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

W040942  
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**

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 Millis / Charles Aspinwall  
Name  
900 Main Street  
Mailing Address  
Millis MA  
City/Town State  
508-376-7040  
Telephone Number Email (if available)

2. Municipality Name

Millis  
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

JUL 31 2003  
MUNICIPAL ASSISTANCE UNIT



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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
Bogastow Brook Name	9 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
McCarthy Pond Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Tributary along E. Main St. to Charles River Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Stream crossing Myrtle St. to Charles River Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Stream adjacent to Charles River Estates to Charles R. Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Stream crossing Eden St. to Charles River Name	4 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Wetland east of Timberline Rd. tributary to Charles River Name	5 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Stream crossing Bogastow Cir. to Bogastow Brook Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Stream crossing Brookview Rd. to Bogastow Brook Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Stream adjacent to Pleasant St. to Bogastow Br. Name	5 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Stream north of Greenwood Rd. to Bogastow Brook Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Stream crossing Spring St. to Bogastow Brook Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify

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**C. Names of (Presently Known) Receiving Waters (continued)**

Stream crossing W. Main St. to Bogastow Brook Name	<u>2</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Stream crossing Rosenfeld Rd. to Richard's Pond Name	<u>3</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Wetland Tributary to Richardson Pond Name	<u>2</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Stream Crossing Island Rd. to Bogastow Brook Name	<u>6</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____

**D. Stormwater Management Program Summary**

1. Public Education:

<u>1A</u> BMP ID # Distribute Brochures & Fact Sheets to Residents & Businesses Specify Best Management Practice	<u>Dept. of Public Works (DPW)</u> Responsible Dept./Person Name	<u>Number of Articles &amp; Copies of Materials.</u> Specify Measurable Goal
<u>1B</u> BMP ID # Develop and Broadcast Stormwater Presentation on Local Cable Network Specify Best Management Practice	<u>DPW &amp; Town Selectmen</u> Responsible Dept./Person Name	<u>Cable TV tapes of presentations. Show annually during permit term.</u> Specify Measurable Goal
<u>1C</u> BMP ID # Send out Stormwater Press Releases Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Copies of Articles.</u> Specify Measurable Goal

2. Public Participation:

<u>2A</u> BMP ID # Establish a Stormwater Telephone Hotline Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Record number of phone calls to hotline, copies of articles.</u> Specify Measurable Goal
<u>2B</u> BMP ID # Mark Storm Drains with Stencils During Cleaning Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>10% of Storm Drains Marked by Year 1.</u> Specify Measurable Goal



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

2C

BMP ID #

Conduct River, Stream, and  
Pond Cleanups

Specify Best Management Practice

DPW & Volunteers

Responsible Dept./Person Name

Cleaner streams as  
documented by before and  
after photographs.

Specify Measurable Goal

3. Illicit Discharge Detection and Elimination:

3A

BMP ID #

Make Annual Household  
Hazardous Waste Collections  
Available to Residents

Specify Best Management Practice

DPW & Board of Health  
(BOH)

Responsible Dept./Person Name

Document Quantity of Tickets  
Sold.

Specify Measurable Goal

3B

BMP ID #

Develop Primary Town Storm  
Drain System Map

Specify Best Management Practice

DPW

Responsible Dept./Person Name

80 % of system mapped on  
GIS.

Specify Measurable Goal

3C

BMP ID #

Identify Illicit Floor Drain  
Connections at Businesses

Specify Best Management Practice

DPW

Responsible Dept./Person Name

26 illicit connections identified  
and removed, 2 from the storm  
drain system and/or  
waterways in Millis.

Specify Measurable Goal

3D

BMP ID #

Complete Storm Drain Map

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Map All Outfalls by Year 4

Specify Measurable Goal

3E

BMP ID #

Develop Illicit Discharge  
Prohibition Ordinance

Specify Best Management Practice

DPW & BOH

Responsible Dept./Person Name

Bylaw at Town meeting by end  
of year 2.

Specify Measurable Goal

3F

BMP ID #

Develop Illicit Discharge Detection  
and Elimination Plan and  
Implement Activities

Specify Best Management Practice

DPW, BOH, Consultant

Responsible Dept./Person Name

Plan - Yr 2, All outfalls  
examined by year 4. Sources  
traced and results  
documented within one year of  
discovery.

Specify Measurable Goal



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

3G

BMP ID #

Incorporate Information on Illicit  
Discharges into Public Education  
and Outreach Topics

Specify Best Management Practice

DPW & BOH

Responsible Dept./Person Name

Copies of Materials.

Specify Measurable Goal

3H

BMP ID #

Setup and Advertise a Hotline for  
Illicit Discharges

Specify Best Management Practice

DPW & BOH

Responsible Dept./Person Name

Log of Complaints and Action  
Taken.

