



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)

1188
W 040672
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: **Town of Danvers, Massachusetts**

Richard P. Rodgers, P.E., Town Engineer

Name

1 Burroughs Street

Mailing Address

~~Danvers~~

City/Town

(978) 777-2668 ext. 637

Telephone Number

Massachusetts

State

rrodgers@mail.danvers-ma.org

Email (if available)

2. Municipality Name

Danvers

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:

Mass 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

B. Applicant Information (cont.)



BRP WM 08A NPDES Stormwater General Permit

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

Facility ID (if known)

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
Crane Brook Name	unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Ammonia, TSS, organic enrichment, pathogens,
Frost Fish Brook Name	unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens Specify
Beaver Brook Name	unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens, organic enrichment
Porter River Name	unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Siltation, pathogens, turbidity, aquatic plants
Danvers River Name	unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens Specify
Waters River Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Crane River Name	unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens, turbidity Specify
Mill Pond Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Putnamville Reservoir Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Ipswich River Name	unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Nutrients 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

D. Stormwater Management Program Summary



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

W 040672
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)

1. Public Education:

<u>1-1</u> BMP ID #	<u>Public Works Dept.</u> Responsible Dept./Person Name	<u>Article sent all residents, Yrs 2-5</u>
<u>Article about SWMP in the Light Touch Newsletter</u>		
<u>1-2</u> BMP ID #	<u>Board of Health</u> Responsible Dept./Person Name	<u>Fact sheet in annual dog registration mailing, Yrs 2-5</u>
<u>Continue to educate dog owners about picking up waste</u>		
<u>1-3</u> BMP ID #	<u>Public Works Dept. and Con. Com.</u>	<u>Program developed and offered, Yr 5</u>
<u>Develop and offer education program to schools</u>		
<u>1-4</u> BMP ID #	<u>Public Works Dept.</u> Responsible Dept./Person Name	<u>Annual update of SWMP given</u> Specify Measurable Goal
<u>Annual update of SWMP at a Selectmen's meeting</u>		
<u>_____</u> BMP ID #	<u>_____</u> Responsible Dept./Person Name	<u>_____</u> Specify Measurable Goal
<u>Specify Best Management Practice</u>		

2. Public Participation:

<u>2-1</u> BMP ID #	<u>Public Works, Con. Com., Planning, Health, Selectmen</u>	<u>Committee form Yr 1, Meets twice annually thereafter</u>
<u>Form Stormwater Advisory Committee</u>		
<u>2-2</u> BMP ID #	<u>Town Clerk</u> Responsible Dept./Person Name	<u>Notices posted in Town Hall and Library</u>
<u>Comply with State public notification guidelines</u>		
<u>2-3</u> BMP ID #	<u>Public Works, Con. Com</u> Responsible Dept./Person Name	<u>Materials provided Yr 2</u> Specify Measurable Goal
<u>Provide stenciling materials to local Boy Scout Troop</u>		
<u>_____</u> BMP ID #	<u>_____</u> Responsible Dept./Person Name	<u>_____</u> Specify Measurable Goal
<u>Specify Best Management Practice</u>		
<u>_____</u> BMP ID #	<u>_____</u> Responsible Dept./Person Name	<u>_____</u> Specify Measurable Goal
<u>Specify Best Management Practice</u>		

D. Stormwater Management Program Summary (Cont.)



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

W 040672
 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)

3. Illicit Discharge Detection and Elimination:

<u>3-1</u> BMP ID #	<u>Public Works</u> Responsible Dept./Person Name	<u>No. of outfall screened</u> Specify Measurable Goal
Continue to conduct dry weather outfall screening		
<u>3-2</u> BMP ID #	<u>Public Works</u> Responsible Dept./Person Name	<u>Maps updated</u> Specify Measurable Goal
Update mapping of stormwater outfalls		
<u>3-3</u> BMP ID #	<u>Public Works, Board of Health</u> Responsible Dept./Person Name	<u>No. of connections removed</u> Specify Measurable Goal
Develop and implement plan to identify and remove illicit		
<u>3-4</u> BMP ID #	<u>Public Works</u> Responsible Dept./Person Name	<u>No. of inspections made</u> Specify Measurable Goal
Continue to enforce inspection of sewer connection bylaw		
<u>3-5</u> BMP ID #	<u>Public Works</u> Responsible Dept./Person Name	<u>Annually training provided</u> Specify Measurable Goal
Implement employee education program		

