



BRP WM 08A NPDES Stormwater General Permit

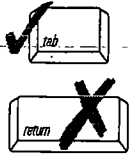
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

1197
W040847
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:

John J. Guerin, Jr.
Name
City Hall, 4 Summer Street, Room 100
Mailing Address
Haverhill Massachusetts 01830
City/Town State
(978) 374-2300
Telephone Number Email (if available)

2. Municipality Name

Haverhill, 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:

NONE

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 (SEE ATTACHED LETTERS) (AWAITING RESPONSE)

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



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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>Merrimack River</u> Name	<u>Unknown</u> Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Prior. Pol., Nut., Pathogens</u> Specify
<u>Little River</u> Name	<u>Unknown</u> Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Pathogens and alterations</u> Specify
<u>Lake Saltonstall</u> Name	<u>Unknown</u> Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Metals</u> Specify
<u>West Meadow Brook</u> Name	<u>Unknown</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Creek Brook</u> Name	<u>Unknown</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Peck's Pond</u> Name	<u>Unknown</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Fishing Brook</u> Name	<u>Unknown</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Lake Pentucket</u> Name	<u>Unknown</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Frye's Pond</u> Name	<u>Unknown</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Snow's Brook</u> Name	<u>Unknown</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Tilton's Swamp</u> Name	<u>Unknown</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Kenoza Basin</u> Name	<u>Unknown</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Peabody Brook</u> Name	<u>Unknown</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Cottles Creek</u> Name	<u>Unknown</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>East Meadow River</u> Name	<u>Unknown</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Chadwick's Pond</u> Name	<u>Unknown</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Kenoza Lake</u> Name	<u>Unknown</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Johnson's Creek</u> Name	<u>Unknown</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Millvale Reservoir</u> Name	<u>Unknown</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Crystal Lake</u> Name	<u>Unknown</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Sister's Pond</u> Name	<u>Unknown</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Johnson's Pond</u> Name	<u>Unknown</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Camp Brook</u> Name	<u>Unknown</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>



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D. Stormwater Management Program Summary

1. Public Education:

1-1 BMP ID # Designate Stormwater Coordinator Specify Best Management Practice	Mayor Responsible Dept./Person Name	Official designation of Stormwater Coordinator Specify Measurable Goal
1-2 BMP ID # Add Stormwater information to City's website Specify Best Management Practice	Stormwater Coordinator Responsible Dept./Person Name	Incorporation of Stormwater Page Specify Measurable Goal
1-3 BMP ID # Coordinate Outreach with local watershed organizations Specify Best Management Practice	Stormwater Coordinator Responsible Dept./Person Name	Identification of groups. Annual contact Specify Measurable Goal
1-4 BMP ID # Develop and distribute informational brochures Specify Best Management Practice	Stormwater Coordinator Responsible Dept./Person Name	Development and dissemination of 2 brochures Specify Measurable Goal
1-5 BMP ID # Install and maintain signage Specify Best Management Practice	Stormwater Coordinator Responsible Dept./Person Name	Develop list of future sign locations Specify Measurable Goal
1-6 BMP ID # Distribute pet waste brochure with dog licenses Specify Best Management Practice	City Clerk Responsible Dept./Person Name	Brochures to all dog licensees Specify Measurable Goal

2. Public Participation:

2-1 BMP ID # Comply with state public notice guidelines Specify Best Management Practice	City Clerk and Dept. Heads Responsible Dept./Person Name	Comply with state guidelines Specify Measurable Goal
2-2 BMP ID # Household hazard waste day Specify Best Management Practice	IPP Coordinator Responsible Dept./Person Name	Annual collection day held Specify Measurable Goal
2-3 BMP ID # Motor oil collection days Specify Best Management Practice	Highway Dept. Responsible Dept./Person Name	Collection days held Specify Measurable Goal



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D. Stormwater Management Program Summary (Cont.)

<u>2-4</u> BMP ID #	<u>Stormwater Coordinator</u> Responsible Dept./Person Name	<u>Establishment of hotline</u> Specify Measurable Goal
<u>Establish a Stormwater hotline</u> Specify Best Management Practice		
<u>2-5</u> BMP ID #	<u>Mayor</u> Responsible Dept./Person Name	<u>Establishment of the committee</u> Specify Measurable Goal
<u>Establish a Stormwater Committee</u> Specify Best Management Practice		
<u>2-6</u> BMP ID #	<u>Stormwater Coordinator</u> Responsible Dept./Person Name	<u>Contact groups. Stencil 50/yr</u> Specify Measurable Goal
<u>Stencil catchbasins</u> Specify Best Management Practice		

