



1195

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

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 Groveland – Board of Selectmen

Name

183 Main Street

Mailing Address

Groveland

City/Town

978-374-0470

Telephone Number

MA

State

Email (if available)

2. Municipality Name

Town of Groveland

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:

Route 113 (state highway)

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.)



Massachusetts Department of Environmental Protection
 Bureau of Resource Protection - Watershed Management
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W 035834
 Transmittal Number

Facility ID (if known)

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 |
|-------------------------------------|---------------------|---|---|
| Merrimack River Name | 12 (est.) Number | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Priority organics, unionized ammonia, pathogens |
| Johnson's Pond Name | 4 Number | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Organic Enrichment/Low DO Specify |
| Argilla Brook Name | 18 Number | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Specify |
| Johnson's Creek Name | 11 Number | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Siltation Specify |
| Unnamed Stream to Merrimack Name | 8 (est.) Number | <input type="checkbox"/> Yes <input checked="" 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 |
| _____ 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 |

D. Stormwater Management Program Summary



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W 035834
 Transmittal Number

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1. Public Education:

| | | |
|--|---|--|
| 1A BMP ID # _____ Public Education Seminars Specify Best Management Practice | Board of Selectmen Responsible Dept./Person Name _____ | Number per year Specify Measurable Goal _____ |
| 1B BMP ID # _____ Storm water education flyers Specify Best Management Practice | Board of Selectmen Responsible Dept./Person Name _____ | Number of flyers dist. per year Specify Measurable Goal _____ |
| 1C BMP ID # _____ Storm water web page Specify Best Management Practice | Board of Selectmen Responsible Dept./Person Name _____ | Number of web page visits Specify Measurable Goal _____ |
| 1D BMP ID # _____ Local cable station campaign Specify Best Management Practice | Board of Selectmen Responsible Dept./Person Name _____ | Number of times shown Specify Measurable Goal _____ |
| _____ BMP ID # _____ Specify Best Management Practice | _____ Responsible Dept./Person Name _____ | _____ Specify Measurable Goal _____ |

2. Public Participation:

| | | |
|--|---|--|
| 2A BMP ID # _____ Comment & Q&A at seminars Specify Best Management Practice | Board of Selectmen Responsible Dept./Person Name _____ | Document concerns & respond Specify Measurable Goal _____ |
| 2B BMP ID # _____ Volunteer cleanup & monitoring Specify Best Management Practice | Board of Selectmen Responsible Dept./Person Name _____ | # of volunteers & accomplishments Specify Measurable Goal _____ |
| 2C BMP ID # _____ Local business partnerships Specify Best Management Practice | Board of Selectmen Responsible Dept./Person Name _____ | # per year & accomplishments 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 _____ |

D. Stormwater Management Program Summary (Cont.)



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

| | | |
|--|---|---|
| 3A BMP ID # _____ Storm Drain System Map Specify Best Management Practice | Board of Selectmen Responsible Dept./Person Name _____ | Identify & remove illicit discharges Specify Measurable Goal _____ |
| 3B BMP ID # _____ Ordinance prohibiting illicit discharges Specify Best Management Practice | Board of Selectmen Responsible Dept./Person Name _____ | Adoption of ordinance Specify Measurable Goal _____ |
| 3C BMP ID # _____ Plan to detect illicit discharges Specify Best Management Practice | Board of Selectmen Responsible Dept./Person Name _____ | # of illicit discharges identified 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 _____ |

4. Construction Site Runoff Control:

| | | |
|--|---|--|
| 4A BMP ID # _____ Ordinance for erosion & sediment control at construction sites Specify Best Management Practice | Board of Selectmen Responsible Dept./Person Name _____ | Adoption of ordinance 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 _____ |

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 Bureau of Resource Protection - Watershed Management
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W 035834
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5. Post Construction Runoff Control:

| | | |
|---|--------------------------------------|---|
| <u>5A</u> | | |
| <u>BMP ID #</u> | <u>Board of Selectmen</u> | <u>Adoption of Site Plan review Zoning By-Law</u> |
| <u>Enforce MA DEP WPA Storm water management policy on sites >1ac.</u> | <u>Responsible Dept./Person Name</u> | <u>Specify Measurable Goal</u> |
| <u>Specify Best Management Practice</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</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</u> |

6. Municipal Good Housekeeping:

| | | |
|--|--|---|
| <u>6A</u> | | |
| <u>BMP ID #</u> | <u>Office of the Road Commissioner</u> | <u># of structures/streets cleaned, amount of employee training</u> |
| <u>Develop municipal O&M plan</u> | <u>Responsible Dept./Person Name</u> | <u>Specify Measurable Goal</u> |
| <u>Specify Best Management Practice</u> | | |
| <u>6B</u> | | |
| <u>BMP ID #</u> | <u>Office of the Road Commissioner</u> | <u>Number of upgrades per year</u> |
| <u>Upgrade inadequate drainage systems</u> | <u>Responsible Dept./Person Name</u> | <u>Specify Measurable Goal</u> |
| <u>Specify Best Management Practice</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</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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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.

William H. Darke

Printed Name

William H. Darke

Signature

10-8-03

Date