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

W 035904
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:

City of Northampton Doug McDonald D.McDonald@nohodpw.org
Name
125 Locust Street
Mailing Address
Northampton MA
City/Town State
413-587-1570 dpw@nohodpw.org
Telephone Number Email (if available)

2. Municipality Name

City of Northampton
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:

Massachusetts Highway Department, VA Medical Center at Northampton, Hampshire County Holding Facility, Hampshire County Long-Term Care Facility

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
Mill River Name	47 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	not assessed Specify
Mill River Diversion Name	8 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	not assessed Specify
Lower Meadow Brook to Mill River Diversion Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	not assessed Specify
Ice Pond Brook to Mill River Diversion Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	not assessed Specify
Elm St. Brook to Mill River Name	21 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	not assessed Specify
Tributary to Mill River Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	not assessed Specify
Sandy Hill Brook to Mill River Name	11 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	not assessed Specify
Tributary to Mill River (Riverside Dr.) Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	not assessed Specify
Deer Brook to Mill River Name	4 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	not assessed Specify
Tributary to Mill River (Ryan Rd.) Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	not assessed Specify
Look Park Diversion to Mill River Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	not assessed Specify
Roberts Meadow Brook to Mill River Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	not assessed Specify
Old Mill River Name	11 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	not assessed Specify
Tributary to Old Mill River (Industrial Park) Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	not assessed Specify
Connecticut River Name	1 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Priority Organics, Pathogens Specify
Tributary to Connecticut River (Damon Rd.) Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	not assessed Specify
Wetland Tributary to Connecticut River Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	not assessed Specify
King St. Brook to CT River Name	7 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	not assessed Specify



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yes pending no

Note:
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C. Names of (Presently Known) Receiving Waters

Receiving Water:	No. of Outfalls	Listed as Impaired?	Impairment
Tributary to King St. Brook Name	7 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	not assessed Specify
Pine Brook to Connecticut River Name	4 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	not assessed Specify
Broad Brook to CT River Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	not assessed Specify
Wetland Tributary to CT River Oxbow Name	8 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	not assessed Specify
Bassett Brook Name	8 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	not assessed Specify
Parsons Brook Name	12 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	not assessed Specify
West Branch Manhan River Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	not assessed 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:

1.1 BMP ID # Educational Brochure Specify Best Management Practice	DPW Responsible Dept./Person Name	Brochure Distributed to City Residents
1.2 BMP ID # Stormwater Educational Information on DPW Web Site	DPW Responsible Dept./Person Name	Information on DPW Website Specify Measurable Goal
1.3 BMP ID # Educational Outreach to Community/School Groups	DPW Responsible Dept./Person Name	# of Classrooms/Community Groups using material
1.4 BMP ID # Tributary Signage Specify Best Management Practice	DPW Responsible Dept./Person Name	# Signs Installed Specify Measurable Goal
1.5 BMP ID # Targeted Educational Material Specify Best Management Practice	DPW Responsible Dept./Person Name	# of Signs or Educational Material Distributed

2. Public Participation:

2.1 BMP ID # Public Advisory Committee Specify Best Management Practice	DPW Responsible Dept./Person Name	# Meetings Specify Measurable Goal
2.2 BMP ID # Volunteer Water Quality Monitoring	DPW Responsible Dept./Person Name	# Samples Specify Measurable Goal
2.3 BMP ID # Storm Drain Labels Specify Best Management Practice	DPW Responsible Dept./Person Name	# Drains Labeled Specify Measurable Goal
2.4 BMP ID # Community Clean-Ups Specify Best Management Practice	DPW Responsible Dept./Person Name	# Clean-Ups 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:

3.1

BMP ID #

Storm Sewer System Map

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Map Complete

Specify Measurable Goal

3.2

BMP ID #

Legal Prohibition &

Enforcement

DPW

Responsible Dept./Person Name

Illicit Discharge & Connection Ordinance Adopted

3.3

BMP ID #

Illicit Discharge Detection and Elimination

DPW

Responsible Dept./Person Name

Plan Complete / # Identified and Eliminated

3.4

BMP ID #

Targeted Educational Outreach

DPW

Responsible Dept./Person Name

Educational Materials Distributed

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

4. Construction Site Runoff Control:

4.1

BMP ID #

Erosion & Sediment Control Ordinance

DPW

Responsible Dept./Person Name

Ordinance Adopted

Specify Measurable Goal

4.2

BMP ID #

Stormwater Site Plan Reviews

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Reviews Completed

Specify Measurable Goal

4.3

BMP ID #

Site Inspections

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Inspections Completed

Specify Measurable Goal

4.4

BMP ID #

Construction Site Public Participation

DPW

Responsible Dept./Person Name

Public Submittals

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:

5.1 BMP ID # BMP Strategies Developed Specify Best Management Practice	DPW Responsible Dept./Person Name	BMP Strategy Developed/City Regulations updated
5.2 BMP ID # Runoff Control Performance Standards	DPW Responsible Dept./Person Name	Design Manual or Ordinance Adopted
5.3 BMP ID # Structural BMP Inspection & Maintenance	DPW Responsible Dept./Person Name	# Inspections / Maintenance Orders
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:

6.1 BMP ID # Drainage System Operation & Maintenance Program	DPW Responsible Dept./Person Name	Maintenance Activities Documented
6.2 BMP ID # Employee Training Specify Best Management Practice	DPW Responsible Dept./Person Name	# Employees Trained Specify Measurable Goal
6.3 BMP ID # Pollution Prevention BMPs Specify Best Management Practice	DPW Responsible Dept./Person Name	Priority List Developed / # BMPs Implemented
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.

Mary Clare Higgins

Printed Name

Signature

7/28/03
Date

