



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)

W035854
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:

City of Gloucester-Michael Hale, Assistant City Engineer
Name
Nine Dale Avenue
Mailing Address
Gloucester MA
City/Town State
978-281-9773
Telephone Number Email (if available)

2. Municipality Name

Gloucester
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 (Commonwealth of Massachusetts)

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
<u>Lily Pond</u> Name	Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Noxious Aquatic Plants, Turbidity
<u>Strangman Pond</u> Name	Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Noxious Aquatic Plants, Turbidity
<u>Upper Banjo Pond</u> Name	Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Noxious Aquatic Plants, Turbidity
<u>West Pond</u> Name	Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Nutrients, Noxious Aquatic Plants
<u>Annisquam River</u> Name	Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens Specify
<u>Gloucester Harbor</u> Name	Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens Specify
<u>Mill River</u> Name	Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens Specify
<u>Ipswich Bay</u> Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
<u>Farm Creek</u> Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
<u>Essex Bay</u> Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
<u>Walker Creek</u> Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
<u>Haskell Pond</u> Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
<u>Lower Banjo Pond</u> Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
<u>Little River</u> Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
<u>Klondike Reservoir</u> Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
<u>Lanesford Pond</u> Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
<u>Goose Cove</u> Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
<u>Niles Pond</u> Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify

D. Stormwater Management Program Summary



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1. Public Education:

<u>1-1</u> BMP ID # <u>Classroom Stormwater Education</u>	<u>School Committee</u> Responsible Dept./Person Name	<u>Develop, Collect Materials for Classroom Education</u>
<u>1-2</u> BMP ID # <u>Flyer and Brochure Dist.</u> Specify Best Management Practice	<u>Engineering</u> Responsible Dept./Person Name	<u>Dist. Materials to Residents, City Buildings</u>
<u>1-3</u> BMP ID # <u>Using the Media</u> Specify Best Management Practice	<u>Mayors Office</u> Responsible Dept./Person Name	<u>Release Annual Article, Press Release, and Cable Spot</u>
<u>1-4</u> BMP ID # <u>Hazardous Waste Management</u>	<u>DPW</u> Responsible Dept./Person Name	<u>Annual Hazardouse Waste Collection Day</u>
<u> </u> BMP ID # <u> </u> Specify Best Management Practice	<u> </u> Responsible Dept./Person Name	<u> </u> Specify Measurable Goal

2. Public Participation:

<u>2-1</u> BMP ID # <u>Adopt-A-Stream Program</u> Specify Best Management Practice	<u>Mayors Office</u> Responsible Dept./Person Name	<u>Volunteer Groups Adopt, Maintain Water Bodies</u>
<u>2-2</u> BMP ID # <u>Pond and Stream Cleanup, Monitoring</u>	<u>DPW</u> Responsible Dept./Person Name	<u>Participants Conduct Cleanup Efforts</u>
<u>2-3</u> BMP ID # <u>Stencil Storm Drains</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Stencil 30 Drains Per Year</u> Specify Measurable Goal
<u>2-4</u> BMP ID # <u>Storm Water Steering Committee</u>	<u>Mayors Office</u> Responsible Dept./Person Name	<u>Create Committee to Address SW Issues. Quarterly Meetings</u>
<u>2-5</u> BMP ID # <u>Pet Waste Collection</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Enforcement of Ordinances, Maintenance of Stations</u>

D. Stormwater Management Program Summary (Cont.)



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BRP WM 08A NPDES Stormwater General Permit
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3. Illicit Discharge Detection and Elimination:

<u>3-1</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Locate, Inspect, Record</u> <u>Condition, Dry Weather Flow</u>
<u>Inspect City Discharges</u> Specify Best Management Practice		
<u>3-2</u> BMP ID #	<u>Engineering, DPW</u> Responsible Dept./Person Name	<u>Locate Structures, Compile</u> <u>Database, Create Map</u>
<u>Structure Mapping</u> Specify Best Management Practice		
<u>3-3</u> BMP ID #	<u>Mayors Office</u> Responsible Dept./Person Name	<u>Flyers, Record and Enforce</u> <u>Illegal Dumps, Cleanup</u>
<u>Non-Storm Water Discharge</u> <u>Education</u>		
<u>3-4</u> BMP ID #	<u>Board of Health</u> Responsible Dept./Person Name	<u>Maintain Systems, Document</u> <u>Falling Systems, Repair</u>
<u>Septic System Controls</u> Specify Best Management Practice		
<u>3-5</u> BMP ID #	<u>City Council</u> Responsible Dept./Person Name	<u>Create Ordinance, Eliminate</u> <u>Illicit Discharges to MS4.</u>
<u>Illicit Discharge Ordinance</u> Specify Best Management Practice		