3. Illicit Discharge Detection and Elimination:

<u>3-1</u> BMP ID #	<u>City Engineer & Stormwater Coordinator</u> Responsible Dept./Person Name	<u>Completed map</u> Specify Measurable Goal
<u>Map outfalls and receiving waters</u> Specify Best Management Practice		
<u>3-2</u> BMP ID #	<u>Stormwater Coordinator</u> Responsible Dept./Person Name	<u>Completed review. Modifications if needed.</u> Specify Measurable Goal
<u>Review & revise, if necessary, City bylaw</u> Specify Best Management Practice		
<u>3-3</u> BMP ID #	<u>Stormwater Coordinator</u> Responsible Dept./Person Name	<u>Complete first round of screening</u> Specify Measurable Goal
<u>Continue dry-weather screening of outfalls</u> Specify Best Management Practice		
<u>3-4</u> BMP ID #	<u>Stormwater Coordinator, Board of Health, Wastewater</u> Responsible Dept./Person Name	<u>Procedures developed</u> Specify Measurable Goal
<u>Develop program for detection and elimination of illicit connections</u> Specify Best Management Practice		

4. Construction Site Runoff Control:

<u>4-1</u> BMP ID #	<u>Stormwater Coordinator, Conservation Commission, City Eng., Planning Dept., Water & Wastewater Dept.</u> Responsible Dept./Person Name	<u>Completed review. Modified if needed.</u> Specify Measurable Goal
<u>Review ordinance requiring stormwater plan for sites greater than 1 acre. Modify as necessary.</u> Specify Best Management Practice		



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D. Stormwater Management Program Summary (Cont.)

<u>4-2</u> BMP ID #		
<u>Develop procedure for receipt and consideration of public comment</u> Specify Best Management Practice	Stormwater Coordinator, Conservation Commission, City Eng., Planning Dept., <u>Water & Wastewater Dept</u> Responsible Dept./Person Name	<u>Completed review. Modified if needed.</u> Specify Measurable Goal
<u>4-3</u> BMP ID #		
<u>Site inspections of stormwater control and materials management</u> Specify Best Management Practice	Stormwater Coordinator, Conservation Commission, City Eng., Planning Dept., <u>Water & Wastewater Dept</u> Responsible Dept./Person Name	<u>Regular inspections</u> Specify Measurable Goal

5. Post Construction Runoff Control:

<u>5-1</u> BMP ID #		
<u>Develop ordinance requiring runoff controls for new and re-development</u> Specify Best Management Practice	Stormwater Coordinator, Conservation Commission, City Eng., Planning Dept., <u>Water & Wastewater Dept</u> Responsible Dept./Person Name	<u>Completed review. Modifications if needed.</u> Specify Measurable Goal
<u>5-2</u> BMP ID #		
<u>Recommend a BMP manual</u> Specify Best Management Practice	Stormwater Coordinator, Conservation Commission, City Eng., Planning Dept., <u>Water & Wastewater Dept</u> Responsible Dept./Person Name	<u>Manual selected</u> Specify Measurable Goal

6. Municipal Good Housekeeping:

<u>6-1</u> BMP ID #		
<u>Continue catchbasin cleaning</u> Specify Best Management Practice	Wastewater Dept., Stormwater Coordinator, Planning Dept. Responsible Dept./Person Name	<u>Continuation with current program</u> Specify Measurable Goal
<u>6-2</u> BMP ID #		
<u>Continue street sweeping</u> Specify Best Management Practice	Highway Department, Stormwater Coordinator Responsible Dept./Person Name	<u>Continuation with current program</u> Specify Measurable Goal



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D. Stormwater Management Program Summary (Cont.)

6-3 BMP ID # Adopt operating procedures for catch basin and street sweeping residuals disposal Specify Best Management Practice	Highway Dept., Stormwater Coordinator Responsible Dept./Person Name	Compete review. Modifications if needed. Specify Measurable Goal
6-4 BMP ID # Minimize salt usage. Maintain salt storage area Specify Best Management Practice	Highway Dept., Stormwater Coordinator Responsible Dept./Person Name	Continuation with current program Specify Measurable Goal
6-5 BMP ID # Develop and implement inlet cleaning at ponds Specify Best Management Practice	Stormwater Coordinator Responsible Dept./Person Name	Development of program Specify Measurable Goal
6-6 BMP ID # Develop and implement employee training program Specify Best Management Practice	Highway Dept., Stormwater Coordinator Responsible Dept./Person Name	2-hrs annually of training per relevant employees Specify Measurable Goal

7. BMPs for Meeting TMDL: **NOT APPLICABLE TO HAVERHILL**

_____ Specify Best Management Practice	_____ Responsible Dept./Person Name	_____ Specify Measurable Goal
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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.

John J. Guerin, Jr., Mayor

Printed Name

Signature

Date

7/8/03

