



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)

1037

W 035899
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:

Town of Hanson Richard Harris Hrd Dept. Supervisor
Name
Indian Head Street, P.O. Box 13
Mailing Address
Hanson Ma
City/Town State
781-293-2822
Telephone Number
Email (if available)

2. Municipality Name

Town of Hanson
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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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
Indian Head Pond Name	TBD Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Category 2 Specify
Elm Street Ponds Name	TBD Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Category 3 Specify
Reservoir Name	TBD Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Category 3 Specify
Poor Meadow Brook Name	TBD Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Category 3 Specify
Schumatuscacant River Name	TBD Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Category 3 Specify
Factory Pond Name	TBD Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Metals Specify
Wompatuck Pond Name	TBD Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Noxious Aquatic Plants Specify
Indian Head River Name	TBD Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Metals, Nutrients, Low DO Specify
Monponsett Pond Name	TBD Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Turbidity, Exotic Species 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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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:

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

2. Public Participation:

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

D. Stormwater Management Program Summary (Cont.)



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3. Illicit Discharge Detection and Elimination:

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

4. Construction Site Runoff Control:

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

<u>7</u> BMP ID #	<u>Regulatory Review</u> Specify Best Management Practice	<u>DPW/Planning</u> <u>Board/BOH/Con. Comm.</u>	<u>Bylaw revisions as necessary</u> Specify Measurable Goal
<u>8</u> BMP ID #	<u>Permit Enforcement</u> Specify Best Management Practice	<u>DPW/Planning</u> <u>Board/BOH/Con. Comm.</u>	<u>Construction Site Oversight</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

6. Municipal Good Housekeeping:

<u>11</u> BMP ID #	<u>Improved Street Sweeping</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Semi-annual Collections</u> Specify Measurable Goal
<u>12</u> BMP ID #	<u>Improved Catch Basin</u> <u>Cleaning</u>	<u>DPW</u> Responsible Dept./Person Name	<u>Semi-annual Collections</u> Specify Measurable Goal
<u>13</u> BMP ID #	<u>Household Hazardous Waste</u> <u>Days</u>	<u>DPW</u> Responsible Dept./Person Name	<u>Annual Collection</u> Specify Measurable Goal
<u>14</u> BMP ID #	<u>Drain Stenciling</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Aquifer Protection Area</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

D. Stormwater Management Program Summary (cont.)



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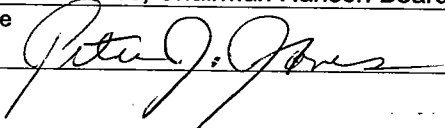
7. BMPs for Meeting TMDL:

<u>6</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>GIS Mapping of Priority Waters and Drainage Patterns</u>
<u>GIS Mapping</u> Specify Best Management Practice		
<u>4</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Semi-annual Water Quality Testing</u>
<u>Water Quality Testing</u> Specify Best Management Practice		
<u>15</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Needs Assessment for Category 5 Water Bodies</u>
<u>Stormwater Modeling</u> Specify Best Management Practice		
<u>16</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>i.e. Construction improvements</u>
<u>Misc. Structural BMPs as needed</u>		<u>Specify Measurable Goal</u>
<u>17</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>i.e. Bylaw Enforcement, Fees and Fines</u>
<u>Misc. Non-structural BMPs as needed</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.

Peter J. Jones, Chairman Hanson Board of Selectmen
Printed Name


Signature

July 1, 2003
Date



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APPROXIMATE SCHEDULE OF ACTIVITIES (ALSO SEE ATTACHED TABLE 4.1)

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, 2, 3																							
4, 5																							
6	Structure Mapping																						
7, 8	Regulatory Review																						
9	Misconnection/Illegal Dumping Detection and Correction																						
10	Improved As-Built Requirements																						
11-14	Stormwater Modeling																						
15	Misc. Structural and Non-Structural BMPs, as needed																						
16, 17	Misc. Structural and Non-Structural BMPs, as needed																						
LEGEND:																							
1 = Continued Partnership with Local Watershed Associations												9 = Misconnection/Illegal Dumping Detection and Correction											
2 = Developing Brochures for mailing												10 = Improved Gas-Built Requirements											
3 = WEB Site Public Service Announcements												11 = Improved Street Sweeping											
4 = Water Quality Testing												12 = Improved Catch Basin Cleanings											
5 = Community Cleanup Days												13 = Household Hazardous Waste Days											
6 = GIS Mapping												14 = Drain Stenciling											
7, 8 = Regulatory Review and Permit Enforcement																							

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