



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

**BRP WM 08A** NPDES Stormwater General Permit

Notice of Intent for Discharges from Small Municipal Separate  
Storm Sewer Systems (MS4s)

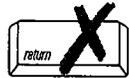
1084

W040428  
Transmittal Number

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:

William Griffin  
Name  
24 Perry Ave.  
Mailing Address  
Buzzards Bay MA  
City/Town State  
508-759-0600 wgriffin@townofbourne.com  
Telephone Number Email (if available)

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
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:

3-1 BMP ID # Inventory storm drain system Specify Best Management Practice	DPW Superintendent Responsible Dept./Person Name	Production of maps Specify Measurable Goal
3-2 BMP ID # Illicit discharge detection plan Specify Best Management Practice	DPW Superintendent/Board of Health Agent	Respond to complaints & record
3-3 BMP ID # General information materials Specify Best Management Practice	DPW Superintendent Responsible Dept./Person Name	Produce and distribute brochure, provide to library
3-4 BMP ID # DPW training for illicit connections	DPW Superintendent Responsible Dept./Person Name	Meeting held, record attendees/information
3-5 BMP ID # Illicit discharge prohibition Specify Best Management Practice	Board of Health Responsible Dept./Person Name	Regulation changes Specify Measurable Goal

4. Construction Site Runoff Control:

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



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

5. Post Construction Runoff Control:

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

6. Municipal Good Housekeeping:

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



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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

*W.R. Griffin*

Signature

*11-23-03*

Date

