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Hand-enter Your Transmittal Number

W 040562

Transmittal Number

Your unique Transmittal Number can be accessed online: <http://www.state.ma.us/scripts/dep/trasmfrm.stm> or call DEP's InfoLine at 617-338-2255 or 800-462-0444 (from 508, 781, and 978 area codes).

# Massachusetts Department of Environmental Protection Transmittal Form for Permit Application and Payment

Received  
7/16/03

1. Please type or print. A separate Transmittal Form must be completed for each permit application.

2. Make your check payable to the Commonwealth of Massachusetts and mail it with a copy of this form to: DEP, P.O. Box 4062, Boston, MA 02211.

3. Three copies of this form will be needed.

Copy 1 - the original must accompany your permit application.

Copy 2 must accompany your fee payment.

Copy 3 should be retained for your records

4. Both fee-paying and exempt applicants must mail a copy of this transmittal form to DEP, P.O. Box 4062, Boston, MA 02211

For DEP Use Only  
Permit No. \_\_\_\_\_  
Rec'd Date \_\_\_\_\_  
Reviewer \_\_\_\_\_

## A. Permit Information

BRP WM 08A

NPDES Stormwater General Permit

Permit Code: 7 or 8 character code from permit instructions

Name of Permit Category

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

Type of Project or Activity

## B. Applicant Information - Firm or Individual

Town of Millbury

Name of Firm - Or, if party needing this approval is an individual enter name below:

Last Name of Individual

First Name of Individual

MI

127 Elm Street

Street Address

Millbury

MA

01527

(508) 865-4710

City/Town

State

Zip Code

Telephone # and extension

Contact Person

e-mail address (optional)

## C. Facility, Site or Individual Requiring Approval

Town of Millbury

Name of Facility, Site or Individual

DEP Facility Number (if Known)

Federal I.D. Number (if Known)

127 Elm Street

Street Address

e-mail address (optional)

Millbury

MA

01527

(508) 865-4710

City/Town

State

Zip Code

Telephone # and extension

## D. Application Prepared by (if different from Section B)

Guertin Elkerton & Associates, Inc.

Name of Firm Or Individual

91 Montvale Avenue

Address

Stoneham

MA

02180

(413) 781-0000

City/Town

State

Zip Code

Telephone # and extension

Mary Burgess

Contact Person

LSP Number (21E only)

## E. Permit - Project Coordination

Is this project subject to MEPA review?  yes  no If yes, enter the project's EOE file

number - assigned when an Environmental Notification Form is submitted to the MEPA unit: EOE file number \_\_\_\_\_

Is an Environmental Impact Report Required?  yes  no

Is this application part of a larger project for which two or more DEP permits are being or will be sought?  yes  no

List any other DEP permits that apply to this project:

Permit Category

Date of Submission (tentative or actual)

Transmittal # if application already submitted

## F. Amount Due

### Special Provisions:

- Fee Exempt\* (city, town or municipal housing authority )(state agency if fee is \$100 or less)
- Hardship Request - payment extensions according to 310 CMR 4.04(3)(c)
- Alternative Schedule Project (according to 310 CMR 4.05 and 4.10)

\*There are no fee exemptions for 21E, regardless of applicant status

Check Number

Dollar Amount

Date

Please make check payable to the Commonwealth of Massachusetts and mail check and one copy of this form to:  
DEP, P.O. Box 4062, Boston, MA 02211

**STORM WATER MANAGEMENT PROGRAM**

Mass. Transmittal No. W040562

EPA No. \_\_\_\_\_

**SCHEDULE**

Name of MS4: Millbury

BMP ID.	PERMIT YEAR			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		
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Massachusetts Department of Environmental Protection  
Bureau of Resource Protection - Watershed Management

W040562  
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:

*Raymond Houle, Town Whse*  
 Name \_\_\_\_\_  
 Town of Millbury, 127 Elm Street \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Millbury \_\_\_\_\_ MA *01527*  
 City/Town \_\_\_\_\_ State \_\_\_\_\_  
 (508) 865-4710 \_\_\_\_\_  
 Telephone Number \_\_\_\_\_ Email (if available) \_\_\_\_\_

2. Municipality Name

Town of Millbury \_\_\_\_\_  
 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:

\_\_\_\_\_

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)**

**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**

- No current mapping. Unknown at present time. Will be identified during 5-year implementation of stormwater management program (See program summary).

