7. BMPs for Meeting TMDL:

<u>7A</u> BMP ID #		
See Section 7 of the narrative attached in Appendix A		
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.

Printed Name John P. Stone  
Signature *John P. Stone* Date 7/10/03



