



**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)**

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 Dedham

Name

26 Bryant Street

Mailing Address

Dedham

City/Town

781.326.5357

Telephone Number

MA

State

mkamel@town.dedham.ma.us

Email (if available)

2. Municipality Name

Town of Dedham

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 Roads, Norfolk County Prison, Northeastern University, MIT Endicott House

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	25 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Nutrients, organic enrich. Specify
Neponset River Name	23 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Organics, metals, oil, grease Specify
Mother Brook Name	28 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Nutrients, organic enrich. Specify
Lowder Brook Name	11 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Wigwam Brook Name	11 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Wigwam Pond Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Little Wigwam Pond Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Motley Pond Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Cow Island Pond Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Weld Pond Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Sprague Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Rock Meadow Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Colburn Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
_____ Name	_____ 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



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**D. Stormwater Management Program Summary**

1. Public Education:

1-a

BMP ID #

Estab. of Advisory Committee  
Specify Best Management Practice

Town Administration

Responsible Dept./Person Name

Form a Comm. within 1 year

Specify Measurable Goal

1-b

BMP ID #

Submit 2 press releases  
Specify Best Management Practice

Town Administration/DPW

Responsible Dept./Person Name

Reach 1,000s of residents

Specify Measurable Goal

1-c

BMP ID #

Post article on Town web page  
Specify Best Management Practice

Town Administration/DPW

Responsible Dept./Person Name

Reach 1,000s web browsers

Specify Measurable Goal

1-d

BMP ID #

Add link to Town web page  
Specify Best Management Practice

Town Administration/DPW

Responsible Dept./Person Name

Reach 1,000s of residents

Specify Measurable Goal

1-e

BMP ID #

Publish list of Dept. names  
Specify Best Management Practice

Town Administration

Responsible Dept./Person Name

Communicates with residents

Specify Measurable Goal

2. Public Participation:

2-a

BMP ID #

Develop stenciling program  
Specify Best Management Practice

DPW/Town Administration

Responsible Dept./Person Name

Educate 100's of residents

Specify Measurable Goal

2-b

BMP ID #

Work with Watershed Groups  
Specify Best Management Practice

DPW/Town Administration

Responsible Dept./Person Name

Coordinate efforts with others

Specify Measurable Goal

2-c

BMP ID #

Post signs in critical resources  
Specify Best Management Practice

DPW/Town Administration

Responsible Dept./Person Name

Notify residents of critical area

Specify Measurable Goal

2-d

BMP ID #

Educate students about Env.  
Specify Best Management Practice

Town Administration/DPW

Responsible Dept./Person Name

Involve Students and families

Specify Measurable Goal

2-e

BMP ID #

Establish a suggestion box  
Specify Best Management Practice

Town Administration/DPW

Responsible Dept./Person Name

Receiving feed back

Specify Measurable Goal



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

**3. Illicit Discharge Detection and Elimination:**

<u>3-a</u> BMP ID #		
<u>Develop a mapping system</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Map the drainage system</u> Specify Measurable Goal
<u>3-b</u> BMP ID #		
<u>Locate all visible outfalls</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Inventory of outfalls</u> Specify Measurable Goal
<u>3-c</u> BMP ID #		
<u>Adopt new Stormwater bylaws</u> Specify Best Management Practice	<u>Town Administration</u> Responsible Dept./Person Name	<u>Enforcement of illegal enviro.</u> Specify Measurable Goal
<u>3-d</u> BMP ID #		
<u>Develop a response plan</u> Specify Best Management Practice	<u>Town Administration/DPW</u> Responsible Dept./Person Name	<u>Emergency response measure</u> Specify Measurable Goal
<u>3-e</u> BMP ID #		
<u>Adopt a hazard. waste day</u> Specify Best Management Practice	<u>Town Administration/DPW</u> Responsible Dept./Person Name	<u>Reduce illegal dump haz. mat.</u> Specify Measurable Goal

