



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

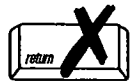
1048  
W 036194  
Transmittal Number

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

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 Marshfield *Greg Robbins*  
Name  
870 Moraine Street  
Mailing Address  
Marshfield Ma  
City/Town State  
781-834-5560  
Telephone Number Email (if available)

2. Municipality Name

Town of Marshfield  
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:

Massachusetts Highway Department

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

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



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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
Gov. Winslow House Pond Name	TBD Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Category 3 Specify
Winslow Cemetery Pond Name	TBD Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Category 3 Specify
Green Harbor River Name	TBD Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Category 3 Specify
South River Name	TBD Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Category 3 Specify
Black Mountain Pond Name	TBD Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Exotic Species Specify
Green Harbor Name	TBD Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens Specify
North River Name	TBD Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens Specify
South River Name	TBD Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens 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

**D. Stormwater Management Program Summary**



**BRP WM 08A** NPDES Stormwater General Permit  
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Storm Sewer Systems (MS4s)

1. Public Education:

<p>1 BMP ID # _____ Continue Partnership with Local Watershed Association</p>	<p>Conservation Commission, BOH and DPW</p>	<p>Regular meeting attendance Specify Measurable Goal</p>
<p>2 BMP ID # _____ Develop Brochures Specify Best Management Practice</p>	<p>DPW Responsible Dept./Person Name</p>	<p>Quarterly Mailings Specify Measurable Goal</p>
<p>3 BMP ID # _____ WEB Site Public Service Postings</p>	<p>IT DEPT &amp; DPW Responsible Dept./Person Name</p>	<p>WEB Site Publication &amp; Maintenance</p>
<p>_____ BMP ID # _____ Specify Best Management Practice</p>	<p>_____ Responsible Dept./Person Name</p>	<p>_____ Specify Measurable Goal</p>
<p>_____ BMP ID # _____ Specify Best Management Practice</p>	<p>_____ Responsible Dept./Person Name</p>	<p>_____ Specify Measurable Goal</p>

2. Public Participation:

<p>4 BMP ID # _____ Water Quality Testing Specify Best Management Practice</p>	<p>DPW Responsible Dept./Person Name</p>	<p>2 Rounds of Water Quality Sampling of Priority Waters</p>
<p>5 BMP ID # _____ Community Cleanup Days Specify Best Management Practice</p>	<p>DPW Responsible Dept./Person Name</p>	<p>Annually Specify Measurable Goal</p>
<p>_____ BMP ID # _____ Specify Best Management Practice</p>	<p>_____ Responsible Dept./Person Name</p>	<p>_____ Specify Measurable Goal</p>
<p>_____ BMP ID # _____ Specify Best Management Practice</p>	<p>_____ Responsible Dept./Person Name</p>	<p>_____ Specify Measurable Goal</p>
<p>_____ BMP ID # _____ Specify Best Management Practice</p>	<p>_____ Responsible Dept./Person Name</p>	<p>_____ Specify Measurable Goal</p>

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



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3. Illicit Discharge Detection and Elimination:

<u>6</u> BMP ID # Catch Basin/Outfall and Receiving Water Mapping	<u>DPW</u> Responsible Dept./Person Name	<u>GIS Mapping</u> Specify Measurable Goal
<u>4</u> BMP ID # Water Quality Testing Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Testing of Priority Water Bodies</u>
<u>7</u> BMP ID # Regulatory Review Specify Best Management Practice	<u>DPW/Planning Board/BOH/Con. Comm.</u>	<u>Regulatory Revisions and Action</u>
<u>8</u> BMP ID # Permit Enforcement Specify Best Management Practice	<u>DPW/Planning Board/BOH/Con. Comm.</u>	<u>Local Construction Site Oversight and Enforcement</u>
<u>9</u> BMP ID # Misconnection/Illegal Dumping Detection and Correction	<u>DPW/BOH</u> Responsible Dept./Person Name	<u>Connectivity Mapping, Bylaw Enforcement and Fines</u>

