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

W 035626
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:

Steven C. Pisch, Assistant Town Engineer

Name

59 Town Hall Square

Mailing Address

Falmouth

City/Town

508-495-7430

Telephone Number

MA

State

scpisch@cape.com

Email (if available)

2. Municipality Name

Falmouth

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 Routes 28 & 28A, Locust Street and Woods Hole Road

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
Falmouth Harbor Name	14 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens Specify
Sols Pond Name	5 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Jones Pond Name	3 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Great Pond Name	6 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Green Pond Name	5 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Salt Pond Name	1 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Shivericks Pond Name	5 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Morse Pond Name	2 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Little Pond Name	4 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Vineyard Sound Name	21 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Siders Pond Name	5 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
West Falmouth Harbor Name	3 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens Specify
Bournes Pond Name	2 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Eel Pond Name	23 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Perch Pond Name	5 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Quissett Harbor Name	1 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens Specify
Great Harbor Name	3 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens Specify
Megansett Harbor Name	1 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify



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Facility ID (if known)

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
Jenkins Pond Name	1 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Cedar Lake Name	1 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Little Harbor Name	2 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens Specify
Buzzards Bay Name	4 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Wild Harbor Name	2 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Oyster Pond Name	1 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Miles Pond Name	0 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Crocker Pond Name	0 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Little Sippewissett Marsh Name	0 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Fiddlers Cove Name	0 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Dam Pond Name	0 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Wings Pond Name	0 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Flax Pond (North Falmouth) Name	0 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Grews Pond Name	0 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Mares Pond Name	0 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Spectacle Pond Name	0 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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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
Deer Pond Name	0 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Round Pond Name	0 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Shallow Pond Name	0 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Crooked Pond Name	0 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Coonamessett Pond Name	0 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Flax Pond (East Falmouth) Name	0 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Spectacle Pond Name	0 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Deep Pond Name	0 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Grassy Pond Name	0 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Fresh Pond (West Falmouth) Name	0 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Hamblin Pond Name	0 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Ashumet Road Name	0 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Waquoit Bay Name	0 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	nutrients organic enrichment /Low DO Pathogens
Nye Pond Name	0 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Randall Pond Name	0 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Nobska Pond Name	0 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Quahog Pond Name	0 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Beach Pond Name	0 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify



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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
Fresh Pond (East Falmouth) Name	0 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Cable Pond Name	0 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Bog Pond Name	0 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Bourne Pond Name	0 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Childs River Name	0 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Mill Pond (Woods Hole) Name	0 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Moonakis River Name	0 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nutrients organic enrichment /Low DO, pathogens
Herring Brook Name	0 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens Specify
Snug Harbor Name	0 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Rands Canal Name	0 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Fiddlers Cove Name	0 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 #

Educational Flyer

Specify Best Management Practice

Town Administrator

Responsible Dept./Person Name

Flyer Distributed

Specify Measurable Goal

1-2

BMP ID #

Annual Public Hearing

Specify Best Management Practice

Town Administrator

Responsible Dept./Person Name

Meeting Held

Specify Measurable Goal

1-3

BMP ID #

Posting of Maps

Specify Best Management Practice

DPW-Engineering Division

Responsible Dept./Person Name

Map Displayed

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 #

Encourage Participation

Specify Best Management Practice

Town Administrator

Responsible Dept./Person Name

Complaint Report Filed

Specify Measurable Goal

2-2

BMP ID #

Stormwater Management Committee

Board of Selectmen

Responsible Dept./Person Name

Committee Established

Specify Measurable Goal

2-3

BMP ID #

Annual Selectmen's Review

Specify Best Management Practice

Board of Selectmen

Responsible Dept./Person Name

Meetings Held

Specify Measurable Goal

2-4

BMP ID #

Storm Drain Stenciling

Specify Best Management Practice

Director of Public Works

Responsible Dept./Person Name

Document Stenciled CB's

Specify Measurable Goal

2-5

BMP ID #

Hazardous Waste Collection

Specify Best Management Practice

Board of Health Agent

Responsible Dept./Person Name

Document Material Collected

Specify Measurable Goal



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D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

