



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

MAR 04 10 94

W040428
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:

JUL 24 2003

William Griffin

Name

24 Perry Ave.

Mailing Address

Buzzards Bay

City/Town

508-759-0600

Telephone Number

MA 02532

State

wgriffin@townofbourne.com

Email (if available)

MUNICIPAL ASSISTANCE UNIT

2. Municipality Name

Town of Bourne

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:

State Highways, Cape Cod Canal (Corps of Engineers), Mass. Military Reservation, Mass. Maritime

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
Atlantic Ocean Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Cape Cod Canal Name	8 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogen Specify
Buttermilk Bay Name	8 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogen Specify
Pocasset Harbor Name	unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogen Specify
Hen Cove Name	7 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogen Specify
Red Brook Harbor Name	unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogen Specify
Phinney's Harbor Name	unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogen Specify
Herring Pond Name	unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	metals 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
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify



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D. Stormwater Management Program Summary

1. Public Education:

1-1 BMP ID # Establish Advisory Committee Specify Best Management Practice	DPW Superintendent Responsible Dept./Person Name	Selectmen appoint committee Specify Measurable Goal
1-2 BMP ID # Include storm water news with ISWM PR	DPW Superintendent Responsible Dept./Person Name	Meet schedules of ISWM and include information
1-3 BMP ID # Network with other agencies Specify Best Management Practice	DPW Superintendent Responsible Dept./Person Name	Meet 2 times per year 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

2. Public Participation:

2-1 BMP ID # Public input to process Specify Best Management Practice	DPW Superintendent/Board of Health	Board of Health & DPW to log reports & disposition
2-2 BMP ID # Work with groups to sample water quality & share info.	DPW Superintendent/Natural - Resources Superintendent	Level of participation Specify Measurable Goal
2-3 BMP ID # Annual Selectmen's meeting to review program	Selectmen/Town Administrator Responsible Dept./Person Name	Annual meeting held 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>3-1</u> BMP ID #		
<u>Inventory storm drain system</u> Specify Best Management Practice	<u>DPW Superintendent</u> Responsible Dept./Person Name	<u>Production of maps</u> Specify Measurable Goal
<u>3-2</u> BMP ID #		
<u>Illicit discharge detection plan</u> Specify Best Management Practice	<u>DPW Superintendent/Board of Health Agent</u>	<u>Respond to complaints & record</u>
<u>3-3</u> BMP ID #		
<u>General information materials</u> Specify Best Management Practice	<u>DPW Superintendent</u> Responsible Dept./Person Name	<u>Produce and distribute brochure, provide to library</u>
<u>3-4</u> BMP ID #		
<u>DPW training for illicit connections</u>	<u>DPW Superintendent</u> Responsible Dept./Person Name	<u>Meeting held, record attendees/information</u>
<u>BMP ID #</u>		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

4. Construction Site Runoff Control:

<u>4-1</u> BMP ID #		
<u>Wetlands by-law for storm water management</u>	<u>Conservation Commission</u> Responsible Dept./Person Name	<u>Town to adopt regulations</u> Specify Measurable Goal
<u>4-2</u> BMP ID #		
<u>Subdivision regulations for storm water management</u>	<u>Planning Board</u> Responsible Dept./Person Name	<u>Change subdivision regulations</u>
<u>4-3</u> BMP ID #		
<u>Erosion control by-law</u> Specify Best Management Practice	<u>Planning/Zoning Board</u> Responsible Dept./Person Name	<u>Adoption of by-law by Town Meeting</u>
<u>4-4</u> BMP ID #		
<u>Reporting hotline</u> Specify Best Management Practice	<u>DPW Superintendent/Board of Health Agent</u>	<u>Actions in response to reports</u> Specify Measurable Goal
<u>4-5</u> BMP ID #		
<u>Site plan review/construction site inspection program</u>	<u>DPW Supt./Planner/Building Inspector</u>	<u>Review all plans,inspect, preconstruction site visit</u>



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D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

5-1 BMP ID # Conservation Commission Wetlands by-law	Conservation Commission Responsible Dept./Person Name	Town Meeting approval Specify Measurable Goal
5-2 BMP ID # Subdivision regulations change	Planning Board Responsible Dept./Person Name	Adoption of storm water regulations
5-3 BMP ID # Erosion control by-law Specify Best Management Practice	Planning/Zoning Board Responsible Dept./Person Name	Town Meeting approval 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:

6-1 BMP ID # Street sweeping program Specify Best Management Practice	DPW Superintendent Responsible Dept./Person Name	Spring annual sweeping, record sweeping as needed
6-2 BMP ID # Catch basin/drain cleaning Specify Best Management Practice	DPW Superintendent Responsible Dept./Person Name	500 per year (record) Specify Measurable Goal
6-3 BMP ID # Annual training and policy guide	DPW Superintendent Responsible Dept./Person Name	Conduct training, prepare literature, record attendance
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



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D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

BMP ID # N/A at this time		
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.

William R. GRIFFIN
Printed Name

[Signature]
Signature

Town Administrator

7-14-03
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	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
Public Education BMP 1																					
1-1																					
1-2																					
1-3																					
Public Participation/Involvement BMP 2																					
2-1																					
2-2																					
2-3																					
Illicit Discharge & Elimination BMP 3																					
3-1																					
3-2																					
3-3																					
3-4																					
Construction Site Storm Water Runoff Control BMP 4																					
4-1																					
4-2																					
4-3																					
4-4																					
4-5																					
Post Construction Runoff Control BMP 5																					
5-1																					
5-2																					
5-3																					
Municipal Good Housekeeping BMP 6																					
6-1																					
6-2																					
6-3																					

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PERMIT YEAR FIVE

Spring 07 Summer 07 Fall 07 Winter 07-08

PERMIT YEAR FOUR

Spring 06 Summer 06 Fall 06 Winter 06-07

PERMIT YEAR THREE

Spring 05 Summer 05 Fall 05 Winter 05-06

PERMIT YEAR TWO

Spring 04 Summer 04 Fall 04 Winter 04-05

PERMIT YEAR ONE

Spring 03 Summer 03 Fall 03 Winter 03-04

Next Permit