Specify Measurable Goal

4. Construction Site Runoff Control:

4A

BMP ID #

Develop Erosion Control  
Regulation

Specify Best Management Practice

Building Inspector (BI) &  
DPW

Responsible Dept./Person Name

Bylaw at Town Meeting by  
End of Yr 2.

Specify Measurable Goal

4B

BMP ID #

Establish a Procedure for the  
Receipt of Information Submitted  
by the Public

Specify Best Management Practice

BI & DPW

Responsible Dept./Person Name

Record number of phone calls  
to hotline, copies of articles.

Specify Measurable Goal

4C

BMP ID #

Develop & Adopt Design  
Standards Guidance for Erosion  
Controls

Specify Best Management Practice

Planning Board (PB),  
DPW, Conservation  
Commission (Con. Com.) &  
Consultant

Responsible Dept./Person Name

Inspection checklist and  
documented inspections.

Specify Measurable Goal

5. Post Construction Runoff Control:

5A

BMP ID #

Develop BMP Regulation

Specify Best Management Practice

BI & DPW

Responsible Dept./Person Name

Bylaw at Town Meeting - Yr 2.

Specify Measurable Goal

5B

BMP ID #

Develop and Implement  
Inspection Program

Specify Best Management Practice

BI & DPW

Responsible Dept./Person Name

Copies of maintenance reports  
received annually, plus  
records of inspections  
completed and results.

Specify Measurable Goal



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

5C

BMP ID #

Develop BMP Design Standards  
Specify Best Management Practice

PB, DPW, Con. Com. & Consultant

Responsible Dept./Person Name

Improved Bylaws - Yr 4

Specify Measurable Goal

6. Municipal Good Housekeeping:

6A

BMP ID #

Clean Catch Basins  
Specify Best Management Practice

DPW

Responsible Dept./Person Name

Clean all Basins - Ongoing

Specify Measurable Goal

6B

BMP ID #

Sweep Streets in Town  
Specify Best Management Practice

DPW

Responsible Dept./Person Name

Priority plan of sweeping based on water quality impact. Volume of sweepings collected.

Specify Measurable Goal

6C

BMP ID #

Store Road Salt Under Cover and Clean Loading Area  
Specify Best Management Practice

DPW

Responsible Dept./Person Name

Minimize Stormwater Contact with Salt.

Specify Measurable Goal

6D

BMP ID #

Calibrate Salt Spreading Equipment  
Specify Best Management Practice

DPW

Responsible Dept./Person Name

Prevent over-application of salt as shown with calibration records.

Specify Measurable Goal

6E

BMP ID #

Use Low Salt Applications at Designated Areas  
Specify Best Management Practice

DPW

Responsible Dept./Person Name

Use less salt at Norfolk county line than at other roadways as demonstrated with application rate.

Specify Measurable Goal

6F

BMP ID #

Use IPM Practices for Application of Pesticides in Town  
Specify Best Management Practice

DPW

Responsible Dept./Person Name

Copy of IPM Plan.

Specify Measurable Goal

6G

BMP ID #

Use Licensed Applicators for Fertilizers and Insecticides in Town  
Specify Best Management Practice

DPW

Responsible Dept./Person Name

Record quantities of fertilizers and pesticides purchased annually.

Specify Measurable Goal



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

<u>6H</u> BMP ID # Ensure Compliance with SPCC Plan for the Highway Garage Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	Prevent releases of oil at the Highway Garage through weekly inspections, annual training, and annual plan evaluation. Specify Measurable Goal
<u>6I</u> BMP ID # Ensure Compliance for Snow Disposal in Town Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	Map of Acceptable Snow Disposal Areas. Specify Measurable Goal
<u>6J</u> BMP ID # Use Filter Socks for Excavation and Hydrant Waters Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	Prevent discharge of sediments during dewatering and hydrant flow testing activities. Specify Measurable Goal
<u>6K</u> BMP ID # Evaluate Pollution Prevention BMPs for the Fueling Station at the Highway Garage Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	As-built sketches or plans and photos. Specify Measurable Goal
<u>6L</u> BMP ID # Evaluate BMPs at the Highway Garage to Prevent Sedimentation to the Adjacent Waterway from Site Runoff and Road Material Storage Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	As-built sketches or plans and photos. Specify Measurable Goal
<u>6M</u> BMP ID # Develop an Inspection and Maintenance Plan Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	Written Policy – Yr 3, Records of inspections and maintenance. Specify Measurable Goal
<u>6N</u> BMP ID # Ensure Water Quality Improvements are Considered for Flood Projects Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	Records of Flood Control Projects. Specify Measurable Goal



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

<u>60</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Attendance Sheet &amp; Copy of Program</u> Specify Measurable Goal
<u>Conduct Town Employee Stormwater Training</u> Specify Best Management Practice		

7. BMPs for Meeting TMDL: N/A

<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>        </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

**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.

Charles Aspinwall  
Printed Name

Town Administrator  
Charles J. Aspinwall  
Signature

7/28/03  
Date

