



2/17/04  
received 21004706  
Transmittal Number

# BRP WM 08A NPDES Stormwater General Permit

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

MA R042032

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:

Contact - Rocco Richardi

Massasoit Community College

Name

One Massasoit Boulevard

Mailing Address

Brockton

MA

City/Town

State

(508) 588-9100

508/588-9100 ext.

Telephone Number

1168

Email (if available)

2. Municipality Name

Brockton

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:

Town of Brockton

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





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

Facility ID (if known)

**D. Stormwater Management Program Summary**

1. Public Education:

<u>1A</u> BMP ID #		
<u>Article in College Newspaper</u> Specify Best Management Practice	<u>John Lebica</u> Responsible Dept./Person Name	<u>1 article every permit year</u> Specify Measurable Goal
<u>1B</u> BMP ID #		
<u>Webpage Development</u> Specify Best Management Practice	<u>John Lebica</u> Responsible Dept./Person Name	<u>Webpage up and running year 2</u> Specify Measurable Goal
<u>2</u> BMP ID #		
<u>Television Ad</u> Specify Best Management Practice	<u>John Lebica</u> Responsible Dept./Person Name	<u>Develop ad during first year of permit and continue airing at a reasonable frequency during duration of permit</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

2. Public Participation:

<u>3</u> BMP ID #		
<u>Litter Reduction Program</u> Specify Best Management Practice	<u>Facilities Department</u> Responsible Dept./Person Name	<u>100 man-hours committed to litter removal each permit year</u>
<u>4</u> BMP ID #		
<u>Student Make a Difference Day</u>	<u>John Lebica</u> Responsible Dept./Person Name	<u>Two (2) events per year</u> Specify Measurable Goal
<u>5</u> BMP ID #		
<u>Catchbasin Stenciling</u> Specify Best Management Practice	<u>John Lebica</u> Responsible Dept./Person Name	<u>Contest for design of the stencil during the first permit year. 50% catchbasins stenciled during second year and 50% during the third year. Inspect 5<sup>th</sup> year to identify need to re-stencil.</u> Specify Measurable Goal





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

Facility ID (if known)

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

5. Post Construction Runoff Control:

<u>9</u> BMP ID #	<u>John Lebica</u> Responsible Dept./Person Name	<u>Annual Inspections</u> Specify Measurable Goal
<u>Review of Completed Construction Activities</u> Specify Best Management Practice		
<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>		

6. Municipal Good Housekeeping:

<u>10</u> BMP ID #	<u>John Lebica</u> Responsible Dept./Person Name	<u>Inspection and clean-out once per permit year.</u> Specify Measurable Goal
<u>Catch Basin Clean-Out</u> Specify Best Management Practice		
<u>11</u> BMP ID #	<u>John Lebica</u> Responsible Dept./Person Name	<u>Prepare SPPP first year. Conduct Inspections Semi-annual inspections each subsequent permit year</u> Specify Measurable Goal
<u>Preparation of SPPP</u> Specify Best Management Practice		
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		



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

Facility ID (if known)

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

7. BMPs for Meeting TMDL:

X -Not  
Applicable

Beaver Brook does not have a  
TMDL

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.

*John T. Lebica*

Printed Name

Signature

Date

*9/18/03*



8/27/04 received

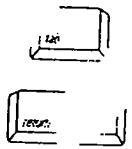
42032

For Coverage Under the NPDES General Permit  
for Storm Water Discharges from  
Small Municipal Separate Storm Sewer Systems (MS4s)



**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 NPDES General Permit issued by EPA for storm water 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, and 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 of the information required on this Notice of Intent form and the separate Storm Water Management Program (SWMP) Implementation Schedule form (Excel Spreadsheet), must be completed. Please read the permit and make sure you comply with all requirements, including the requirement to develop and implement a storm water management program.

**B. Applicant Information**

1. Small MS4 Operator/Owner Information:

Massasoit Community College-Contact Rocco Richardi  
Name  
1 Massasoit Blvd.  
Mailing Address  
Brockton Ma 02302  
City/Town State and Zip Code  
508-588-9100 xt. 1168 rrichardi@massasoit.mass.edu  
Telephone Number Email (if available)

2. Municipality Name

Brockton  
City/Town

3. Legal Status:

Federal     City/Town     State     County     Private  
 Other public entity: \_\_\_\_\_  
Specify Public Entity

4. Other regulated MS4(s) within municipal boundaries:

City of Brockton

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.)**



### For Coverage Under the NPDES General Permit for Storm Water Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)



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
<u>Beaver Brook</u> Name	<u>7</u> 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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_____ 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. Storm Water Management Program Summary

For Coverage Under the NPDES General Permit for Storm Water Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)