4. Construction Site Runoff Control:

<u>4-1</u> BMP ID #	<u>City Council</u> Responsible Dept./Person Name	<u>Maintain and Enforce Exist.</u> <u>Regs, Dev. Storm Drain Regs.</u>
<u>Ordinance Review/Update</u> Specify Best Management Practice		
<u>4-2</u> BMP ID #	<u>City Council</u> Responsible Dept./Person Name	<u>Dev. Soil and Erosion Control</u> <u>Ord., Maintain Inspections</u>
<u>Construction Inspection</u> Specify Best Management Practice		
_____ BMP ID #	_____ Responsible Dept./Person Name	_____ Specify Measurable Goal
_____ Specify Best Management Practice		
_____ BMP ID #	_____ Responsible Dept./Person Name	_____ Specify Measurable Goal
_____ Specify Best Management Practice		
_____ BMP ID #	_____ Responsible Dept./Person Name	_____ Specify Measurable Goal
_____ Specify Best Management Practice		

D. Stormwater Management Program Summary (Cont.)



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)

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 Transmittal Number

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5. Post Construction Runoff Control:

<u>5-1</u> BMP ID #	<u>City Council</u> Responsible Dept./Person Name	<u>Update Zoning Regs., Track Changes</u>
<u>Zoning</u> Specify Best Management Practice		
<u>5-2</u> BMP ID #	<u>City Council</u> Responsible Dept./Person Name	<u>Dev. Storm Drain Ord., Dev. Standard Construction Policy</u>
<u>Post Construction Ordinance</u> Specify Best Management Practice		
<u>5-3</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Inspect BMPs, Document Problems, Make Changes</u>
<u>BMP Inspection, Maintenance</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>		

6. Municipal Good Housekeeping:

<u>6-1</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Develop Program, Collect Data, Refine Program</u>
<u>Catch Basin Cleaning</u> Specify Best Management Practice		
<u>6-2</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Sweep Roads Annually, Parking Lots</u>
<u>Street Cleaning</u> Specify Best Management Practice		
<u>6-3</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Clean 25% of System</u> Specify Measurable Goal
<u>Pipe Cleaning</u> Specify Best Management Practice		
<u>6-4</u> BMP ID #	<u>Engineering, DPW</u> Responsible Dept./Person Name	<u>Replace Portion of Pipe, Catch Basins Annually</u>
<u>Pipe Installations</u> Specify Best Management Practice		
<u>6-5</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Inspect 3 BMPs/Year, Implement Retrofits</u>
<u>Investigate City BMPs</u> Specify Best Management Practice		
<u>BMP ID #</u>	<u>Specify Best Management Practice</u>	

D. Stormwater Management Program Summary (cont.)



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Bureau of Resource Protection - Watershed Management
BRP WM 08A NPDES Stormwater General Permit
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W035854
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7. BMPs for Meeting TMDL:

<u>2-2</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Participant Conduct Cleanup Efforts</u>
<u>Pond and Stream Monitoring, Cleanup</u> Specify Best Management Practice		
<u>3-1</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Locate, Inspect, Record Condition, Dry Weather Flow</u>
<u>Inspect City Discharges</u> Specify Best Management Practice		
<u>3-4</u> BMP ID #	<u>Board of Health</u> Responsible Dept./Person Name	<u>Inspect Systems, Document Failing Systems, Repairs</u>
<u>Septic System Controls</u> Specify Best Management Practice		
<u>6-1</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Develop Program, Collect Data, Refine Program</u>
<u>Catch Basin Cleaning</u> Specify Best Management Practice		
<u>6-5</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Inspect 3 BMPs/Year, Implement Retrofits</u>
<u>Investigate BMPs</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.

 Printed Name

 Signature

 Date

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 Bureau of Resource Protection - Watershed Management
BRP WM 08A NPDES Stormwater General Permit Notice of Intent
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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	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																			
1-2							X																
1-3																							
1-4			X				X															X	
2-1	X																						
2-2																							
2-3																							
2-4							X																
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5-2																							
6-1				X																			
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Transmittal Number: WM035054

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Page of