

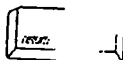
8/27/04 received

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, 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

City/Town

508-588-9100 xt. 1168

Telephone Number

Ma 02302

State and Zip Code

rrichardi@massasoit.mass.edu

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.)

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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: Name	No. of Outfalls Number	Listed as Impaired? ☐ Yes ☒ No	Impairment Specify
Beaver Brook	7	☐ Yes ☒ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
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Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify

D. Storm Water Management Program Summary

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1. Public Education:

1A

BMP ID #

College Newspaper Articles Facilities/Rocco Richardi Quarterly Articles

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

1B

BMP ID #

Active Web Page

Facilities/Rocco Richardi Web page up and running
year 3

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

2

BMP ID #

Television Awareness Adds Facilities/Rocco Richardi Second year of adds
airing during length of permit

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:

3

BMP ID #

Litter Control Pro

Specify Best Management Practice

4

BMP ID #

Student Awareness D

Specify Best Management Practice

5

BMP ID #

Recycling Program

Specify Best Management Practice

Paper and Cardboard

BMP ID #

Specify Best Management Practice

BMP ID #

Specify Best Management Practice

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

plemented 200 man hours
litter pickup

Measurable Goal

events a year

Measurable Goal

kly Pickup

Measurable Goal

Measurable Goal

Specify 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:

6

BMP ID #

Catchbasin cleaning

Specify Best Management Practice

Facilities/Rocco Richardi

Yearly

Responsible Dept./Person Name

Specify Measurable Goal

7

BMP ID #

Wastewater discharge

Specify Best Management Practice

Facilities/Rocco Richardi

past 5 permits inspection

Responsible Dept./Person Name

Specify Measurable Goal

done

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:

8A

BMP ID #

Review all construction

Activities and Site Plans

Specify Best Management Practice

Facilities/Rocco Richardi

Review 100% of

construction projects

Responsible Dept./Person Name

Specify Measurable Goal

8B

BMP ID #

Inspect and Enforce Erosion

and Sediment Controls

Specify Best Management Practice

Facilities/Rocco Richardi

Weekly Inspections of

construction projects

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

D. Storm Water Management Program Summary (Cont.)

**For Coverage Under the NPDES General Permit
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5. Post Construction Runoff Control:

9

**Review of Completed
Construction Activities**

Facilities/Rocco Richardi

Annual Inspections

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:

10

BMP ID #

Catchbasin Clean-out

Facilities/Rocco Richardi

**Inspection and clean-out
once permit year**

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

11

BMP ID #

Preparation of SPPP

Facilities/Rocco Richardi

Prepare SPPP first year

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

D. Stormwater Management Program Summary (cont.)

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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