



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 Brookline/Peter M. Ditto, P.E. - Director of Engineering and Transportation

Name

333 Washington Street, Brookline, MA 02445-6863

Mailing Address

Brookline

MA

City/Town

State

(617) 730-2139

p_ditto@town.brookline.ma.us

Telephone Number

Email (if available)

2. Municipality Name

Town of Brookline

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:

Unknown

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.)

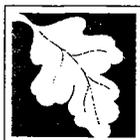
6. Based on the instructions provided in Part I of the NPDES Small MS4 General Permit, have the eligibility criteria for protection of historic properties been met?

- 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
Charles River Name	1 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	See Category 5 Waters List Specify
Muddy River Name	3 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	See Category 5 Waters List Specify
Sawmill Brook Name	2 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	See Category 5 Waters List Specify
Leverett Pond Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	none known Specify
Sargents Pond Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	none known Specify
Hammond Pond Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	none known Specify
Halls Pond Name	1 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	See Category 5 Waters List 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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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:

1A BMP ID # Informational Brochures Specify Best Management Practice	Department of Public Works (DPW)	Annual distribution of brochures with utility bills
1B BMP ID # Town Website Specify Best Management Practice	DPW Responsible Dept./Person Name	Website in place within 1 year Specify Measurable Goal
1C BMP ID # "Infoline" Specify Best Management Practice	DPW Responsible Dept./Person Name	"Infoline" in place within 1 year Specify Measurable Goal
1D BMP ID # Local Access TV Specify Best Management Practice	DPW Responsible Dept./Person Name	Annual public service announcements
1E BMP ID # Posters/Videos in Schools (Grades 8-12)	DPW Responsible Dept./Person Name	Annual Education Specify Measurable Goal

2. Public Participation:

2A BMP ID # Local Advertisements Specify Best Management Practice	DPW Responsible Dept./Person Name	Annual public service announcements
2B BMP ID # Local Clean-ups Specify Best Management Practice	DPW Responsible Dept./Person Name	Public/DPW already conducting clean-ups
2C BMP ID # Community "Hotline" Specify Best Management Practice	DPW Responsible Dept./Person Name	"Hotline" in place within 1 year Specify Measurable Goal
2D BMP ID # Stormdrain Stenciling Program Specify Best Management Practice	DPW Responsible Dept./Person Name	Town already has Stormdrain Stenciling Program
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:

<p>3A BMP ID # Stormdrain System Map Specify Best Management Practice</p>	<p>DPW Responsible Dept./Person Name</p>	<p>Town already has map - updated as needed</p>
<p>3B BMP ID # I&I Program Specify Best Management Practice</p>	<p>DPW Responsible Dept./Person Name</p>	<p>Town already has program Specify Measurable Goal</p>
<p>3C BMP ID # I&I Ordinance Specify Best Management Practice</p>	<p>DPW Responsible Dept./Person Name</p>	<p>Ordinance in place within 1 year</p>
<p>3D BMP ID # I&I "hotline" Specify Best Management Practice</p>	<p>DPW Responsible Dept./Person Name</p>	<p>"Hotline" in place within 1 year Specify Measurable Goal</p>
<p>BMP ID # Specify Best Management Practice</p>	<p>Responsible Dept./Person Name</p>	<p>Specify Measurable Goal</p>

4. Construction Site Runoff Control:

<p>4A BMP ID # Ordinance - Site Runoff Control</p>	<p>DPW Responsible Dept./Person Name</p>	<p>Ordinance in place within 1 year</p>
<p>4B BMP ID # Erosion and Sediment Control Plan Reviews</p>	<p>DPW Responsible Dept./Person Name</p>	<p>Plan reviews start after ordinance is adopted</p>
<p>4C BMP ID # Construction Inspection Specify Best Management Practice</p>	<p>DPW Responsible Dept./Person Name</p>	<p>Inspections start after ordinance is adopted</p>
<p>4D BMP ID # "Hotline" for non-compliant activities</p>	<p>DPW Responsible Dept./Person Name</p>	<p>"Hotline" in place within 1 year Specify Measurable Goal</p>
<p>BMP ID # Specify Best Management Practice</p>	<p>Responsible Dept./Person Name</p>	<p>Specify Measurable Goal</p>



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D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

5A BMP ID # Ordinance - Post Runoff Control	DPW Responsible Dept./Person Name	Ordinance in place within 1 year
5B BMP ID # Design Plan/BMPs Reviews Specify Best Management Practice	DPW Responsible Dept./Person Name	Plan review start after ordinance is adopted
5C BMP ID # O&M of Runoff Control Structures/Practices	DPW Responsible Dept./Person Name	O&M will be a requirement as part of ordinance
5D BMP ID # Inspection of Runoff Control Structures/Practices	DPW Responsible Dept./Person Name	Inspections begin after ordinance is adopted
BMP ID # Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

6. Municipal Good Housekeeping:

6A BMP ID # DPW Employee Training Program	DPW Responsible Dept./Person Name	Annual training will be conducted
6B BMP ID # Municipal Maintenance Activities	DPW Responsible Dept./Person Name	Annual Inspection/review of Maintenance Activities
6C BMP ID # Household Hazardous Waste Program	DPW Responsible Dept./Person Name	Town already has program 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



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D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

BMP ID # No TMDLs for waters receiving discharges from MS4	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.

A. Thomas DeMaio - Commissioner of Public Works

Printed Name

Signature

Date 2-26-03

