

REC'D 3/6/04 - MAR 041132



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

**BRP WM 08A NPDES Stormwater General Permit**

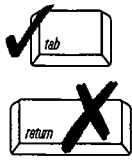
**Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)**

Transmittal Number

Facility ID (if known)

**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**

- Small MS4 Operator/Owner Information:
 

DAVID D'AMICO, DIRECTOR, DEPT OF PUBLIC SERVICES  
Name

155 VILLAGE ST.  
Mailing Address

MEDWAY MA  
City/Town State

508-533-3275 ddamico@townofmedway.org  
Telephone Number Email (if available)
- Municipality Name
 

TOWN OF MEDWAY  
City/Town
- Legal Status:
 

Federal       City/Town       State       Tribal       Private

Other public entity: \_\_\_\_\_  
Specify Public Entity
- Other regulated MS4(s) within municipal boundaries:
 

CHARLES RIVER POLLUTION CONTROL DISTRICT (CRPCD)
- 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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**B. Applicant Information (cont.)**

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
CHARLES RIVER Name	6 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
CHICKEN BROOK Name	4 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NON SOURCE POINT Specify
HOPPIN BROOK Name	3 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	AXTON-CROSS, HOLLISTON Specify
BLACK SWAMP Name	5 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
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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
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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
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify



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**D. Stormwater Management Program Summary**

1. Public Education:

1 _____ BMP ID # <b>NEWSPAPER ARTICLES</b> Specify Best Management Practice	<b>DPS/ DAVID D'AMICO</b> _____ Responsible Dept./Person Name	<b>RAISE PUBLIC AWARENESS</b> _____ Specify Measurable Goal
2 _____ BMP ID # <b>PUBLIC MEETINGS</b> Specify Best Management Practice	<b>BOH/BILL FISHER</b> _____ Responsible Dept./Person Name	<b>CHOATE POND/CHICKEN BROOK CLEAN UP</b> _____
_____ 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 # <b>NONE AT THIS TIME</b> 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



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

3. Illicit Discharge Detection and Elimination:

<u>3</u> BMP ID #	<u>DPS/DAVID D'AMICO</u> Responsible Dept./Person Name	<u>MAINTAIN LOW ECOLI LEVELS</u>
<u>WEEKLY TESTING</u> Specify Best Management Practice		
<u>4</u> BMP ID #	<u>BOH/BILL FISHER &amp; DPS/DAVID D'AMICO</u> Responsible Dept./Person Name	<u>WATER PURIFICATION PROJECT</u>
<u>319 GRANT APPLICATION</u> Specify Best Management Practice		
<u>5</u> BMP ID #	<u>DPS/DAVID D'AMICO</u> Responsible Dept./Person Name	<u>STORM SEWER SYSTEM MAP MAINTAINED</u>
<u>MAINTAIN STORM SEWER SYSTEM MAP W/OUTFALLS</u>		
<u>6</u> BMP ID #	<u>DPS/DAVID D'AMICO &amp; TA/GREG BALUKONIS</u> Responsible Dept./Person Name	<u>REGULATIONS PASSED</u> Specify Measurable Goal
<u>REGULATE STORMWATER MGT &amp; EROSION CONTROL</u>		
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		

4. Construction Site Runoff Control:

<u>7</u> BMP ID #	<u>BLDG INSPECTOR/BOB SPERONI</u> Responsible Dept./Person Name	<u>NO RUNOFF INTO STORMWATER SYSTEM</u>
<u>SILT FENCING, HAY BALES</u> Specify Best Management Practice		
<u>8</u> BMP ID #	<u>DPS/DAVID D'AMICO</u> Responsible Dept./Person Name	<u>INSURE NO SILT ON THE ROAD ADJACENT TO AREA</u>
<u>PUBLIC WAY CLEANUP</u> Specify Best Management Practice		
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>REGULATE PER BMP #6</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>		



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

5. Post Construction Runoff Control:

BMP ID # REGULATE PER BMP #6		
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:

9 BMP ID #		
WASH DOWN AREA	DPS/DAVID D'AMICO	HOLDING TANKS
Specify Best Management Practice	Responsible Dept./Person Name	INSPECTED & CLEANED
10 BMP ID #		
SALT SHED	DPS/DAVID D'AMICO	COVERED & COFFER
Specify Best Management Practice	Responsible Dept./Person Name	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

