



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)

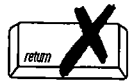
1090

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:

Barnstable Department of Public Works
Name

367 Main Street
Mailing Address

Hyannis
City/Town

MA
State

508-862-4088
Telephone Number

Email (if available)

2. Municipality Name

Town of Barnstable
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:

State Routes 6, 6A, 28 and 132, Cape Cod Community College, Barnstable County Complex

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

JUL 30 2003

MUNICIPAL ASSISTANCE UNIT



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D. Stormwater Management Program Summary

1. Public Education:

1-1

BMP ID #

Educational Flyer

Specify Best Management Practice

DPW Director

Responsible Dept./Person Name

Distribute Annually

Specify Measurable Goal

1-2

BMP ID #

Annual Meeting

Specify Best Management Practice

Stormwater Committee

Responsible Dept./Person Name

Annual Meeting Held

Specify Measurable Goal

1-3

BMP ID #

Web Page

Specify Best Management Practice

DPW Director/Info Systems

Responsible Dept./Person Name

Web Page Established

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

2. Public Participation:

2-1

BMP ID #

Stormwater Management Com

Specify Best Management Practice

Town Manager/DPW Director

Responsible Dept./Person Name

Committee Established

Specify Measurable Goal

2-2

BMP ID #

Public Participation/Action

Specify Best Management Practice

Stormwater Committee

Responsible Dept./Person Name

Maintain Complaint File

Specify Measurable Goal

2-3

BMP ID #

Storm Drain Marking

Specify Best Management Practice

Public Health Division

Responsible Dept./Person Name

Document 100 Annually

Specify Measurable Goal

2-4

BMP ID #

Citizen WQ Monitoring

Specify Best Management Practice

DPW/Public Health Division

Responsible Dept./Person Name

Samples collected, Annual mtg

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.)

3. Illicit Discharge Detection and Elimination:

3-1
BMP ID #

Storm Drain Mapping
Specify Best Management Practice

DPW/Engineering Division
Responsible Dept./Person Name

Mapping Completed
Specify Measurable Goal

3-2
BMP ID #

Illicit Discharge ID
Specify Best Management Practice

DPW/Public Health Division
Responsible Dept./Person Name

Log of Illegal Discharges
Specify Measurable Goal

3-3
BMP ID #

Illicit Discharge Enforcement
Specify Best Management Practice

DPW/Public Health Division
Responsible Dept./Person Name

Log of Corrected Discharges
Specify Measurable Goal

3-4
BMP ID #

DPW Training
Specify Best Management Practice

DPW Director
Responsible Dept./Person Name

Annual Training Attendance
Specify Measurable Goal

3-5
BMP ID #

Public Information
Specify Best Management Practice

Town Manager/DPW Director
Responsible Dept./Person Name

Document Flyer Distribution
Specify Measurable Goal

4. Construction Site Runoff Control:

4-1
BMP ID #

Con Com Review
Specify Best Management Practice

Conservation Commission
Responsible Dept./Person Name

Regulatory Change as needed
Specify Measurable Goal

4-2
BMP ID #

Subdivision Regulation Review
Specify Best Management Practice

Planning Board
Responsible Dept./Person Name

Regulatory Change as needed
Specify Measurable Goal

4-3
BMP ID #

Zoning Bylaw Review
Specify Best Management Practice

DPW/Planning Board
Responsible Dept./Person Name

Regulatory Change as needed
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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Facility ID (if known) _____

