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

W035745
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:

Robert A. Duncanson, Ph.D., Director of Health & Environment
Name
549 Main St.
Mailing Address
Chatham MA
City/Town State
(508) 945-5165 rduncanson@town.chatham.ma.us
Telephone Number Email (if available)

2. Municipality Name

Chatham, Massachusetts
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 Route 28 (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

JUL 29 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
Red River Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Taylor's Pond/Mill Creek Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Oyster Pond River Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Oyster Pond Name	5 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Stage Harbor Name	1 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens Specify
Mitchell River Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Mill Pond Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Little Mill Pond Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Chatham Harbor Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Frost Fish Creek Name	4 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Ryder's Cove Name	4 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Crows Pond Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Muddy Creek 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



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D. Stormwater Management Program Summary

1. Public Education:

1.1 BMP ID # Educational Flyer Specify Best Management Practice	Department of Health & Environment (DHE)	Distributed Annually Specify Measurable Goal
1.2 BMP ID # Web Page Specify Best Management Practice	DHE Responsible Dept./Person Name	Develop and maintain Specify Measurable Goal
1.3 BMP ID # Annual Program Review Specify Best Management Practice	DHE, Department of Public Works (DPW), Selectmen	Meeting held per schedule Specify Measurable Goal
1.4 BMP ID # Pet Waste Control Specify Best Management Practice	DHE, Animal Control Responsible Dept./Person Name	Expand/document Mutt Mitt program
BMP ID # Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

2. Public Participation:

2.1 BMP ID # Citizen Water Quality Monitoring	DHE Responsible Dept./Person Name	Program goals met/annual meeting held
2.2 BMP ID # Storm Drain Marking Specify Best Management Practice	DHE Responsible Dept./Person Name	Document number marked/year
2.3 BMP ID # Annual Program Review Specify Best Management Practice	DHE, DPW, Selectmen Responsible Dept./Person Name	Meeting held per schedule Specify Measurable Goal
2.4 BMP ID # Household Hazardous Waste Collections	DHE Responsible Dept./Person Name	Document participation Specify Measurable Goal
2.5 BMP ID # Web Page Specify Best Management Practice	DHE Responsible Dept./Person Name	Document hits Specify Measurable Goal



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D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

3.1 BMP ID # Stormwater System Mapping Specify Best Management Practice	DHE, DPW, GIS Responsible Dept./Person Name	Complete mapping by year 4 of program
3.2 BMP ID # Identify and document illicit connections	DPW, DHE Responsible Dept./Person Name	Document illicit connections Specify Measurable Goal
3.3 BMP ID # Eliminate illicit connections Specify Best Management Practice	DPW, DHE Responsible Dept./Person Name	Quantify illicit connections corrected
3.4 BMP ID # Review existing regulatory mechanisms	DHE Responsible Dept./Person Name	Complete review by December 2004
3.5 BMP ID # Educational flyer Specify Best Management Practice	DHE, DPW Responsible Dept./Person Name	Distributed annually Specify Measurable Goal

4. Construction Site Runoff Control:

4.1 BMP ID # Conservation bylaw/regulation review	Conservation Commission, DHE	Necessary regulatory changes implemented
4.2 BMP ID # Subdivision Control review Specify Best Management Practice	Planning Board, Community Dev. Dept. (CDD), DHE	Necessary regulatory changes implemented
4.3 BMP ID # Site Plan review Specify Best Management Practice	Planning Board, CDD, DHE Responsible Dept./Person Name	Necessary regulatory changes implemented
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.)

5. Post Construction Runoff Control:

5.1 BMP ID # Conservation bylaw/regulation Review	Conservation Commission, DHE	Necessary regulatory changes implemented
5.2 BMP ID # Subdivision Control review Specify Best Management Practice	Planning Board, CDD, DHE Responsible Dept./Person Name	Necessary regulatory changes implemented
5.3 BMP ID # Site Plan review Specify Best Management Practice	Planning Board, CDD, DHE Responsible Dept./Person Name	Necessary regulatory changes implemented
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 # Catch Basin Cleaning Specify Best Management Practice	DPW Responsible Dept./Person Name	Clean/document 1/3 of town basins per year
6.2 BMP ID # Street sweeping Specify Best Management Practice	DPW Responsible Dept./Person Name	Sweep/document roads once per year
6.3 BMP ID # Utilize appropriate BMP's for all municipal projects	DPW, Building Maintenance Responsible Dept./Person Name	Document implementation Specify Measurable Goal
6.4 BMP ID # Pet waste control Specify Best Management Practice	DHE, Animal control Responsible Dept./Person Name	Expand/document Mutt Mitt program
6.5 BMP ID # Annual Training Specify Best Management Practice	DPW, DHE Responsible Dept./Person Name	Held annually/participation documented



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D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

<u>7.1</u> BMP ID #		
<u>Pet Waste Control</u> Specify Best Management Practice	<u>DHE, Animal Control</u> Responsible Dept./Person Name	<u>Expand/document Mutt Mitt usage</u>
<u>7.2</u> BMP ID #		
<u>Stormwater System mapping</u> Specify Best Management Practice	<u>DHE, DPW, GIS</u> Responsible Dept./Person Name	<u>Complete mapping by year 4 of program</u>
<u>7.3</u> BMP ID #		
<u>Sanitary Survey update</u> Specify Best Management Practice	<u>DHE</u> Responsible Dept./Person Name	<u>Completed by August 2004</u> Specify Measurable Goal
<u>7.4</u> BMP ID #		
<u>Drainage improvements</u> Specify Best Management Practice	<u>DPW, DHE</u> Responsible Dept./Person Name	<u>Completed by 2007</u> Specify Measurable Goal
<u>BMP ID #</u>		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

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 Hinchey
Printed Name

Signature

Town Manager

July 28, 2003
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																					
1.1	X					X				X								X			
1.2																					
1.3					X					X											
1.4														X							
Public Participation																					
2.1	X		X			X	X			X	X			X	X			X	X		
2.2						X				X				X				X			
2.3					X				X											X	
2.4	X		X		X	X	X		X	X	X		X	X	X		X	X	X		
2.5																					
Illicit Discharge Detection and Elimination																					
3.1																					
3.2																					
3.3																					
3.4																					
3.5		X				X				X				X				X			
Construction Site Runoff Control																					
4.1																					
4.2																					
4.3																					
Post Construction Runoff Control																					
5.1																					
5.2																					
5.3																					
Municipal Good Housekeeping																					
6.1																					
6.2																					
6.3																					
6.4							X					X									X
6.5																					

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