<u>3-1</u> BMP ID #	<u>Director of Public Works</u> Responsible Dept./Person Name	<u>Production of Maps</u> Specify Measurable Goal
<u>Discharge Identification</u> Specify Best Management Practice		
<u>3-2</u> BMP ID #	<u>Director of Public Works</u> Responsible Dept./Person Name	<u>Production of Maps</u> Specify Measurable Goal
<u>Drainage Network Mapping</u> Specify Best Management Practice		
<u>3-3</u> BMP ID #	<u>BOH, DPW</u> Responsible Dept./Person Name	<u>Quantify Illicit Discharges</u> Specify Measurable Goal
<u>Illicit Discharge Identification</u> Specify Best Management Practice		
<u>3-4</u> BMP ID #	<u>BOH, Planning, DPW</u> Responsible Dept./Person Name	<u>Quantify Illicit Discharges</u> Specify Measurable Goal
<u>Illicit Discharge Enforcement</u> Specify Best Management Practice		
<u>3-5</u> BMP ID #	<u>Director of Public Works</u> Responsible Dept./Person Name	<u>Meetings Held</u> Specify Measurable Goal
<u>DPW Training</u> Specify Best Management Practice		

4. Construction Site Runoff Control:

<u>4-1</u> BMP ID #	<u>Conservation Commission</u> Responsible Dept./Person Name	<u>Bylaws Changed</u> Specify Measurable Goal
<u>Conservation Commission Bylaw</u> Specify Best Management Practice		
<u>4-2</u> BMP ID #	<u>Planning Board</u> Responsible Dept./Person Name	<u>Regulations Changed</u> Specify Measurable Goal
<u>Planning Board Regulations</u> Specify Best Management Practice		
<u>4-3</u> BMP ID #	<u>Planning Board</u> Responsible Dept./Person Name	<u>Bylaws Changed</u> Specify Measurable Goal
<u>Planning Board Zoning</u> Specify Best Management Practice		
<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>



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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> Bylaws	<u>Conservation Commission</u> Responsible Dept./Person Name	<u>Bylaws Changed</u> Specify Measurable Goal
<u>5-2</u> BMP ID #	<u>Planning Board Regulations</u> Specify Best Management Practice	<u>Planning Board</u> Responsible Dept./Person Name	<u>Regulations Changed</u> Specify Measurable Goal
<u>5-3</u> BMP ID #	<u>Planning Board Zoning</u> Specify Best Management Practice	<u>Planning Board</u> Responsible Dept./Person Name	<u>Bylaws Changed</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>DPW Policy Guide</u> Specify Best Management Practice	<u>Director of Public Works</u> Responsible Dept./Person Name	<u>Policy Guide Prepared</u> Specify Measurable Goal
<u>6-2</u> BMP ID #	<u>DPW Annual Training</u> Specify Best Management Practice	<u>Director of Public Works</u> Responsible Dept./Person Name	<u>Training Completed</u> Specify Measurable Goal
<u>6-3</u> BMP ID #	<u>DPW Permit Filing</u> Specify Best Management Practice	<u>Director of Public Works</u> Responsible Dept./Person Name	<u>Permits Filed</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



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D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

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
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.

Robert L. Whritenour Jr., Town Administrator

Printed Name

Signature

March 7, 2003
Date



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

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

F. Stormwater 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	
1.1			X				X				X				X				X			X
1.2			X				X				X				X				X			X
1.3			X				X				X				X				X			X
2.1			X				X				X				X				X			X
2.2			X			X			X						X				X			X
2.3			X				X				X				X				X			X
2.4						X									X				X			X
2.5	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
3.1		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
3.2		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
3.3			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
3.4			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
3.5																						
3.6			X				X				X				X				X			X
4.1					X		X				X				X				X			X
4.2					X		X				X				X				X			X
4.3					X		X				X				X				X			X
5.1					X		X				X				X				X			X
5.2					X		X				X				X				X			X
5.3					X		X				X				X				X			X
6.1					X		X				X				X				X			X
6.2					X		X		X		X		X		X		X	X	X		X	X
6.3	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X