



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

1108

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

Transmittal Number

**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 DUDLEY ( Joe Sendrowski: Chairman Board of Selectmen )

Name

40 SCHOFIELD AVE

Mailing Address

DUDLEY

MA.

City/Town

State

508-949-8020

Telephone Number

Email (if available)

2. Municipality Name

TOWN OF DUDLEY HIGHWAY DEPT.

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:

RTE 197, RTE 12 and RTE 131

NICHOLS COLLEGE

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

MAR - 9 2004

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
MERINO POND Name	12 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
LARNER POND Name	4 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
WALLIS POND Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
PETER POND Name	0 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
HAYDEN POND Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
PIERPOINT POND Name	10 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
GORE POND Name	4 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
NEW POND Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
LOW POND Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
MOSQUITO POND Name	4 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
PACKARD POND Name	0 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
FRENCH RIVER Name	6 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	PATHOGENS, ORGANIC ENRICHMENT
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 (Cont.)**

3. Illicit Discharge Detection and Elimination:

<u>108</u> BMP ID #	<u>Board Of Health</u> Responsible Dept./Person Name	<u>Potential polluted ponds checked</u>
<u>Take water samples</u> Specify Best Management Practice		
<u>109</u> BMP ID #	<u>Highway Department</u> Responsible Dept./Person Name	<u>40% by end of second year</u> Specify Measurable Goal
<u>Map drainage system</u> Specify Best Management Practice		
<u>110</u> BMP ID #	<u>Board of Health</u> Responsible Dept./Person Name	<u>Fines collected and dumping minimized</u>
<u>Enforcement of illegal dumping bylaw</u> Specify Best Management Practice		
<u>111</u> BMP ID #	<u>Highway Dept./ Dan Gion</u> Responsible Dept./Person Name	<u>Annual training session</u> Specify Measurable Goal
<u>Town employee training</u> Specify Best Management Practice		
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		

4. Construction Site Runoff Control:

<u>112</u> BMP ID #	<u>Building Inspector</u> Responsible Dept./Person Name	<u>Regular inspection of all active sites</u>
<u>Site plan enforcement</u> Specify Best Management Practice		
<u>113</u> BMP ID #	<u>Planning Board</u> Responsible Dept./Person Name	<u>Regular inspection of all active sites</u>
<u>Subdivision Reg enforcement</u> Specify Best Management Practice		
<u>114</u> BMP ID #	<u>Conservation Commission</u> Responsible Dept./Person Name	<u>Create Bylaw for mitigation around water bodies</u>
<u>Con Com Bylaw</u> Specify Best Management Practice		
<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>		



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

5. Post Construction Runoff Control:

<u>112</u> BMP ID #	<u>Building Inspector</u> Responsible Dept./Person Name	<u>Regular inspection of all active sites</u>
<u>Site plan enforcement</u> Specify Best Management Practice		
<u>113</u> BMP ID #	<u>Planning Board</u> Responsible Dept./Person Name	<u>Regular inspection of all active sites</u>
<u>Subdivision Reg enforcement</u> Specify Best Management Practice		
<u>114</u> BMP ID #	<u>Conservation Commission</u> Responsible Dept./Person Name	<u>Regular inspection of all active sites</u>
<u>Con Com Bylaw enforcement</u> Specify Best Management Practice		
<u>115</u> BMP ID #	<u>Planning Board</u> Responsible Dept./Person Name	<u>60% subdivisions OSRD vs. conventional</u>
<u>Encourage OSRD subdivisions</u>		
<u>116</u> BMP ID #	<u>Planning Board</u> Responsible Dept./Person Name	<u>Town Meeting approval</u>
<u>Upzone residential districts</u> Specify Best Management Practice		<u>Specify Measurable Goal</u>

6. Municipal Good Housekeeping:

<u>117</u> BMP ID #	<u>Highway Dept.. Daniel Gion</u> Responsible Dept./Person Name	<u>Daily--March thru October</u> Specify Measurable Goal
<u>Street sweeping</u> Specify Best Management Practice		
<u>118</u> BMP ID #	<u>Highway Dept.. Daniel Gion</u> Responsible Dept./Person Name	<u>Weekly as weather permits</u> Specify Measurable Goal
<u>Vacuum catch basins</u> Specify Best Management Practice		
<u>119</u> BMP ID #	<u>Highway Dept . Daniel Gion</u> Responsible Dept./Person Name	<u>Training video / Guest speaker</u> Specify Measurable Goal
<u>Training of employees</u> Specify Best Management Practice		
<u>120</u> BMP ID #	<u>Recycling Dept. / Highway Dept./ Daniel Gion</u>	<u>Collect all waste oil generated by the Town</u>
<u>Used oil collection</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		



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

7. BMPs for Meeting TMDL:

<u>121</u> BMP ID #	<u>Highway Dept. DAN GION</u> Responsible Dept./Person Name	<u>French River drainage basins a priority</u>
<u>Install sediment capture device</u>		
<u>122</u> BMP ID #	<u>Highway Dept.</u> Responsible Dept./Person Name	<u>Basins near waterways a priority minimum 2 X a year</u>
<u>Catch basin cleaning program</u>		
<u>Specify Best Management Practice</u>		
<u>123</u> BMP ID #	<u>Highway Dept.</u> Responsible Dept./Person Name	<u>Minimize road salt application near water supplies</u>
<u>Encourage MassHwy action</u>		
<u>Specify Best Management Practice</u>		
<u>124</u> BMP ID #	<u>Board of Selectmen</u> Responsible Dept./Person Name	<u>Adopt Bylaw and institute fine</u>
<u>Pet waste collection program</u>		<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		
<u>_____</u> BMP ID #	<u>_____</u> Responsible Dept./Person Name	<u>_____</u> Specify Measurable Goal
<u>_____</u> Specify Best Management Practice		

**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.

JOSEPH E SENDROWSKI  
Printed Name

Joseph E Sendrowski  
Signature

Mar 7, 04  
Date