



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

1119

W035459  
Transmittal Number

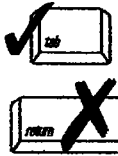
**BRP WM 08A NPDES Stormwater General Permit**

**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:

Town of Grafton

Name

30 Providence Road

Mailing Address

Grafton

City/Town

508-839-5335

Telephone Number

MA

State

hammondr@town.grafton.ma.us

Email (if available)

2. Municipality Name

Town of Grafton, Massachusetts

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:

Massachusetts Highway Department

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
Cider Mill Pond Name	pending Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Fisherville Pond Name	pending Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Flint Pond Name	pending Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Hayes Pond Name	pending Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	noxious aquatic plants/ exo species Specify
Hovey Pond Name	pending Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Lake Ripple Name	pending Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	noxious aquatic plants/ exo species Specify
Pratts Pond Name	pending Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Silver Lake Name	pending Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Windle Pond Name	pending Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Blackstone River Name	pending Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	unknown tox/org/metal/nut/path/ solid/turb/deposits/amm/chlorine Specify
Quinsigamond River Name	pending Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
West River Name	pending Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	pH/organics low DO/pathogens 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:**

**1A**

BMP ID #

Stormwater Flyer for Residents  
Specify Best Management Practice

SuAsCo & Public Works Dept.  
Responsible Dept./Person Name

See Attached Outline  
Specify Measurable Goal

**1B**

BMP ID #

Lesson Plan for Fifth Graders  
Specify Best Management Practice

SuAsCo & Public Works Dept.  
Responsible Dept./Person Name

See Attached Outline  
Specify Measurable Goal

**1C**

BMP ID #

Stormwater Flyer for Businesses  
Specify Best Management Practice

SuAsCo & Public Works Dept.  
Responsible Dept./Person Name

See Attached Outline  
Specify Measurable Goal

**1D**

BMP ID #

Stormwater Media Campaign  
Specify Best Management Practice

SuAsCo & Public Works Dept.  
Responsible Dept./Person Name

See Attached Outline  
Specify Measurable Goal

**1E**

BMP ID #

Stormwater Video  
Specify Best Management Practice

SuAsCo & Public Works Dept.  
Responsible Dept./Person Name

See Attached Outline  
Specify Measurable Goal

**1F**

BMP ID #

Grafton-Specific Stormwater Flyers  
Specify Best Management Practice

Public Works Dept.  
Responsible Dept./Person Name

See Attached Outline  
Specify Measurable Goal

**1G**

BMP ID #

Coordinate w/ Business, Landscapers  
Specify Best Management Practice

Public Works Dept.  
Responsible Dept./Person Name

See Attached Outline  
Specify Measurable Goal

**1H**

BMP ID #

Stormwater Flyer for Agriculture  
Specify Best Management Practice

Public Works Dept.  
Responsible Dept./Person Name

See Attached Outline  
Specify Measurable Goal

**1I**

BMP ID #

/Newspaper Articles  
Specify Best Management Practice

Public Works Dept.  
Responsible Dept./Person Name

See Attached Outline  
Specify Measurable Goal

**1J**

BMP ID #

Stormwater Info on Town Website  
Specify Best Management Practice

Public Works Dept.  
Responsible Dept./Person Name

See Attached Outline  
Specify Measurable Goal

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal



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

2. Public Participation:

<u>2A</u> BMP ID # Stormwater Traveling Display Specify Best Management Practice	<u>SuAsCo &amp; Public Works Dept.</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
<u>2B</u> BMP ID # Poster Contest for Fifth Graders Specify Best Management Practice	<u>SuAsCo &amp; Public Works Dept.</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
<u>2C</u> BMP ID # Photo Contest for High Schoolers Specify Best Management Practice	<u>SuAsCo &amp; Public Works Dept.</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
<u>2D</u> BMP ID # Stormwater Summit Event Specify Best Management Practice	<u>SuAsCo &amp; Public Works Dept.</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
<u>2E</u> BMP ID # Stormwater Super Summit Event Specify Best Management Practice	<u>SuAsCo &amp; Public Works Dept.</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
<u>2F</u> BMP ID # Annual Stormwater Public Hearing Specify Best Management Practice	<u>Public Works Dept.</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
<u>2G</u> BMP ID # Watershed Group Involvement Specify Best Management Practice	<u>Public Works Dept. &amp; Local Groups</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
<u>2H</u> BMP ID # Involve Local Children's Groups Specify Best Management Practice	<u>Public Works Dept.</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
<u>        </u> BMP ID # Specify Best Management Practice	<u>        </u> Responsible Dept./Person Name	<u>        </u> Specify Measurable Goal
<u>        </u> BMP ID # Specify Best Management Practice	<u>        </u> Responsible Dept./Person Name	<u>        </u> Specify Measurable Goal
<u>        </u> BMP ID #		



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

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

**3A**

BMP ID # \_\_\_\_\_

Illicit Discharge Bylaw \_\_\_\_\_  
Specify Best Management Practice \_\_\_\_\_

Public Works Dept. \_\_\_\_\_  
Responsible Dept./Person Name \_\_\_\_\_

See Attached Outline \_\_\_\_\_  
Specify Measurable Goal \_\_\_\_\_

**3B**

BMP ID # \_\_\_\_\_

Storm Sewer Map \_\_\_\_\_  
Specify Best Management Practice \_\_\_\_\_

Public Works Dept. \_\_\_\_\_  
Responsible Dept./Person Name \_\_\_\_\_

See Attached Outline \_\_\_\_\_  
Specify Measurable Goal \_\_\_\_\_

**3C**

BMP ID # \_\_\_\_\_

Detection & Elimination Plan \_\_\_\_\_  
Specify Best Management Practice \_\_\_\_\_