1. Public Education:

<u>1A</u> BMP ID #	<u>College Newspaper Articles Facilities/Rocco Richardi</u> Specify Best Management Practice	<u>Quarterly Articles</u> Responsible Dept./Person Name	<u>Specify Measurable Goal</u>
<u>1B</u> BMP ID #	<u>Active Web Page</u> Specify Best Management Practice	<u>Facilities/Rocco Richardi Web page up and running</u> Responsible Dept./Person Name	<u>year 3</u> Specify Measurable Goal
<u>2</u> BMP ID #	<u>Television Awareness Adds Facilities/Rocco Richardi</u> Specify Best Management Practice	<u>Second year of adds</u> Responsible Dept./Person Name	<u>airing during length</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

2. Public Participation:

<u>3</u> BMP ID #	<u>Litter Control Prc</u> Specify Best Management Practi	<u>          </u> Responsible Dept./Person Name	<u>          </u> Specify Measurable Goal
<u>4</u> BMP ID #	<u>Student Awareness D</u> Specify Best Management Practic	<u>          </u> Responsible Dept./Person Name	<u>          </u> Specify Measurable Goal
<u>5</u> BMP ID #	<u>Recycling Program</u> Specify Best Management Practic	<u>          </u> Responsible Dept./Person Name	<u>          </u> Specify Measurable Goal
<u>          </u> BMP ID #	<u>          </u> Specify Best Management Practic	<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

From here on (section 2) not entered into MS4 database

plemented 200 man hours  
litter pickup  
events a year  
Measurable Goal  
kly Pickup  
Measurable Goal  
Measurable Goal

D. Storm Water Management Program Summary (Cont.)

**NOTICE OF INTENT**

**For Coverage Under the NPDES General Permit  
for Storm Water Discharges from  
Small Municipal Separate Storm Sewer Systems (MS4s)**



**3. Illicit Discharge Detection and Elimination:**

<u>6</u> BMP ID #	<u>Catchbasin cleaning</u> Specify Best Management Practice	<u>Facilities/Rocco Richardi</u> Responsible Dept./Person Name	<u>Yearly</u> Specify Measurable Goal
<u>7</u> BMP ID #	<u>Wastewater discharge inspection</u> Specify Best Management Practice	<u>Facilities/Rocco Richardi</u> Responsible Dept./Person Name	<u>past 5 permits inspection done</u> 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

**4. Construction Site Runoff Control:**

<u>8A</u> BMP ID #	<u>Review all construction Activities and Site Plans</u> Specify Best Management Practice	<u>Facilities/Rocco Richardi</u> Responsible Dept./Person Name	<u>Review 100% of construction projects</u> Specify Measurable Goal
<u>8B</u> BMP ID #	<u>Inspect and Enforce Erosion and Sediment Controls</u> Specify Best Management Practice	<u>Facilities/Rocco Richardi</u> Responsible Dept./Person Name	<u>Weekly Inspections of construction projects</u> 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

**D. Storm Water Management Program Summary (Cont.)**

**For Coverage Under the NPDES General Permit  
for Storm Water Discharges from  
Small Municipal Separate Storm Sewer Systems (MS4s)**



5. Post Construction Runoff Control:

9

<u>BMP ID #</u> <u>Review of Completed Construction Activities</u> Specify Best Management Practice	<u>Facilities/Rocco Richardi</u> Responsible Dept./Person Name	<u>Annual Inspections</u> Specify Measurable Goal
<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>
<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>

6. Municipal Good Housekeeping:

10

<u>BMP ID #</u> <u>Catchbasin Clean-out</u> Specify Best Management Practice	<u>Facilities/Rocco Richardi</u> Responsible Dept./Person Name	<u>Inspection and clean-out once permit year</u> Specify Measurable Goal
<u>BMP ID #</u> Specify Best Management Practice	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

11

<u>BMP ID #</u> <u>Preparation of SPPP</u> Specify Best Management Practice	<u>Facilities/Rocco Richardi</u> Responsible Dept./Person Name	<u>Prepare SPPP first year</u> Specify Measurable Goal <u>Conduct inspections Semi-annual inspections each subsequent permit year</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>
<u>BMP ID #</u> Specify Best Management Practice	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

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

For Coverage Under the NPDES General Permit  
for Storm Water Discharges from  
Small Municipal Separate Storm Sewer Systems (MS4s)



7. BMPs for Meeting Requirements of Part I.C. (Discharges to Water Quality Impaired Waters) and Part I.D. (Total Maximum Daily Load Allocations):

**X-Not Applicable**

BMP ID # **Beaver Brook does not have a TMDL**

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
BMP ID # _____	_____	_____

**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.

Rocco RICHARDI  
Printed Name  
Rocco Richardi  
Signature

8/9/04  
Date