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

W035855
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:

New Bedford Water/Wastewater Department

Name

1105 Shawmut Ave.

Mailing Address

New Bedford

City/Town

508-979-1556

Telephone Number

MA 02746

State

RonaldL@www.ci.new-bedford.ma.us

Email (if available)

2. Municipality Name

City Of New Bedford

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:

Acushnet, Dartmouth & Fairhaven

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

Received
8/5/03



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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
Acushnet River Name	31 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	303(d) list for organics, metals, low d.o., pathogens
Buttonwood Park Pond Name	07 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	303 (d) list for noxious aquatic plants
Clark's Cove Name	19 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	303 (d) list for organics, pathogens
Copper Pond Name	01 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	None
New Bedford Inner Harbor Name	13 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Specify 303 (d) list for organics, metals, nutrients, low d.o., pathogens
 Name	 Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
New Bedford Outer Harbor Name	17 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	None
Sassaquin Pond Name	06 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
 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:

<u>1-1</u> BMP ID #	<u>Water/Wastewater</u> Responsible Dept./Person Name	<u>Flyer Prepared & Distributed per Time Line</u>
<u>Educational Flyer</u> Specify Best Management Practice		
<u>1-2</u> BMP ID #	<u>Water/Wastewater</u> Responsible Dept./Person Name	<u>Meetings Advertised & Conducted</u>
<u>Annual Meeting</u> Specify Best Management Practice		
<u>1-3</u> BMP ID #	<u>Water/Wastewater/MIS</u> Responsible Dept./Person Name	<u>Page Developed</u> Specify Measurable Goal
<u>Web Page</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>		

2. Public Participation:

<u>2-1</u> BMP ID #	<u>Water/Wastewater</u> Responsible Dept./Person Name	<u>Maintain Log/file</u> Specify Measurable Goal
<u>Encourage Public Participation</u> Specify Best Management Practice		
<u>2-2</u> BMP ID #	<u>Water/Wastewater</u> Responsible Dept./Person Name	<u>Meeting Protocol Kept</u> Specify Measurable Goal
<u>StormWater Mngt Committee</u> Specify Best Management Practice		
<u>2-3</u> BMP ID #	<u>Water/Wastewater</u> Responsible Dept./Person Name	<u>Number Stencilled per Year</u> Specify Measurable Goal
<u>Catch Basin Stencilling</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.)

3. Illicit Discharge Detection and Elimination:

3-1

BMP ID #

Discharge Identification

Specify Best Management Practice

Water/Wastewater

Responsible Dept./Person Name

Map Production

Specify Measurable Goal

3-2

BMP ID #

Drainage Identification

Specify Best Management Practice

Water/Wastewater

Responsible Dept./Person Name

Map Production

Specify Measurable Goal

3-3

BMP ID #

Illicit Discharge Identification

Specify Best Management Practice

Water/Wastewater

Responsible Dept./Person Name

Discharges Identified and Corrected

3-4

BMP ID #

Illicit Discharge Enforcement

Specify Best Management Practice

Water/Wastewater

Responsible Dept./Person Name

Ordinance Reviewed/Adopted

Specify Measurable Goal

3-5

BMP ID #

Public Information Flyers

Specify Best Management Practice

Water/Wastewater

Responsible Dept./Person Name

Maintain Complaint File

Specify Measurable Goal

4. Construction Site Runoff Control:

4-1

BMP ID #

Bylaw Review

Specify Best Management Practice

Conservation Staff

Responsible Dept./Person Name

Completed Review

Specify Measurable Goal

4-2

BMP ID #

Subdivision Regulation Review

Planning Department

Responsible Dept./Person Name

Required Changes Completed

Specify Measurable Goal

4-3

BMP ID #

Zoning Regulation Review

Specify Best Management Practice

Planning Department

Responsible Dept./Person Name

Required Changes Completed

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.)

5. Post Construction Runoff Control:

<u>5-1</u> BMP ID #	<u>Conservation Staff</u> Responsible Dept./Person Name	<u>Completed Review</u> Specify Measurable Goal
<u>Bylaw Review</u> Specify Best Management Practice		
<u>5-2</u> BMP ID #	<u>Planning Department</u> Responsible Dept./Person Name	<u>Necessary Changes Completed</u>
<u>Subdivision Regulation Review</u>		
<u>5-3</u> BMP ID #	<u>Planning Department</u> Responsible Dept./Person Name	<u>Necessary Changes Completed</u>
<u>Zoning Regulation Review</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>		

6. Municipal Good Housekeeping:

<u>6-1</u> BMP ID #	<u>Water/Wastewater</u> Responsible Dept./Person Name	<u>Procedures Followed</u> Specify Measurable Goal
<u>Protocol Implementation</u> Specify Best Management Practice		
<u>6-2</u> BMP ID #	<u>Water/Wastewater</u> Responsible Dept./Person Name	<u>Training Completed</u> Specify Measurable Goal
<u>Annual Training</u> Specify Best Management Practice		
<u>6-3</u> BMP ID #	<u>Applicable City Departments</u> Responsible Dept./Person Name	<u>Permits on File</u> Specify Measurable Goal
<u>City Permit Filing</u> Specify Best Management Practice		
<u>6-4</u> BMP ID #	<u>Water/Wastewater</u> Responsible Dept./Person Name	<u>Miles of Street Swept</u> Specify Measurable Goal
<u>Street Sweeping</u> Specify Best Management Practice		
<u>6-5</u> BMP ID #	<u>Water/Wastewater</u> Responsible Dept./Person Name	<u>Basins Cleaned</u> Specify Measurable Goal
<u>Catch Basin Cleaning</u> Specify Best Management Practice		
<u>BMP ID #</u>	<u>Specify Best Management Practice</u>	



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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.

Ronald H. Labelle
 Printed Name

Ronald H Labelle
 Signature

July 30, 2003
 Date

Commissioner, Dept. of Infrastructure