4. Construction Site Runoff Control:

<u>4-1</u> BMP ID #	<u>Planning</u> Responsible Dept./Person Name	<u>Develop draft bylaw in Yr 2, present to Town Meeting Yr 3</u>
ESC bylaw for construction sites > 1 acre		
<u>4-2</u> BMP ID #	<u>Board of Health</u> Responsible Dept./Person Name	<u>Plan developed for each construction site</u>
Require waste management plan		
<u>4-3</u> BMP ID #	<u>Planning, Con Com, Public Works</u>	<u>No. of site plans reviewed</u> Specify Measurable Goal
Review site plans for stormwater impacts		
<u>4-4</u> BMP ID #	<u>Planning, Con Com</u> Responsible Dept./Person Name	<u>No. of public comment periods held</u>
Provide public input for sites > 1 acre		
<u>4-5</u> BMP ID #	<u>Planning, Con Com, Building Inspector, Public Works</u>	<u>Develop bylaw during Yr 2, Present to Town Meeting Yr 3</u>
Inspection of erosion and sediment controls		

D. Stormwater Management Program Summary (Cont.)



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

W 040672
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)

5. Post Construction Runoff Control:

<u>5-1</u> BMP ID #	<u>Planning, Con Com, Public Works</u>	<u>Develop bylaw during Yr 2, Present to Town Meeting Yr 3</u>
<u>Develop bylaw to apply MA SW Policy to entire Town</u>		
<u>5-2</u> BMP ID #	<u>Planning, Con Com, Public Works</u>	<u>BMP manual selected in Yr 2 Specify Measurable Goal</u>
<u>Specify SW BMP manual Specify Best Management Practice</u>		
<u>5-3</u> BMP ID #	<u>Planning, Con Com, Public Works</u>	<u>Develop bylaw during Yr 2, Present to Town Meeting Yr 3</u>
<u>Develop bylaw for maintenance of BMPs</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>		

6. Municipal Good Housekeeping:

<u>6-1</u> BMP ID #	<u>Con Com</u>	<u>Updated inventory</u>
<u>Update sensitive receptor inventory</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>6-2</u> BMP ID #	<u>Public Works</u>	<u>Sweeps streets annually</u>
<u>Street Sweeping</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>6-3</u> BMP ID #	<u>Public Works</u>	<u>Continue to calibrate equipment annually</u>
<u>Roadway deicing</u>	<u>Responsible Dept./Person Name</u>	
<u>6-4</u> BMP ID #	<u>Public Works</u>	<u>Maintain vehicle washing controls</u>
<u>Minimize impacts from vehicle washing</u>	<u>Responsible Dept./Person Name</u>	
<u>6-5</u> BMP ID #	<u>Public Works</u>	<u>Continue to perform maintenance in garage</u>
<u>Minimize vehicle maintenance</u>	<u>Responsible Dept./Person Name</u>	

D. Stormwater Management Program Summary (cont.)



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

W 040672
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)

<u>6-6</u> BMP ID #	<u>Public Works</u> Responsible Dept./Person Name	<u>No. of catch basins cleaned each yr</u>
<u>Storm drain maintenance</u> Specify Best Management Practice		
<u>6-7</u> BMP ID #	<u>DPW - Parks Division</u> Responsible Dept./Person Name	<u>Amount of herbicides/fertilizers used</u>
<u>Park and landscape maintenance</u>		

7. BMPs for Meeting TMDL:

<u>BMP ID #</u> <u>None required</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>		
<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>		
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</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.

Wayne P. Marquis, Town Manager

Printed Name

Signature

7-22-03
Date

