



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)

W035345
Transmittal Number

Facility ID (if known)

118
7-28-03
COPY

A. Instructions

ORIGINAL → GINNY SCARLET D.E.F

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:

CITY OF FITCHBURG/DAN H. MYLOTT-MAYOR

Name

718 MAIN STREET

Mailing Address

FITCHBURG

City/Town

MA

State

978 345-9550

Telephone Number

Email (if available)

2. Municipality Name

FITCHBURG

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:

FIFTH MASS. TURNPIKE (RT 2), FITCHBURG STATE 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

B. Applicant Information (cont.)



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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
Nashua River Name	See Map Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	D.E.P. Impairment Listed Specify
Whitman River Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/A Specify
Flag Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/A Specify
Phillips Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/A Specify
Sand Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/A Specify
Punch Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/A Specify
Baker Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/A 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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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



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1. Public Education:

PE-1

BMP ID #

Partnership Program

Specify Best Management Practice

Planning/David Streb

Responsible Dept./Person Name

education and outreach program developed within 1

PE-2

BMP ID #

Web Site Creation

Specify Best Management Practice

MIS/David Streb

Responsible Dept./Person Name

website for stormwater pollutions prevention within 1

PE-3

BMP ID #

Brochures and fact sheets

Specify Best Management Practice

DPW/John Anderson

Responsible Dept./Person Name

door hangers distributed during CTB cleaning

PE-4

BMP ID #

Classroom education on stormwater

School/Tom Surgrue

Responsible Dept./Person Name

50% of K-12 every 2 yrs. Specify Measurable Goal

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

2. Public Participation:

PP-1

BMP ID #

Watershed Organization

Specify Best Management Practice

Conservation/Mike O'Hara

Responsible Dept./Person Name

organize watershed committee within 1 year

PP-2

BMP ID #

Stream cleanings campaign

Specify Best Management Practice

DPW/John Anderson

Responsible Dept./Person Name

civic clean up days Specify Measurable Goal

PP-3

BMP ID #

Storm drain stenciling

Specify Best Management Practice

School/Tom Surgrue

Responsible Dept./Person Name

grades 1-4 storm drain stenciling

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

D. Stormwater Management Program Summary (Cont.)



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3. Illicit Discharge Detection and Elimination:

<u>ID-1</u> BMP ID #	<u>Storm drain map</u> Specify Best Management Practice	<u>DPW/Ken Dupont</u> Responsible Dept./Person Name	<u>Update storm drain map within 2 years</u>
<u>ID-2</u> BMP ID #	<u>Non stormwater discharge ordinance</u>	<u>Planning/David Streb</u> Responsible Dept./Person Name	<u>Adopt non stormwater ordinance within 2 years</u>
<u>ID-3</u> BMP ID #	<u>Industrial/Business connections</u>	<u>IDC/Mike Lanava</u> Responsible Dept./Person Name	<u>Establish monitoring program within 1 year</u>
<u>ID-4</u> BMP ID #	<u>Illicit discharge & elimination</u> Specify Best Management Practice	<u>DPW/Engineering</u> Responsible Dept./Person Name	<u>Establish program within 1 year</u>
<u>ID-5</u> BMP ID #	<u>Illegal dumping task force</u> Specify Best Management Practice	<u>Board of Health/Jeff Jerszyk</u> Responsible Dept./Person Name	<u>Form within 1 year hold quarterly meetings</u>

4. Construction Site Runoff Control:

<u>RC-1</u> BMP ID #	<u>Site plan review</u> Specify Best Management Practice	<u>Planning/Mike O'Hara</u> Responsible Dept./Person Name	<u>Establish standards for within 2 years</u>
<u>RC-2</u> BMP ID #	<u>Erosion/sediment control ordinance</u>	<u>Planning/David Streb</u> Responsible Dept./Person Name	<u>Develop ordinance within 2 years</u>
<u>RC-3</u> BMP ID #	<u>Stormwater pollution prevention plan</u>	<u>DPW/Engineering</u> Responsible Dept./Person Name	<u>Require plan for all projects within 1 year</u>
<u>RC-4</u> BMP ID #	<u>BMP measures for sediment/erosion</u>	<u>DPW/Engineering</u> Responsible Dept./Person Name	<u>Establish for construction sites within 1 year</u>
<u>BMP ID #</u>	<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

D. Stormwater Management Program Summary (Cont.)



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5. Post Construction Runoff Control:

PC-1

BMP ID #

Post construction runoff ordinance

Planning/Mike O'Hara

Responsible Dept./Person Name

Adopt ordinance within 2 years

Specify Measurable Goal

PC-2

BMP ID #

Site plan review for post construction

Planning/Mike O'Hara

Responsible Dept./Person Name

Adopt within 2 years

Specify Measurable Goal

PC-3

BMP ID #

Operation and maintenance agreement

DPW/John Anderson

Responsible Dept./Person Name

Develop model within 2 years

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:

MH-1

BMP ID #

Pet waste collection

Specify Best Management Practice

Board of Health/Jeff Jerszyk

Responsible Dept./Person Name

Distribute brochures to pet owners within 1 year

MH-2

BMP ID #

Parking lot and street cleaning

Specify Best Management Practice

DPW/John Anderson

Responsible Dept./Person Name

Implement within 1 year

Specify Measurable Goal

MH-3

BMP ID #

Catch basin cleaning

Specify Best Management Practice

DPW/John Anderson

Responsible Dept./Person Name

Implement program within 1 year

MH-4

BMP ID #

Spill response & prevention

Specify Best Management Practice

Fire Department/Chief Roy

Responsible Dept./Person Name

Implement plan within 2 years

Specify Measurable Goal

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

D. Stormwater Management Program Summary (cont.)



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7. BMPs for Meeting TMDL:

<u>TM-1</u> BMP ID # Parking lot and street sweeping	<u>DPW/John Anderson</u> Responsible Dept./Person Name	<u>Program set up within 1 year</u> Specify Measurable Goal
<u>TM-2</u> BMP ID # Catch basin cleaning Specify Best Management Practice	<u>DPW/John Anderson</u> Responsible Dept./Person Name	<u>Program set up within 1 year</u> Specify Measurable Goal
<u>TM-3</u> BMP ID # Install deep sumps Specify Best Management Practice	<u>DPW/John Anderson</u> Responsible Dept./Person Name	<u>Requirement set up for new catch basins within 1 year</u>
<u>TM-4</u> BMP ID # Install gas and oil separators Specify Best Management Practice	<u>DPW/John Anderson</u> Responsible Dept./Person Name	<u>Requirement set up for new catch basins within 1 year</u>
<u>TM-5</u> BMP ID # Detention areas Specify Best Management Practice	<u>DPW/John Anderson</u> Responsible Dept./Person Name	<u>Requirement for large development sites within 2 yr</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.

Printed Name

Signature

John H. Myght

Date

7/28/03



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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	Spring 04	Summer 04	Spring 05	Summer 05	Spring 06	Summer 06	Spring 07	Summer 07	
PE-1											
PE-2											
PE-3											
PE-4											
PP-1											
PP-2											
PP-3											
ID-1											
ID-2											
ID-3											
ID-4											
ID-5											
RC-1											
RC-2											
RC-3											
RC-4											
PC-1											
PC-2											
PC-3											
MH-1											
MH-2											
MH-3											
MH-4											

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Winter 03-04
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 Winter 07-08