



1035

BRP WM 08A NPDES Stormwater General Permit
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

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 Halifax Department of Public Works (Highway Department) *Ralph Hayward - Hwy Super.*
Name
60 Hemlock Lane
Mailing Address
Halifax
City/Town
Ma
State
781-293-1760
Telephone Number
Email (if available)

2. Municipality Name

Town of Halifax
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

B. Applicant Information (cont.)



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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
Muddy Pond Name	TBD Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Category 2 Specify
Elm Street Pond Name	TBD Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Category 3 Specify
Plymouth Street Pond Name	TBD Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Category 3 Specify
Winnetuxet River Name	TBD Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Category 3 Specify
Monponsett Pond Name	TBD Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Categories 3 and 5 (turbidity and exotic species)
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



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

W 040977
 Transmittal Number

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Facility ID (if known)

1. Public Education:

1 BMP ID # Continue Partnership with Local Watershed Association	Con. Commission, BOH and DPW (Highway Dept.)	Regular meeting attendance Specify Measurable Goal
2 BMP ID # Develop Brochures Specify Best Management Practice	DPW Responsible Dept./Person Name	Periodic Mailings Specify Measurable Goal
3 BMP ID # WEB Site Public Service Postings	IT DEPT & DPW Responsible Dept./Person Name	WEB Site Publication & Maintenance
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:

4 BMP ID # Water Quality Testing Specify Best Management Practice	DPW Responsible Dept./Person Name	2 Rounds of Water Quality Sampling of Priority Waters
5 BMP ID # Community Cleanup Days Specify Best Management Practice	DPW Responsible Dept./Person Name	Annually 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

D. Stormwater Management Program Summary (Cont.)



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3. Illicit Discharge Detection and Elimination:

<u>6</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>GIS Mapping</u> Specify Measurable Goal
<u>Catch Basin/Outfall and Receiving Water Mapping</u>		
<u>4</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Testing of Priority Water Bodies</u>
<u>Water Quality Testing</u>		
<u>Specify Best Management Practice</u>		
<u>7</u> BMP ID #	<u>DPW/Planning Board/BOH/Con. Comm.</u>	<u>Regulatory Revisions and Action</u>
<u>Regulatory Review</u>		
<u>Specify Best Management Practice</u>		
<u>8</u> BMP ID #	<u>DPW/Planning Board/BOH/Con. Comm.</u>	<u>Local Construction Site Oversight and Enforcement</u>
<u>Permit Enforcement</u>		
<u>Specify Best Management Practice</u>		
<u>9</u> BMP ID #	<u>DPW/BOH</u> Responsible Dept./Person Name	<u>Connectivity Mapping, Bylaw Enforcement and Fines</u>
<u>Misconnection/Illegal Dumping Detection and Correction</u>		

4. Construction Site Runoff Control:

<u>7</u> BMP ID #	<u>DPW/Planning Board/BOH/Con. Comm.</u>	<u>Regulatory Revisions to Bylaws as necessary</u>
<u>Regulatory Review</u>		
<u>Specify Best Management Practice</u>		
<u>8</u> BMP ID #	<u>DPW/Planning Board/BOH/Con. Comm.</u>	<u>Local Construction Site Oversight and Enforcement</u>
<u>Permit Enforcement</u>		
<u>Specify Best Management Practice</u>		
<u>10</u> BMP ID #	<u>DPW/Planning Board</u> Responsible Dept./Person Name	<u>Electronic As-built Submittals on Town GIS System</u>
<u>Improved As-built Review</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>		
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		

D. Stormwater Management Program Summary (Cont.)