Public Works Dept. \_\_\_\_\_  
Responsible Dept./Person Name \_\_\_\_\_

See Attached Outline \_\_\_\_\_  
Specify Measurable Goal \_\_\_\_\_

**3D**

BMP ID # \_\_\_\_\_

Education for Public & Businesses \_\_\_\_\_  
Specify Best Management Practice \_\_\_\_\_

Public Works Dept. \_\_\_\_\_  
Responsible Dept./Person Name \_\_\_\_\_

See Attached Outline \_\_\_\_\_  
Specify Measurable Goal \_\_\_\_\_

**3E**

BMP ID # \_\_\_\_\_

Education for Municipal Employees \_\_\_\_\_  
Specify Best Management Practice \_\_\_\_\_

Public Works Dept. \_\_\_\_\_  
Responsible Dept./Person Name \_\_\_\_\_

See Attached Outline \_\_\_\_\_  
Specify Measurable Goal \_\_\_\_\_

**4. Construction Site Runoff Control:**

**4A**

BMP ID # \_\_\_\_\_

Construction Site Runoff Bylaw \_\_\_\_\_  
Specify Best Management Practice \_\_\_\_\_

Public Works & Planning Depts. \_\_\_\_\_  
Responsible Dept./Person Name \_\_\_\_\_

See Attached Outline \_\_\_\_\_  
Specify Measurable Goal \_\_\_\_\_

**4B**

BMP ID # \_\_\_\_\_

Erosion, Sediment, & Waste Controls \_\_\_\_\_  
Specify Best Management Practice \_\_\_\_\_

Public Works & Planning Depts. \_\_\_\_\_  
Responsible Dept./Person Name \_\_\_\_\_

See Attached Outline \_\_\_\_\_  
Specify Measurable Goal \_\_\_\_\_

**4C**

BMP ID # \_\_\_\_\_

Site Plan Review Procedures \_\_\_\_\_  
Specify Best Management Practice \_\_\_\_\_

Public Works & Planning Depts. \_\_\_\_\_  
Responsible Dept./Person Name \_\_\_\_\_

See Attached Outline \_\_\_\_\_  
Specify Measurable Goal \_\_\_\_\_

**4D**

BMP ID # \_\_\_\_\_

Site Inspection & Enforcement \_\_\_\_\_  
Specify Best Management Practice \_\_\_\_\_

Public Works & Planning Depts. \_\_\_\_\_  
Responsible Dept./Person Name \_\_\_\_\_

See Attached Outline \_\_\_\_\_  
Specify Measurable Goal \_\_\_\_\_

**4E**

BMP ID # \_\_\_\_\_

Stormwater Hotline \_\_\_\_\_  
Specify Best Management Practice \_\_\_\_\_

Public Works Dept. \_\_\_\_\_  
Responsible Dept./Person Name \_\_\_\_\_

See Attached Outline \_\_\_\_\_  
Specify Measurable Goal \_\_\_\_\_



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**5. Post Construction Runoff Control:**

<u>5A</u> BMP ID #	<u>Public Works &amp; Planning Depts.</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
<u>Post-Construction Site Runoff Bylaw</u> Specify Best Management Practice		
<u>5B</u> BMP ID #	<u>Public Works &amp; Planning Depts.</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
<u>Structural &amp; Non-Structural BMPs</u> Specify Best Management Practice		
<u>5C</u> BMP ID #	<u>Public Works &amp; Planning Depts.</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
<u>Long-Term Operation &amp; Maintenance</u> Specify Best Management Practice		
<u>5D</u> BMP ID #	<u>Public Works &amp; Planning Depts.</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
<u>Struct BMP Implement. Procedures</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		

**6. Municipal Good Housekeeping:**

<u>6A</u> BMP ID #	<u>Public Works Dept.</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
<u>Municipal Employee Training</u> Specify Best Management Practice		
<u>6B</u> BMP ID #	<u>Public Works Dept.</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
<u>Maintenance &amp; Inspection Procedures</u> Specify Best Management Practice		
<u>6C</u> BMP ID #	<u>Public Works Dept.</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
<u>Municipal Pollutant Source Reduction</u> Specify Best Management Practice		
<u>6D</u> BMP ID #	<u>Public Works Dept.</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
<u>Waste Disposal Procedures</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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7. BMPs for Meeting TMDL:

<u>7A</u> BMP ID #	<u>Residential &amp; Commercial Education</u> Specify Best Management Practice	<u>Public Works Department</u> Responsible Dept./Person Name	<u>Flint Pond a priority under Measure 1</u> Specify Measurable Goal
<u>7B</u> BMP ID #	<u>Outfall Inspection and Testing</u> Specify Best Management Practice	<u>Public Works Department</u> Responsible Dept./Person Name	<u>Flint Pond Area Completed by Year 2</u> Specify Measurable Goal
<u>7C</u> BMP ID #	<u>Illicit Discharge Elimination (if found)</u> Specify Best Management Practice	<u>Public Works Department</u> Responsible Dept./Person Name	<u>Flint Pond Area Completed by Year 2</u> Specify Measurable Goal
<u>7D</u> BMP ID #	<u>Municipal Operations Prioritized</u> Specify Best Management Practice	<u>Public Works Department</u> Responsible Dept./Person Name	<u>Flint Pond Area Evaluated by Year 2</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

**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.

X \_\_\_\_\_  
 Printed Name Russell J. Connor Jr.

X \_\_\_\_\_  
 Signature Russell J. Connor Jr. Date 9/22/03

Town Administrator (per phone call 9/26/03)