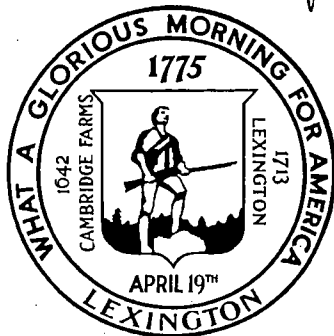


MA R041042

AH



**TOWN OF LEXINGTON**

NATIONAL POLLUTANT DISCHARGE  
ELMINATION SYSTEM (NPDES) PHASE II  
STORMWATER GENERAL PERMIT

NOTICE OF INTENT FOR DISCHARGES FROM  
SMALL MUNICIPAL SEPARATE STORM SEWER  
SYSTEMS (MS4s)

JUL 31 2003

MUNICIPAL ASSISTANCE UNIT

PREPARED BY: DEREK FULLERTON  
SENIOR CIVIL ENGINEER

JULY 2003



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

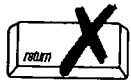
**BRP WM 08A** NPDES Stormwater General Permit  
Notice of Intent for Discharges from Small Municipal Separate  
Storm Sewer Systems (MS4s)

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 Lexington Derek Fuller  
Name  
1625 Massachusetts Avenue  
Mailing Address  
Lexington, MA 02420  
City/Town MA  
781-862-0500 Ext. 235  
Telephone Number dfuller@ci.lexington.ma.us  
Email (if available)

2. Municipality Name

Town of Lexington  
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:

Interstate 95(128), Route 4/225, Route 2, Route 2A

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 31 2003  
MUNICIPAL ASSISTANCE UNIT



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

Transmittal Number \_\_\_\_\_

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**B. Applicant Information (cont.)**

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
Allen Street Brook Name	TBD Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Arlington Reservoir (Portion) Name	TBD Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Beaver Brook Name	TBD Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Nutrients, Pathogens, Siltation Specify _____
Chester Brook Name	TBD Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Clematis Brook Name	TBD Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Farley Brook Name	TBD Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Fessenden Brook Name	TBD Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Hardy's Pond Brook Name	TBD Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Hobbs Brook(Cambridge Reservoir) Name	TBD Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Juniper Hill Brook Name	TBD Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Johnson Brook Name	TBD Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Kiln Brook Name	TBD Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Category 4a Specify _____
Lexington Reservoir Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Long Meadows Brook Name	TBD Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Category 4a Specify _____
Mill Brook Name	TBD Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Munroe Brook Name	TBD Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
North Lexington Brook Name	TBD Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Reeds Brook Name	TBD Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____



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**B. Applicant Information (cont.)**

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
Shaker Glen Brook Name _____	TBD Number _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Sickle Brook Name _____	TBD Number _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Simonds Farley Brook Name _____	TBD Number _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Vine Brook-Lower Name _____	TBD Number _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Category 4a Specify _____
Vine Brook-Upper Name _____	TBD Number _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Whipple Brook Name _____	TBD Number _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Willard Brook Name _____	TBD 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 _____



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**BRP WM 08A** NPDES Stormwater General Permit

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

Transmittal Number

Facility ID (if known)

**D. Stormwater Management Program Summary**

1. Public Education:

1A

BMP ID #

Classroom Education

Specify Best Management Practice

School Department

Responsible Dept./Person Name

Environmental Stewardships

Specify Measurable Goal

1B

BMP ID #

Town Stormwater Webpage

Specify Best Management Practice

MIS & Eng./ Derek Fullerton

Responsible Dept./Person Name

Develop & Publish Webpage

Specify Measurable Goal

1C

BMP ID #

Hazardous Waste Collect Day

Specify Best Management Practice

Health Dept/Beverly Anderson

Responsible Dept./Person Name

Collection days 6 times per yr.