**4. Construction Site Runoff Control:**

<u>4-a</u> BMP ID #		
<u>Review existing state and local</u> Specify Best Management Practice	<u>DPW/Engineering</u> Responsible Dept./Person Name	<u>/Update the Town regulations</u> Specify Measurable Goal
<u>4-b</u> BMP ID #		
<u>Develop town design &amp; Const.</u> Specify Best Management Practice	<u>DPW/Engineering</u> Responsible Dept./Person Name	<u>Develop Town standards</u> Specify Measurable Goal
<u>4-c</u> BMP ID #		
<u>Create Town Specifications</u> Specify Best Management Practice	<u>DPW/Engineering</u> Responsible Dept./Person Name	<u>Develop Town specifications</u> Specify Measurable Goal
<u>4-d</u> BMP ID #		
<u>Develop Town inspection guid.</u> Specify Best Management Practice	<u>DPW/Engineering</u> Responsible Dept./Person Name	<u>QA/QC Construction sites</u> Specify Measurable Goal
<u>4-e</u> BMP ID #		
<u>Determine inspection resp.</u> Specify Best Management Practice	<u>Town administration/DPW</u> Responsible Dept./Person Name	<u>Establish means of inspection</u> Specify Measurable Goal



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

5. Post Construction Runoff Control:

5-a

BMP ID #

Develop Stormwater policy  
Specify Best Management Practice

Town Administration

Responsible Dept./Person Name

Encourage ground recharge

Specify Measurable Goal

5-b

BMP ID #

Develop standards for BMP's  
Specify Best Management Practice

Town Administration/DPW

Responsible Dept./Person Name

Regulate subdivision plans

Specify Measurable Goal

5-c

BMP ID #

Develop by-laws and policy  
Specify Best Management Practice

Town Administration/DPW

Responsible Dept./Person Name

Regulate subdivision runoff

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-a

BMP ID #

Impl. pollution prevention prog  
Specify Best Management Practice

DPW/Engineering

Responsible Dept./Person Name

Develop a prog. within 2 yrs.

Specify Measurable Goal

6-b

BMP ID #

Develop TV Inspection  
Specify Best Management Practice

DPW/Engineering

Responsible Dept./Person Name

Eliminate illegal connections

Specify Measurable Goal

6-c

BMP ID #

Develop Haz. waste training  
Specify Best Management Practice

DPW/Engineering

Responsible Dept./Person Name

Train 20 Empl. on haz. waste

Specify Measurable Goal

6-d

BMP ID #

Sweep all paved roads  
Specify Best Management Practice

DPW

Responsible Dept./Person Name

Eliminate dump. of 250 tons

Specify Measurable Goal

6-e

BMP ID #

Clean all catch basins  
Specify Best Management Practice

DPW

Responsible Dept./Person Name

Clean catchbasins every 3 yrs.

Specify Measurable Goal

6-f

BMP ID #

Specify Best Management Practice

Develop a litter management

Specify Best Management Practice



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

7. BMPs for Meeting TMDL:

<u>7-a</u> BMP ID #	<u>Develop a landscaping policy</u> Specify Best Management Practice	<u>Town Administration/DPW</u> Responsible Dept./Person Name	<u>Eliminate excessive chemicals</u> Specify Measurable Goal
<u>7-b</u> BMP ID #	<u>Develop Spill prevention plan</u> Specify Best Management Practice	<u>Town Administration/DPW</u> Responsible Dept./Person Name	<u>Reduce spill pollution to rivers</u> Specify Measurable Goal
<u>7-c</u> BMP ID #	<u>Develop a training program</u> Specify Best Management Practice	<u>Town Administration/DPW</u> Responsible Dept./Person Name	<u>Educate 8 employees</u>
<u>7-d</u> BMP ID #	<u>Install new drainage structures</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Eliminate some TSS</u> Specify Measurable Goal
<u>7-e</u> BMP ID #	<u>Develop a housekeeping plan</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Eliminate excessive TSS</u> 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 G. Keegan Jr. Town Administrator

Printed Name

*William G. Keegan Jr.*  
Signature

Date

*7/28/03*

**JUL 31 2003**  
**MUNICIPAL ASSISTANCE UNIT**



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F. Example Storm Water Management Program TIME FRAMES**

BMP ID #	PERMIT YEAR ONE			PERMIT YEAR TWO			PERMIT YEAR THREE			PERMIT YEAR FOUR			PERMIT YEAR FIVE					
	Fall 03	Spring 04	Summer 04	Fall 04	Winter 05	Spring 05	Fall 05	Winter 06	Spring 06	Summer 06	Fall 06	Winter 07	Spring 07	Summer 07	Fall 07	Winter 08	Spring 08	Summer 08
1a																		
1b	X		X	X			X	X			X	X			X	X		X
1c																		
1d																		
1e																		
2a																		
2b																		
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