Receiving Water:	No. of Outfalls	Listed as Impaired?	Impairment
_____ 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 _____
_____ 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 _____



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

**D. Stormwater Management Program Summary**

1. Public Education:

<u>1</u> BMP ID # <u>Create a Stormwater Program</u> Specify Best Management Practice	<u>Department of Public Works</u> Planning Board Conservation Commission Board of Health Board of Selectmen <u>Responsible Dept./Person Name</u>	<u>Millbury will present to the public at a public meeting Millbury's Comprehensive Stormwater Management Program.</u> Specify Measurable Goal
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<u>2</u> BMP ID # <u>Create a Stormwater Program</u> Specify Best Management Practice	<u>Department of Public Works</u> <u>Responsible Dept./Person Name</u>	<u>Millbury will identify appropriate sources of funding assistance (SRF, 319 Grant Program, 604(b) Grant Program, Lakes &amp; Ponds Grant Program, Source Water Protection Grant Program, Recycling Grant Program) and apply for assistance in implementing portions of Millbury's Comprehensive Stormwater Management Program, including public education and outreach.</u> Specify Measurable Goal
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<u>3</u> BMP ID # <u>Address specific groups</u> Specify Best Management Practice	<u>Department of Public Works</u> <u>Responsible Dept./Person Name</u>	<u>Distribute EPA and other relevant educational brochures to targeted audiences. Distribution points include Town Hall, Library, and Transfer Station.</u> Specify Measurable Goal
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<u>4</u> BMP ID # <u>Target groups likely to impact storm water</u> Specify Best Management Practice	<u>Department of Public Works</u> <u>Responsible Dept./Person Name</u>	<u>Brochures targeting specific audiences and activities will be available. These target groups include homeowner and lawn maintenance activities, disposal of household waste, and pet maintenance.</u> Specify Measurable Goal
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**Massachusetts Department of Environmental Protection**  
 Bureau of Resource Protection - Watershed Management

W040562  
 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)

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

1. Public Education (Cont.):

5  
 BMP ID #

Identify alternative information sources  
 Specify Best Management Practice

Department of Public Works  
 MIS Department  
 Responsible Dept./Person Name

Millbury will post links to stormwater BMPs and other water quality education resources, including EPA and DEP on its website.  
[www.townofmillbury.net](http://www.townofmillbury.net)

Millbury will post links to Our Lady of Assumption School student storm drain project  
[www.sdwgt.tripod.com](http://www.sdwgt.tripod.com)

Town will work with Lake Singletary Watershed Association in the collection and dissemination of data from the Association's 8 year sampling program. Data will be posted on town website along with relevant BMPs for target audiences.  
 Specify Measurable Goal

6  
 BMP ID #

Identify alternative information sources  
 Specify Best Management Practice

Department of Public Works  
 MIS Department  
 Responsible Dept./Person Name

The Town of Millbury will contact the Blackstone River Watershed Council to review opportunities in Millbury. These opportunities include hosting a watershed association meeting in Millbury with notice on website and local access channel, and televising a meeting reviewing watershed activities or needs specific to Millbury.  
[www.BVTourisn@aol.com](mailto:www.BVTourisn@aol.com)  
 Specify Measurable Goal

7  
 BMP ID #

Utilize local public access channel  
 Specify Best Management Practice

Department of Public Works  
 Responsible Dept./Person Name

Public meeting notice and the meeting reviewing Millbury's Comprehensive Stormwater Management Program will be posted on Millbury's local access channel.  
 Specify Measurable Goal



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

Facility ID (if known)

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

1. Public Education (Cont.):

8  
 BMP ID #  
 Develop, conduct and document educational programs  
 Specify Best Management Practice

Board of Selectmen  
 Department of Public Works  
 Liaison  
 Responsible Dept./Person Name

The Town of Millbury will contact the Blackstone River Watershed Council to review opportunities in Millbury. These opportunities include hosting a watershed association meeting in Millbury with notice on website and local access channel, and televising a meeting reviewing watershed activities or needs specific to Millbury.  
[www.BVTourism@aol.com](http://www.BVTourism@aol.com)

The Dorothy Pond Restoration Committee and the Ponds and Lakes Commission (appointed by the Town) will post meeting and event notices on the Town of Millbury's web page. Special events and seminars with guest speakers will be televised on Millbury's local access channel.  
 Specify Measurable Goal

