



BRP WM 08A NPDES Stormwater General Permit

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

1013

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:

Doug Barron
Name
31 Pondsides Road
Mailing Address
Longmeadow MA
City/Town
413-567-3400 Telephone Number
D.P.W@Longmeadow.org
State
Email (if available)

2. Municipality Name

Town of Longmeadow
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:

Unknown

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



Massachusetts Department of Environmental Protection
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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
Cooley Brook Name	To be determined.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Wheelmeadow Brook Name	To be determined	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Longmeadow Brook Name	To be determined	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Intermittent to Long. Brk A Name	To be determined	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Intermittent to Long. Brk B Name	To be determined	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Intermittent to Long. Brk C Name	To be determined	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Intermittent to Long. Brk D Name	To be determined	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Intermittent to Long. Brk E Name	To be determined	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Intermittent to Long. Brk F Name	To be determined	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Intermittent to Long. Brk G Name	To be determined.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Rasberry Brook Name	To be determined	<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 _____



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D. Stormwater Management Program Summary

1. Public Education:

<u>1A</u> BMP ID # <u>Hazardous Waste Day</u> Specify Best Management Practice	<u>Board of Health</u> Responsible Dept./Person Name	<u>Give residents opportunity to drop off hazardous waste</u>
<u>1B</u> BMP ID # <u>Pet Waste ByLaw</u> Specify Best Management Practice	<u>Public Works Supt.</u> Responsible Dept./Person Name	<u>Completed</u> Specify Measurable Goal
<u>1C</u> BMP ID # <u>Longmeadow Web Site</u> Specify Best Management Practice	<u>Public Works Supt.</u> Responsible Dept./Person Name	<u>NPDES information on DPW Website</u>
<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>2A</u> BMP ID # <u>Stream clean up and monitoring</u>	<u>Public Works Supt.</u> Responsible Dept./Person Name	<u>Organize concerned residents to walk and clean up streams.</u>
<u>2B</u> BMP ID # <u>Adopt a stream</u> Specify Best Management Practice	<u>Public Works Supt.</u> Responsible Dept./Person Name	<u>Organize concerned residents to adopt streams</u>
<u>2C</u> BMP ID # <u>Stormwater Committee</u> Specify Best Management Practice	<u>Board of Selectman</u> Responsible Dept./Person Name	<u>Stormwater Committee Formed</u>
<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



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D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

<u>3A</u> BMP ID #	<u>Public Works Supt.</u> Responsible Dept./Person Name	<u>Develop plan of cleaning and inspecting sanitary sewer</u>
<u>Sanitary Sewer Maintenance Program</u>		
<u>3B</u> BMP ID #	<u>Public Works Supt.</u> Responsible Dept./Person Name	<u>Develop a storm sewer system map and locate outfalls</u>
<u>Storm Drain System Map</u>		
<u>Specify Best Management Practice</u>		
<u>3C</u> BMP ID #	<u>Planning Board</u> Responsible Dept./Person Name	<u>Bylaw established</u>
<u>Bylaw</u>		
<u>Specify Best Management Practice</u>		<u>Specify Measurable Goal</u>
<u>3D</u> BMP ID #	<u>Public Works Supt</u> Responsible Dept./Person Name	<u>Completed</u>
<u>Entrance Permit</u>		
<u>Specify Best Management Practice</u>		<u>Specify Measurable Goal</u>
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		

4. Construction Site Runoff Control:

<u>4A</u> BMP ID #	<u>Public Works Supt.</u> Responsible Dept./Person Name	<u>Require pollution prevention plan for construction sites</u>
<u>Storm pollution prevention plan for construction</u>		
<u>4B</u> BMP ID #	<u>Planning Board</u> Responsible Dept./Person Name	<u>Completed</u>
<u>Bylaw</u>		
<u>Specify Best Management Practice</u>		<u>Specify Measurable Goal</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>		
<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>		



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D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

5A

BMP ID # _____

Bylaw _____

Specify Best Management Practice _____

Building / Planning Board _____

Responsible Dept./Person Name _____

Bylaw 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 _____

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:

6A

BMP ID # _____

Catch Basin Maintenance _____

Specify Best Management Practice _____

Public Works Supt. _____

Responsible Dept./Person Name _____

Organize program for cleaning
and inspecting Catch Basin's _____

6B

BMP ID # _____

Street Sweeping _____

Specify Best Management Practice _____

Public Works Supt. _____

Responsible Dept./Person Name _____

Organize program for
sweeping streets _____

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 _____



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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				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	
1A																					
1B																					
1C																					
2A																					
2B																					
2C																					
3A																					
3B																					
3C																					
3D																					
4A																					
4B																					
5A																					
6A																					
6B																					

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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.

Brian Ashe, Board of Selectman, Chairman

Printed Name

Signature

Brian M. Ashe

10/21/03
Date