4. Construction Site Runoff Control:

<u>7</u> BMP ID # Regulatory Review Specify Best Management Practice	<u>DPW/Planning Board/BOH/Con. Comm.</u>	<u>Regulatory Revisions to Bylaws as necessary</u>
<u>8</u> BMP ID # Permit Enforcement Specify Best Management Practice	<u>DPW/Planning Board/BOH/Con. Comm.</u>	<u>Local Construction Site Oversight and Enforcement</u>
<u>10</u> BMP ID # Improved As-built Review Specify Best Management Practice	<u>DPW/Planning Board</u> Responsible Dept./Person Name	<u>Electronic As-built Submittals on Town GIS System</u>
<u>        </u> BMP ID # Specify Best Management Practice	<u>        </u> Responsible Dept./Person Name	<u>Specify Measurable Goal</u>
<u>        </u> BMP ID # Specify Best Management Practice	<u>        </u> Responsible Dept./Person Name	<u>Specify Measurable Goal</u>

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



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**5. Post Construction Runoff Control:**

<u>7</u> BMP ID # <b>Regulatory Review</b> Specify Best Management Practice	<u>DPW/Planning Board/BOH/Con. Comm.</u>	<u>Bylaw revisions as necessary</u> Specify Measurable Goal
<u>8</u> BMP ID # <b>Permit Enforcement</b> Specify Best Management Practice	<u>DPW/Planning Board/BOH/Con. Comm.</u>	<u>Construction Site Oversight</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
<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

**6. Municipal Good Housekeeping:**

<u>11</u> BMP ID # <b>Improved Street Sweeping</b> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Semi-annual Collections</u> Specify Measurable Goal
<u>12</u> BMP ID # <b>Improved Catch Basin Cleaning</b>	<u>DPW</u> Responsible Dept./Person Name	<u>Semi-annual Collections</u> Specify Measurable Goal
<u>13</u> BMP ID # <b>Household Hazardous Waste Days</b>	<u>DPW</u> Responsible Dept./Person Name	<u>Annual Collection</u> Specify Measurable Goal
<u>14</u> BMP ID # <b>Drain Stenciling</b> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Aquifer Protection Area</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

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



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7. BMPs for Meeting TMDL:

6 BMP ID # GIS Mapping Specify Best Management Practice	DPW Responsible Dept./Person Name	GIS Mapping of Priority Waters and Drainage Patterns
4 BMP ID # Water Quality Testing Specify Best Management Practice	DPW Responsible Dept./Person Name	Semi-annual Water Quality Testing
15 BMP ID # Stormwater Modeling Specify Best Management Practice	DPW Responsible Dept./Person Name	Needs Assessment for Category 5 Water Bodies
16 BMP ID # Misc. Structural BMPs as needed	DPW Responsible Dept./Person Name	i.e. Construction improvements Specify Measurable Goal
17 BMP ID # Misc. Non-structural BMPs as needed	DPW Responsible Dept./Person Name	i.e. Bylaw Enforcement, Fees and Fines

**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 Clifford, Town Administrator  
Printed Name

Signature

2/15/13  
Date



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 for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)  
 APPROXIMATE SCHEDULE OF ACTIVITIES (ALSO SEE ATTACHED TABLE 4.1)

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		
1, 2, 3																							
4, 5																							
6	Structure Mapping																						
7, 8	Regulatory Review																						
9	Misconnection/Illegal Dumping Detection and Correction																						
10	Improved As-Built Requirements																						
11-14	Stormwater Modeling																						
15	Misc. Structural and Non-Structural BMPs as needed																						
16, 17	Misc. Structural and Non-Structural BMPs as needed																						
	<b>LEGEND:</b>																						
	1 = Continued Partnership with Local Watershed Associations																						
	2 = Developing Brochures for mailing																						
	3 = WEB Site Public Service Announcements																						
	4 = Water Quality Testing																						
	5 = Community Cleanup Days																						
	6 = GIS Mapping																						
	7, 8 = Regulatory Review and Permit Enforcement																						
	9 = Misconnection/Illegal Dumping Detection and Correction																						
	10 = Improved Gas-Built Requirements																						
	11 = Improved Street Sweeping																						
	12 = Improved Catch Basin Cleanings																						
	13 = Household Hazardous Waste Days																						
	14 = Drain Stenciling																						

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