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

W 044647
Transmittal Number

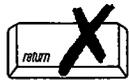
BRP WM 08A NPDES Stormwater General Permit

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:

Town of Avon John Groulx - contact
Name
65 East Main Street
Mailing Address
Avon MA 02322
City/Town State
508-588-0414
Telephone Number
Email (if available)

OCT 14 2003

2. Municipality Name

Avon
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:

Massachusetts Highway Department

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
Trout Brook Name	3 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Siltation, Organic enrichment/Low DO
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens
Unnamed Tributary to Trout Brook Name	11 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Waldo Lake Name	0 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Exotic Species (non-pollutant)
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Brockton Reservoir Name	0 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Exotic Species (non-pollutant)
Mary Lee Brook Name	0 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Three Swamp Brook Name	0 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Beaver Brook Name	Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Unnamed tributary at Leo's Lane Name	2 Number	<input type="checkbox"/> Yes <input checked="" 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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D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

<u>301</u> BMP ID #	<u>Operations Manager</u> Responsible Dept./Person Name	<u>Completed GIS map</u> Specify Measurable Goal
<u>Map Stormwater Sewer Infrastructure</u>		
<u>302</u> BMP ID #	<u>Board of Health</u> Responsible Dept./Person Name	<u>1 Town-wide Mailing</u> Specify Measurable Goal
<u>Ed. Flier on Basement Good Housekeeping Practices</u>		
<u>303</u> BMP ID #	<u>Operations Manager</u> Responsible Dept./Person Name	<u>Hotline Established</u> Specify Measurable Goal
<u>Illicit Discharge Hotline</u> Specify Best Management Practice		
<u>304</u> BMP ID #	<u>Planning Board</u> Responsible Dept./Person Name	<u>Bylaw brought before Town Meeting</u>
<u>Illicit Discharge Bylaw</u> Specify Best Management Practice		
<u> </u> BMP ID #	<u> </u> Responsible Dept./Person Name	<u> </u> Specify Measurable Goal
<u> </u> Specify Best Management Practice		

4. Construction Site Runoff Control:

<u>401</u> BMP ID #	<u>Planning Board</u> Responsible Dept./Person Name	<u>Bylaw brought before Town Meeting</u>
<u>Construction Site E&SC Bylaw</u> Specify Best Management Practice		
<u>402</u> BMP ID #	<u>Planning Board</u> Responsible Dept./Person Name	<u>Amendment Article brought before Town Meeting</u>
<u>Site Plan Review Amendment</u> Specify Best Management Practice		
<u> </u> BMP ID #	<u> </u> Responsible Dept./Person Name	<u> </u> Specify Measurable Goal
<u> </u> Specify Best Management Practice		
<u> </u> BMP ID #	<u> </u> Responsible Dept./Person Name	<u> </u> Specify Measurable Goal
<u> </u> Specify Best Management Practice		
<u> </u> BMP ID #	<u> </u> Responsible Dept./Person Name	<u> </u> Specify Measurable Goal
<u> </u> Specify Best Management Practice		



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D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

<u>501</u> BMP ID #	<u>Planning Board</u> Responsible Dept./Person Name	<u>Bylaw brought before Town Meeting</u> Specify Measurable Goal
<u>Stormwater Management Bylaw</u> Specify Best Management Practice		
<u>502</u> BMP ID #	<u>Planning Board</u> Responsible Dept./Person Name	<u>Amendment article brought before Town Meeting</u> Specify Measurable Goal
<u>Site Plan Review Amendment</u> Specify Best Management Practice		
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		

6. Municipal Good Housekeeping:

<u>601</u> BMP ID #	<u>Highway Department</u> Responsible Dept./Person Name	<u>Sweep all town streets once/yr</u> Specify Measurable Goal
<u>Annual Street Sweeping</u> Specify Best Management Practice		
<u>602</u> BMP ID #	<u>Highway Department</u> Responsible Dept./Person Name	<u>Clean out all catch basins once/yr</u> Specify Measurable Goal
<u>Annual Catch Basin Clean-out</u> Specify Best Management Practice		
<u>603</u> BMP ID #	<u>Operations Manager</u> Responsible Dept./Person Name	<u>Completed Assessment</u> Specify Measurable Goal
<u>Env. Assessment of Highway Maintenance Facility</u> Specify Best Management Practice		
<u>604</u> BMP ID #	<u>Operations Manager</u> Responsible Dept./Person Name	<u>At least 1 training for all Water/Highway Dept staff</u> Specify Measurable Goal
<u>Highway/Water Depts Good Housekeeping Education</u> Specify Best Management Practice		
<u>605</u> BMP ID #	<u>Operations Manager</u> Responsible Dept./Person Name	<u>Completed Assessment</u> Specify Measurable Goal
<u>Env. Assessment of Municipal Facilities</u> Specify Best Management Practice		



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7. BMPs for Meeting TMDL:

BMP ID # Not Applicable - see Supporting Information	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.

Mr. John Groulx, Executive Secretary, Town of Avon

Printed Name

Signature

[Handwritten Signature]
 Debarb Jenekins - Chairman, Board of Selectmen

10/9/03

Date



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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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Mr. John Groulx, Executive Secretary, Town of Avon

Printed Name

Signature

Date

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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	Summer 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	
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601				X																X
602				X																X
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