Specify Measurable Goal

1D

BMP ID #

Educational Pamphlets

Specify Best Management Practice

Water Dep't/ Ralph Pecora

Responsible Dept./Person Name

Pamphlets issued w/ water bills

Specify Measurable Goal

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

2. Public Participation:

2A

BMP ID #

Watershed Cleanup Day

Specify Best Management Practice

Conservation/ Karen Mullins

Responsible Dept./Person Name

Yearly Wetlands Cleaning Day

Specify Measurable Goal

2B

BMP ID #

Water Quality Monitoring

Specify Best Management Practice

Health Dept/Beverly Anderson

Responsible Dept./Person Name

Collecting water quality data

Specify Measurable Goal

2C

BMP ID #

Brook Abutter Questionare

Specify Best Management Practice

Conservation/ Karen Mullins

Responsible Dept./Person Name

Brook Quality Survey

Response

2D

BMP ID #

Septic System Management

Specify Best Management Practice

Health Dept/Beverly Anderson

Responsible Dept./Person Name

Enforce Compliance w/ Title V

Specify Measurable Goal

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal



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

Transmittal Number \_\_\_\_\_

Facility ID (if known) \_\_\_\_\_

**D. Stormwater Management Program Summary (Cont.)**

3. Illicit Discharge Detection and Elimination:

3A

BMP ID # \_\_\_\_\_

Mapping Stormwater Outfalls

Specify Best Management Practice

Engineering/ Derek Fullerton

Responsible Dept./Person Name

Survey Locate Outfalls

Specify Measurable Goal

3B

BMP ID # \_\_\_\_\_

DPW Employee Training

Specify Best Management Practice

Public Works/ Wayne Brooks

Responsible Dept./Person Name

Illicit Connection Education

Specify Measurable Goal

3C

BMP ID # \_\_\_\_\_

Stormwater Ordinance

Specify Best Management Practice

Planning Dept/Glenn Garber

Conservation/ Karen Mullins

Establish Local Ordinance

Specify Measurable Goal

3D

BMP ID # \_\_\_\_\_

Illicit Discharge Management System

Public Works/ Derek Fullerton

Responsible Dept./Person Name

Database System to document illicit discharges.

3E

BMP ID # \_\_\_\_\_

Illicit discharge detection & Elimination

Public Works/ Wayne Brooks

Responsible Dept./Person Name

Detection & Elimination

Specify Measurable Goal

4. Construction Site Runoff Control:

4A

BMP ID # \_\_\_\_\_

Runoff Control

Specify Best Management Practice

Bldg. & Planning Dept/ Steve Frederickson, Glenn Garber

Institute in Stormwater Ordinance

4B

BMP ID # \_\_\_\_\_

Staff Inspectional Training

Specify Best Management Practice

Building & Eng. Dept/ Steve Frederickson, Derek Fullerton

Train for Construction Site Inspections

4C

BMP ID # \_\_\_\_\_

Inspection/Reporting

Specify Best Management Practice

Building & Eng. Dept/ Steve Frederickson, Derek Fullerton

Perform Inspections  
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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**D. Stormwater Management Program Summary (Cont.)**

5. Post Construction Runoff Control:

5A BMP ID # Inventory Construction Violations	Building Dep't/Steve Frederickson	Identify Reoccurring Violations Specify Measurable Goal
5B BMP ID # Develop BMP's List Specify Best Management Practice	Bldg. & Eng. Dept./Steve Frederickson, Derek Fullerton	Make Available to Contractors Specify Measurable Goal
5C BMP ID # Post Construction Runoff Control	Planning Dep't/Glenn Garber Bldg Dep't/Steve Frederickson	Institute into stormwater ordinance to control w/ BMP's
5D BMP ID # Runoff Operation and Maintenance Plans	Planning Dep't/Glenn Garber Bldg Dep't/Steve Frederickson	Requirement for Subdivision or Building Permit Approval
BMP ID # Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

6. Municipal Good Housekeeping:

6A BMP ID # Employee Training Specify Best Management Practice	Public Works/ Wayne Brooks Responsible Dept./Person Name	Pollution Prevention Specify Measurable Goal
6B BMP ID # Municipal Pollution Prevention Plan	Public Works/ Wayne Brooks Responsible Dept./Person Name	BMP's, Street Cleaning, Road Salt Application/Control
6C BMP ID # Vehicle Washing Specify Best Management Practice	Public Works/ Don Adams Responsible Dept./Person Name	Reduce Discharge to Storm Drains
6D BMP ID # Used Oil Recycling Specify Best Management Practice	Health Dept/Beverly Anderson Responsible Dept./Person Name	Oil Collection Dropoff Facility Specify Measurable Goal
BMP ID # Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
BMP ID # Specify Best Management Practice	Specify Best Management Practice	



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Facility ID (if known) \_\_\_\_\_

**D. Stormwater Management Program Summary (cont.)**

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.

Richard J. White, Town Manager

Printed Name

Signature

*Richard J. White*

Date



