



1/31

**BRP WM 08A NPDES Stormwater General Permit**  
**Notice of Intent for 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 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 Medfield  
Name  
459 Main Street  
Mailing Address  
Medfield  
City/Town  
508-359-8505 x. 602  
Telephone Number  
Ma  
State  
kfeeney@medfield.net  
Email (if available)

2. Municipality Name

Town of Medfield  
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:

None

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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Facility ID (if known)

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
Flynn's Pond Name	TBD Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Category 3 Specify
Jewells Pond (private) Name	TBD Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Category 3 Specify
Mill Brook Name	TBD Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Nutrients Specify
Mine Brook Name	TBD Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Low DO, Pathogens Specify
Stop River Name	TBD Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Low DO Specify
Charles River Name	TBD Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fecal Coliform 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
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify

**D. Stormwater Management Program Summary**



**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)**

W 035871  
 Transmittal Number

Facility ID (if known)

1. Public Education:

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

2. Public Participation:

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

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



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

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

**4. Construction Site Runoff Control:**

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

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



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Facility ID (if known)

5. Post Construction Runoff Control:

<u>7</u> BMP ID #	<u>Regulatory Review</u> 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 #	<u>Permit Enforcement</u> 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 #	<u>Improved Street Sweeping</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Semi-annual Collections</u> Specify Measurable Goal
<u>12</u> BMP ID #	<u>Improved Catch Basin Cleaning</u>	<u>DPW</u> Responsible Dept./Person Name	<u>Semi-annual Collections</u> Specify Measurable Goal
<u>13</u> BMP ID #	<u>Household Hazardous Waste Days</u>	<u>DPW</u> Responsible Dept./Person Name	<u>Annual Collection</u> Specify Measurable Goal
<u>14</u> BMP ID #	<u>Drain Stenciling</u> 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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 Bureau of Resource Protection - Watershed Management  
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7. BMPs for Meeting TMDL:

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

**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.

Michael Sullivan - Town Administrator

Printed Name

Michael J. Sullivan  
 Signature

7/15/03  
 Date



**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)  
**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									
	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	Next Permit	
1, 2, 3																						
4, 5																						
6																						
7, 8																						
9																						
10																						
11-14																						
15																						
16, 17																						
<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																						
Stormwater Modeling																						
Misc. Structural and Non-Structural BMPs, as needed																						
Illicit Discharge Detection Mapping																						
Enforcement																						
Misconnection/Illegal Dumping Detection and Correction																						
Improved As-Built Requirements																						

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