



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)

2004 JAN 22 A 8:20

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:

DEPT OF PUBLIC SERVICES, HIGHWAY DIV

Name

155 VILLAGE ST.

Mailing Address

MEDWAY

City/Town

MA

State

508-533-3275

Telephone Number

lhenry@townofmedway.org

Email (if available)

2. Municipality Name

town of medway

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:

CHARLES RIVER POLLUTION CONTROL DISTRICT (CRPCD)

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



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D. Stormwater Management Program Summary

1. Public Education:

| | | |
|----------------------------------|-------------------------------|-------------------------|
| _____ | _____ | _____ |
| BMP ID # | DPS/ LEE HENRY | RAISE PUBLIC AWARENESS |
| NEWSPAPER ARTICLES | Responsible Dept./Person Name | Specify Measurable Goal |
| Specify Best Management Practice | | |
| _____ | _____ | _____ |
| BMP ID # | BOH/BILL FISHER | CHOATE POND/CHICKEN |
| PUBLIC MEETINGS | Responsible Dept./Person Name | BROOK CLEAN UP |
| Specify Best Management Practice | | |
| _____ | _____ | _____ |
| 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 |

2. Public Participation:

| | | |
|----------------------------------|-------------------------------|-------------------------|
| _____ | _____ | _____ |
| BMP ID # | | |
| NONE AT THIS TIME | Responsible Dept./Person Name | Specify Measurable Goal |
| Specify Best Management Practice | | |
| _____ | _____ | _____ |
| 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 # | | |
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D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

| | | |
|--|---|---------------------------------------|
| <u>BMP ID #</u> WEEKLY TESTING Specify Best Management Practice | <u>DPS/LEE HENRY</u> Responsible Dept./Person Name | <u>MAINTAIN LOW ECOLI LEVELS</u> |
| <u>BMP ID #</u> 319 GRANT APPLICATION Specify Best Management Practice | <u>BOH/BILL FISHER & DPS/LEE HENRY</u> | <u>WATER PURIFICATION PROJECT</u> |
| <u>BMP ID #</u> Specify Best Management Practice | <u>Responsible Dept./Person Name</u> | <u>Specify Measurable Goal</u> |
| <u>BMP ID #</u> Specify Best Management Practice | <u>Responsible Dept./Person Name</u> | <u>Specify Measurable Goal</u> |
| <u>BMP ID #</u> Specify Best Management Practice | <u>Responsible Dept./Person Name</u> | <u>Specify Measurable Goal</u> |

4. Construction Site Runoff Control:

| | | |
|--|---|--|
| <u>BMP ID #</u> SILT FENCING, HAY BALES Specify Best Management Practice | <u>BLDG INSPECTOR/BOB SPERONI</u> | <u>NO RUNOFF INTO STORMWATER SYSTEM</u> |
| <u>BMP ID #</u> PUBLIC WAY CLEANUP Specify Best Management Practice | <u>DPS/LEE HENRY</u> Responsible Dept./Person Name | <u>INSURE NO SILT ON THE ROAD ADJACENT TO AREA</u> |
| <u>BMP ID #</u> Specify Best Management Practice | <u>Responsible Dept./Person Name</u> | <u>Specify Measurable Goal</u> |
| <u>BMP ID #</u> Specify Best Management Practice | <u>Responsible Dept./Person Name</u> | <u>Specify Measurable Goal</u> |
| <u>BMP ID #</u> Specify Best Management Practice | <u>Responsible Dept./Person Name</u> | <u>Specify Measurable Goal</u> |



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D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

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

6. Municipal Good Housekeeping:

BMP ID #

WASH DOWN AREA
Specify Best Management Practice

DPS/LEE HENRY
Responsible Dept./Person Name

HOLDING TANKS
INSPECTED & CLEANED

BMP ID #

SALT SHED
Specify Best Management Practice

DPS/LEE HENRY
Responsible Dept./Person Name

COVERED & COFFER
DAMED

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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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.

GREG BALUKONIS, TOWN ADMINISTRATOR

Printed Name _____

Signature _____

JULY 29, 2003

Date _____



COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
DEPARTMENT OF ENVIRONMENTAL PROTECTION

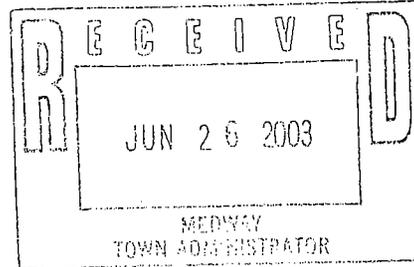
Division of Watershed Management, 627 Main Street 2nd Floor, Worcester, MA 01608

MITT ROMNEY
Governor

KERRY HEALEY
Lieutenant Governor

ELLEN ROY HERZFELDER
Secretary

EDWARD P. KUNCE
Acting Commissioner



Mr. Michael Hartman
Town Administrator
155 Village Street
Medway, MA 02053

June 25, 2003

Dear Mr. Hartman:

To date, the Massachusetts Department of Environmental Protection (DEP) has not received a Notice of Intent from Medway for the final National Pollutant Discharge Elimination System (NPDES) General Permit for Storm Water Discharges From Small Municipal Separate Storm Sewer Systems (the MS4 general permit). The MS4 general permit was published and became effective on May 1, 2003. As a regulated municipality Medway must submit a complete Notice of Intent (NOI) seeking coverage under the permit to U.S. Environmental Protection Agency (EPA) and DEP no later than JULY 30, 2003.

In May 2003, EPA Region 1 mailed a paper copy of the final MS4 general permit and information for applicants to each of the regulated municipalities. The MS4 general permit is also posted as an Adobe Acrobat document on the internet at:

http://www.epa.gov/region01/npdes/permits/permit_final_ms4.pdf.

Instructions for application to both EPA and DEP are in the permit, Part I, E. Obtaining Coverage, and line by line instructions are included with the DEP NOI forms posted on the Department's Stormwater website at: <http://www.state.ma.us/dep/brp/stormwtr/stnmfms.htm>. EPA will accept the completed NOI on DEP forms. The copy to each agency must include an *original* signature for certification (on page 6.) In order to be valid, the NOI must be signed by "a principal executive officer or ranking elected official" [40 CFR 122.22 & 314 CMR 3.14(1)(c)].

This information is available in alternate format by calling our ADA Coordinator at (617) 574-6872.
<http://www.state.ma.us/dep> • Phone (508) 792-7470 • Fax (508) 791-4131

If you have questions check the DEP stormwater website at <http://www.state.ma.us/dep/brp/stormwtr/stormhom.htm> where the Department has added Phase II help. If you need paper versions of the permit, forms, other materials, or still have questions contact: Ginny Scarlet; ginny.scarlet@state.ma.us, 508-767-2797 or Linda Domizio; linda.domizio@state.ma.us, 508-849-4005.

Sincerely,

Ginny Scarlet

Ginny Scarlet
Phase II Storm Water Coordinator