9  
 BMP ID #  
 Promote household waste recycling  
 Specify Best Management Practice

Department of Public Works  
 Board of Health  
 Responsible Dept./Person Name

The Town of Millbury will work with the Town's contracted waste hauler and the Board of Health to continue to sponsor Hazardous Waste Collection Days.  
 Specify Measurable Goal

2. Public Participation:

10  
 BMP ID #  
 Storm drain stenciling  
 Specify Best Management Practice

Department of Public Works  
 Responsible Dept./Person Name

Millbury will work with local students at Our Lady of Assumption School in continuing its support of storm drain stenciling by students.  
 Specify Measurable Goal



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Facility ID (if known)

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

2. Public Participation (Cont.):

11

BMP ID #

Community clean-ups  
 Specify Best Management Practice

Department of Public Works  
 Millbury Conservation Commission  
 Responsible Dept./Person Name

Town of Millbury will encourage local stream team cleanups with local residents and area Scout groups. Town will provide solicitation of sponsors and notice of events on local access channel and website.  
 Specify Measurable Goal

12

BMP ID #

Community clean-ups  
 Specify Best Management Practice

Department of Public Works  
 Responsible Dept./Person Name

Town will provide trucks and other material to support cleanup efforts and disposal of materials.  
 Specify Measurable Goal

3. Illicit Discharge Detection and Elimination:

13

BMP ID #

Inventory and mapping of storm drain system  
 Specify Best Management Practice

Department of Public Works  
 Responsible Dept./Person Name

Millbury will identify appropriate sources of funding assistance (SRF, 319 Grant Program, 604(b) Grant Program, Lakes & Ponds Grant Program, Source Water Protection Grant Program, Recycling Grant Program) and apply for assistance in implementing portions of Millbury's Comprehensive Stormwater Management Program, including public education and outreach.  
 Specify Measurable Goal

14

BMP ID #

Mapping and identification of outfalls and receiving waters  
 Specify Best Management Practice

Department of Public Works  
 Board of Assessors  
 Responsible Dept./Person Name

Millbury will develop and implement a plan to map all outfalls and receiving bodies of water, contingent on Town Meeting approval of funding.  
 Specify Measurable Goal



**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)**

W040562  
 Transmittal Number  
 \_\_\_\_\_  
 Facility ID (if known)

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

3. Illicit Discharge Detection and Elimination (Cont.):

15  
 BMP ID #

Identification/description of problem areas  
 \_\_\_\_\_  
 Specify Best Management Practice

Department of Public Works  
 \_\_\_\_\_  
 Responsible Dept./Person Name

Millbury will develop and implement an Illicit Discharge Detection and Elimination (IDDE) plan, contingent on Town Meeting approval of funding.  
 \_\_\_\_\_  
 Specify Measurable Goal

16  
 BMP ID #

Enforcement procedures addressing illicit discharges  
 \_\_\_\_\_  
 Specify Best Management Practice

Planning Board  
 Town Counsel  
 Board of Health  
 \_\_\_\_\_  
 Responsible Dept./Person Name

Millbury will review whether local authority is appropriate and able to respond to potential illicit discharges. New by-laws, if necessary, will be proposed to Town Meeting.  
 \_\_\_\_\_  
 Specify Measurable Goal

17  
 BMP ID #

Public information program regarding hazardous wastes and dumping  
 \_\_\_\_\_  
 Specify Best Management Practice

Department of Public Works  
 Board of Health  
 \_\_\_\_\_  
 Responsible Dept./Person Name

Millbury will provide educational brochures to residents promoting proper disposal of household hazardous wastes and conditions for regional collections.  
 \_\_\_\_\_  
 Specify Measurable Goal

18  
 BMP ID #

Initiation of recycling programs  
 \_\_\_\_\_  
 Specify Best Management Practice

Department of Public Works  
 Board of Health  
 \_\_\_\_\_  
 Responsible Dept./Person Name

Millbury will apply for funding assistance from DEP's Recycling Grant Program for assistance in public education and the purchase of recycling materials.  
 \_\_\_\_\_  
 Specify Measurable Goal



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 Bureau of Resource Protection - Watershed Management

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**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.)**

3. Illicit Discharge Detection and Elimination (Cont.):

19  
 BMP ID #

Watershed assessments and studies  
 Specify Best Management Practice

Department of Public Works  
Conservation Commission  
Board of Health  
 Responsible Dept./Person Name

Millbury will identify opportunities for funding assistance from DEP's 604(b) and 319 grant programs and the Department of environmental Management's Lakes and Ponds Grant Program to support watershed assessment and implementation activities. Tasks can include design and installation of stormwater BMPs and public outreach including storm drain stenciling. Emphasis will be on assessments and remediation of stormwater related problems impacting water quality in Briery Pond, Dorothy Pond, Hathaway Pond, Howe Pond, Howe Reservoirs, Slaughterhouse Pond, and Woolshop Pond. These waterbodies have been identified as impaired and on DEP's 303d list.