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

5-1 _____

BMP ID #

Con Com Review

Specify Best Management Practice

Conservation Commission

Responsible Dept./Person Name

Regulatory Change as needed

Specify Measurable Goal

5-2 _____

BMP ID #

Subdivision Regulation Review

Specify Best Management Practice

Planning Board

Responsible Dept./Person Name

Regulatory Change as needed

Specify Measurable Goal

5-3 _____

BMP ID #

Zoning Bylaw Review

Specify Best Management Practice

DPW/Planning Board

Responsible Dept./Person Name

Regulatory Change as needed

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

6. Municipal Good Housekeeping:

6-1 _____

BMP ID #

DPW Policy Guide

Specify Best Management Practice

DPW Director

Responsible Dept./Person Name

Policy Prepared

Specify Measurable Goal

6-2 _____

BMP ID #

DPW Annual Training

Specify Best Management Practice

DPW Director

Responsible Dept./Person Name

Annual Training Attendance

Specify Measurable Goal

6-3 _____

BMP ID #

DPW Permit Filing

Specify Best Management Practice

DPW Director

Responsible Dept./Person Name

Permits on file

Specify Measurable Goal

6-4 _____

BMP ID #

DPW Catch Basin Cleaning

Specify Best Management Practice

DPW/Highway Division

Responsible Dept./Person Name

Cleanings Documented

Specify Measurable Goal

6-5 _____

BMP ID #

DPW Street Sweeping

Specify Best Management Practice

DPW/Highway Division

Responsible Dept./Person Name

Sweepings Documented

Specify Measurable Goal



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D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

<u>7-1</u> BMP ID # <u>Storm Drain Mapping</u> Specify Best Management Practice	<u>DPW/Engineering Division</u> Responsible Dept./Person Name	<u>See BMP 3-1</u> Specify Measurable Goal
<u>7-2</u> BMP ID # <u>Illicit Discharge Elimination</u> Specify Best Management Practice	<u>DPW/Public Health Division</u> Responsible Dept./Person Name	<u>See BMPs 3-2,3-3</u> Specify Measurable Goal
<u>7-3</u> BMP ID # <u>No Discharge Zone</u> Specify Best Management Practice	<u>Public Health Division</u> Responsible Dept./Person Name	<u>No Discharge Zones done</u> Specify Measurable Goal
<u>7-4</u> BMP ID # <u>Estuaries Project</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Complete Estuaries Project</u> 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.

John Klimm, Town Manager

Printed Name

Signature

7-28-03
 Date

MS4 Receiving Waters

Table 1. Names of all known waters that receive a discharge from the MS4:

<u>Surface Water & surrounding wetlands</u>	<u>Known Discharges</u>	<u>Known impairments</u>
Barnstable Harbor	not complete	303(d) list for pathogens
Maraspin Creek	not complete	303(d) list for pathogens
Lewis Bay	not complete	303(d) list for pathogens
Hyannis Harbor	not complete	303(d) list for pathogens
Halls Creek	not complete	
Stewarts Creek	not complete	
Bumps River	not complete	303(d) list for pathogens
Centerville River	not complete	303(d) list for pathogens
Centerville Harbor	not complete	
East Bay	not complete	303(d) list for pathogens
West Bay	not complete	
Cotuit Bay	not complete	
North Bay	not complete	
Prince Cove	not complete	303(d) list for pathogens
Marstons Mills River	not complete	
Shoestring Bay	not complete	303(d) list for pathogens
Hamblin Pond	not complete	303(d) list for metals
Wequaquet Lake	not complete	303(d) list for metals, exotic species
Red Lily Pond	not complete	303(d) list for pathogens, nutrients
Long Pond (C)	not complete	
Long Pond (MM)	not complete	
Middle Pond	not complete	
Lovells Pond	not complete	
Mystic Pond	not complete	
Shubael Pond	not complete	

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F. Storm Water Management Program TIME FRAMES

BMP ID #	PERMIT YEAR ONE		PERMIT YEAR TWO		PERMIT YEAR THREE			PERMIT YEAR FOUR			PERMIT YEAR FIVE											
	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	Next Permit	
	BMP 1-1		X	X				X				X					X				X	
BMP 1-2		X	X				X				X					X				X		
BMP 1-3					X				X										X			
BMP 2-1			X		X		X		X		X					X			X			
BMP 2-2			X		X		X		X		X					X			X			
BMP 2-3		X				X				X					X				X			
BMP 2-4		X	X		X	X	X		X	X	X				X	X			X			
BMP 3-1																						
BMP 3-2																						
BMP 3-3																						
BMP 3-4				X			X		X			X									X	
BMP 3-5			X			X					X									X		
BMP 4-1					X																	
BMP 4-2					X																	
BMP 4-3					X																	
BMP 5-1					X																	
BMP 5-2					X																	
BMP 5-3					X																	
BMP 6-1			X																			
BMP 6-2				X			X					X									X	
BMP 6-3																						
BMP 6-4																						
BMP 6-5																						
BMP 7-1																						
BMP 7-2																						
BMP 7-3							X														X	
BMP 7-4																						

Transmittal Number

Facility ID: Bamstable

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