



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:

Donald F. DiMartino, Bellingham Department of Public Works Director

Name

26 Blackstone Street

Mailing Address

Bellingham

City/Town

MA

State

508-966-5813

Telephone Number

ddimartino@bellinghamma.org

Email (if available)

2. Municipality Name

Bellingham

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:

Interstate Route 495 and State Route 140 - MassHighway

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

JUL 31 2003
MUNICIPAL ASSISTANCE UNIT



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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
Arnolds Brook Name	8 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Bungay Brook Name	6 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Charles River Name	7 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Jenks Reservoir Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Lake Hiawatha Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Peters River Name	10 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Metals & Pathogens Specify
Punkin Pond Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Stall Brook Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Ditch to Lake Hiawatha Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Ditch to Peters River Name	4 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Metals & Pathogens Specify
Ditch to Quick Stream Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Ditch to Silver Lake Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Unnamed to Charles River Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Unnamed to Arnolds Brook Name	7 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Unnamed to Jenks Reservoir Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Unnamed to Lake Hiawatha Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Unnamed to Peters River Name	1 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Metals & Pathogens Specify
Unnamed to Quick Stream Name	9 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify



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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
Unnamed to Silver Lake Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Wetland to Arnolds Brook Name	11 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Wetland to Charles River Name	8 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Wetland to Lake Hiawatha Name	8 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Wetland to Jenk Reservoir Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Wetland to Lakeview Pond Name	6 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Wetland to Mine Brook Name	2 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Noxious aquatic Plant & Turbidity
Wetland to Peters River Name	16 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Metals & Pathogens
Wetland to Quick Stream Name	4 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Wetland to Silver Lake Name	7 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
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



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

W040693
 Transmittal Number

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D. Stormwater Management Program Summary

1. Public Education:

1.01

BMP ID #

Youth Summer Water Awareness Program

Donald DiMartino

Responsible Dept./Person Name

Program in Summer of 2003
 Specify Measurable Goal

1.02

BMP ID #

Distribute Written Information
 Specify Best Management Practice

Donald DiMartino

Responsible Dept./Person Name

Distribute semi-annually starting in 2005

1.03

BMP ID #

SmartStorm Roof runoff recharge/reuse Info posting

Donald DiMartino

Responsible Dept./Person Name

Post on Cable & Web once CWRA produces the Info

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

2. Public Participation:

2.01

BMP ID #

Create Storm Water Management Committee

Donald DiMartino

Responsible Dept./Person Name

First meeting by May 31, 2004

2.02

BMP ID #

Open and Advertised SWMC Meetings

SWMC

Responsible Dept./Person Name

Quarterly Televised Meetings 2004 thru 2007

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:

<u>3.01</u> BMP ID #	<u>Donald DiMartino</u> Responsible Dept./Person Name	<u>Map and Databases Complete by July 1, 2006</u>
<u>Complete GIS mapping of 2000 Urbanized Area</u>		
<u>3.02</u> BMP ID #	<u>Donald DiMartino</u> Responsible Dept./Person Name	<u>One of the 1.02 distributions cover Illicit Discharges 2005</u>
<u>Distribute Written Info to Residents on Illicit Discharge</u>		
<u>3.03</u> BMP ID #	<u>SWMC</u> Responsible Dept./Person Name	<u>October 2006 Fall Town Meeting Bylaw for Acceptance</u>
<u>Illicit Discharge Bylaw to Town Meeting</u>		
<u>3.04</u> BMP ID #	<u>Donald DiMartino</u> Responsible Dept./Person Name	<u>Annual Training Start Spring 2004 w/Summer Help Staff</u>
<u>Train DPW Staff to Identify Illicit Discharges</u>		
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		

4. Construction Site Runoff Control:

<u>4.01</u> BMP ID #	<u>SWMC</u> Responsible Dept./Person Name	<u>Review report completed by March 2007</u>
<u>Review Existing Bylaws</u>		
<u>Specify Best Management Practice</u>		
<u>4.02</u> BMP ID #	<u>SWMC</u> Responsible Dept./Person Name	<u>October 2007 Fall Town Meeting Bylaw for Acceptance</u>
<u>Suggest Modification to Bylaws & Regulations</u>		
<u>4.03</u> BMP ID #	<u>SWMC</u> Responsible Dept./Person Name	<u>Draft Procedures complete by March 2008</u>
<u>Procedures for Town's Site Inspectors</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>		



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D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

5.01

<u>Review Existing Bylaws</u> Specify Best Management Practice	<u>SWMC</u> Responsible Dept./Person Name	<u>Review report completed by December 2005</u>
<u>5.02</u> BMP ID #		
<u>Suggest Modification to Bylaws & Regulations</u>	<u>SWMC</u> Responsible Dept./Person Name	<u>October 2006 Fall Town Meeting Bylaw for Acceptance</u>
<u>5.03</u> BMP ID #		
<u>Annual Review of Post Construction Runoff Proc.</u>	<u>SWMC</u> Responsible Dept./Person Name	<u>Forms and Procedures complete by March 2008</u>
<u>BMP ID #</u>		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>BMP ID #</u>		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

6. Municipal Good Housekeeping:

<u>6.01</u> BMP ID #		
<u>Continuous Street Sweeping & CB Cleaning</u>	<u>DPW</u> Responsible Dept./Person Name	<u>Continuos as Weather and Manpower Allow</u>
<u>6.02</u> BMP ID #		
<u>Sweeping & CB Cleaning Records</u>	<u>DPW</u> Responsible Dept./Person Name	<u>Establish Maint. Records Proc. by March 2008</u>
<u>6.03</u> BMP ID #		
<u>DPW & Parks Dept. Facilities Master Plan</u>	<u>DPW - Consultant GF</u> Responsible Dept./Person Name	<u>Complete Master Plan by July 2005</u>
<u>6.04</u> BMP ID #		
<u>All Town Fac. SW Review and Master Plan</u>	<u>DPW - Consultant</u> Responsible Dept./Person Name	<u>Complete Master Plan by July 2007</u>
<u>6.05</u> BMP ID #		
<u>Construct Recharge & Treatment at Plymouth Rd</u>	<u>DPW - Contractor</u> Responsible Dept./Person Name	<u>Complete Construction November 2004</u>



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D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

BMP ID # No TMDL Set Yet	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
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.

Jerald A. Mayhew
 Printed Name
 Signature
 Date 7/28/03