\_\_\_\_\_  
 Specify Measurable Goal

20  
 BMP ID #

Watershed assessments and studies  
 Specify Best Management Practice

Department of Public Works  
Public Water Suppliers  
 Responsible Dept./Person Name

The Town of Millbury will encourage the Massachusetts American Water Works Co. to apply for funding assistance from DEP's Source Water Protection Program for grant assistance to develop wellhead protection plans and stormwater management plans within Zones II. These plans can include stormwater management programs. The proposed tasks will include a public education component.

The Lake Singletary Watershed Association will be consulted and asked to provide educational data from their studies and monitoring of Lake Singletary for posting on Millbury's local access channel and website.

\_\_\_\_\_  
 Specify Measurable Goal



**Massachusetts Department of Environmental Protection**  
 Bureau of Resource Protection - Watershed Management  
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**Storm Sewer Systems (MS4s)**

W040562  
 Transmittal Number

Facility ID (if known)

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

4. Construction Site Runoff Control:

21  
 BMP ID #  
 Bylaw: Storm water management  
 regulations for construction sites 1  
 acre or larger  
 Specify Best Management Practice

Planning Board  
 Conservation Commission  
 Town Counsel  
 Board of Health  
Zoning Board of Appeals  
 Responsible Dept./Person Name

Millbury will review model by-law  
 developed by DEP in consultation  
 with the Attorney General's Office.  
 Specify Measurable Goal

5. Post Construction Runoff Control:

22  
 BMP ID #  
 Bylaw: Require post-construction  
 runoff controls  
 Specify Best Management Practice

Planning Board  
 Conservation Commission  
 Town Counsel  
 Board of Health  
Zoning Board of Appeals  
 Responsible Dept./Person Name

Millbury will review model by-law  
 developed by DEP in consultation  
 with the Attorney General's Office.  
 Specify Measurable Goal

6. Municipal Good Housekeeping:

23  
 BMP ID #  
 Develop a municipal Operations and  
 Maintenance Plan  
 Specify Best Management Practice

Department of Public Works  
 Responsible Dept./Person Name

Using regulations and  
 recommendations from DEP and  
 EPA, Lanesborough will develop and  
 update an operations and  
 maintenance plan to include proper  
 disposal of street sweepings,  
 catchbasin cleanout, snow disposal,  
 roadway de-icing procedures, vehicle  
 washing, and outside storage of  
 materials.  
 Specify Measurable Goal

24  
 BMP ID #  
 Develop a municipal Operations and  
 Maintenance Plan  
 Specify Best Management Practice

Department of Public Works  
 Responsible Dept./Person Name

Millbury will implement a formal  
 inspection program, including  
 maintenance logs and scheduling, for  
 catchbasin cleaning, repairs, and new  
 installation.  
 Specify Measurable Goal



**Massachusetts Department of Environmental Protection**  
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**Storm Sewer Systems (MS4s)**

W040562  
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\_\_\_\_\_  
 Facility ID (if known)

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

6. Municipal Good Housekeeping (Cont.):

25  
 BMP ID #

Develop and implement training  
 programs for municipal employees  
 Specify Best Management Practice

Department of Public Works  
 Responsible Dept./Person Name

Millbury will send a minimum of 3  
 public works employees annually to  
 training seminars sponsored by  
 MassHighway, BayState Roads, and  
 other relevant agencies or vendors.  
 Specify Measurable Goal

26  
 BMP ID #

Review storm drainage infrastructure  
 needs  
 Specify Best Management Practice

Department of Public Works  
 Responsible Dept./Person Name

Millbury will incorporate storm drain  
 infrastructure review in Millbury's  
 Chapter 90 project utilizations.  
 Specify Measurable Goal

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

\_\_\_\_\_  
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**Storm Sewer Systems (MS4s)**

Facility ID (if known)

**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.

RAYMOND W. HOBLE, JR  
Printed Name

*Raymond W. Hoble, Jr.*  
Signature

JULY 14, 2003  
Date