



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)

W 041170
Transmittal Number

Facility ID (if known)

MAR 04 2003

AH

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

Bruce Gordon - contact

1. Small MS4 Operator/Owner Information:

Northampton Veterans Administration Medical Center

Name

421 North Main Street

Mailing Address

Leeds

MA

01053

State

City/Town

(413) 584-4040

Telephone Number

Email (if available)

2. Municipality Name

Veterans Administration

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:

NA

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 29 2003

MUNICIPAL ASSISTANCE UNIT

B. Applicant Information (cont.)



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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 _____	Unknown Number _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	None 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 _____

D. Stormwater Management Program Summary



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1. Public Education:

1.31		
BMP ID #	FMS	Distribute brochure
Public education materials	Responsible Dept./Person Name	Specify Measurable Goal
Specify Best Management Practice		
1.32		
BMP ID #	FMS	Present at 2 training sessions
Training Program	Responsible Dept./Person Name	Specify Measurable Goal
Specify Best Management Practice		
1.33		
BMP ID #	FMS	Develop & implement program
Storm Drain Stenciling Program	Responsible Dept./Person Name	Specify Measurable Goal
Specify Best Management Practice		
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:

2.31		
BMP ID #	FMS	Develop & implement program
"Clean the Stream" Program	Responsible Dept./Person Name	Specify Measurable Goal
Specify Best Management Practice		
2.32		
BMP ID #	FMS	Form partnership
Partner with Northampton	Responsible Dept./Person Name	Specify Measurable Goal
Specify Best Management Practice		
2.33		
BMP ID #	FMS	Set up designated line or rop box and inform public
Call Center/Suggestion Box	Responsible Dept./Person Name	
Specify Best Management Practice		
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

D. Stormwater Management Program Summary (Cont.)



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3. Illicit Discharge Detection and Elimination:

<u>3.41</u> BMP ID #		
<u>Storm Drain Map</u> Specify Best Management Practice	<u>FMS</u> Responsible Dept./Person Name	<u>Complete facility map</u> Specify Measurable Goal
<u>3.42</u> BMP ID #		
<u>Stormwater Policy</u> Specify Best Management Practice	<u>FMS</u> Responsible Dept./Person Name	<u>Develop & implement policy</u> Specify Measurable Goal
<u>3.43</u> BMP ID #		
<u>Illicit Discharge Detection</u> Specify Best Management Practice	<u>FMS</u> Responsible Dept./Person Name	<u>Develop & implement policy</u> Specify Measurable Goal
<u>3.44</u> BMP ID #		
<u>Illicit Discharge Elimination</u> Specify Best Management Practice	<u>FMS</u> Responsible Dept./Person Name	<u>Correct illicit discharges detected by BMP 3.43</u>
<u>3.45</u> BMP ID #		
<u>Education Program</u> Specify Best Management Practice	<u>FMS</u> Responsible Dept./Person Name	<u>Develop & distribute fliers</u> Specify Measurable Goal

4. Construction Site Runoff Control:

<u>4.21</u> BMP ID #		
<u>Regulatory Controls</u> Specify Best Management Practice	<u>FMS</u> Responsible Dept./Person Name	<u>Develop erosion & sediment control contract specifications</u>
<u>4.22</u> BMP ID #		
<u>Review & Site Inspection Procedures</u>	<u>FMS</u> Responsible Dept./Person Name	<u>Develop and implement site inspection guidelines</u>
<u>4.23</u> BMP ID #		
<u>Enforcement Procedures</u> Specify Best Management Practice	<u>FMS</u> Responsible Dept./Person Name	<u>Develop sanctions for violators</u> Specify Measurable Goal
<u>4.24</u> BMP ID #		
<u>Procedures for Handling Public Comment</u>	<u>FMS</u> Responsible Dept./Person Name	<u>Develop & implement procedure for public comment</u>
<u>BMP ID #</u>		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

D. Stormwater Management Program Summary (Cont.)



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5. Post Construction Runoff Control:

5.31 BMP ID # Structural Stormwater Controls Specify Best Management Practice	FMS Responsible Dept./Person Name	Develop contract specifications for structural controls
5.32 BMP ID # Stormwater Policy Specify Best Management Practice	FMS Responsible Dept./Person Name	Develop & Implement Policy Specify Measurable Goal
5.33 BMP ID # Planning Strategies Specify Best Management Practice	FMS Responsible Dept./Person Name	Update planning criteria 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:

6.31 BMP ID # Employee Training Program Specify Best Management Practice	FMS Responsible Dept./Person Name	Maintain employee training program
6.32 BMP ID # Recycling Program Specify Best Management Practice	FMS Responsible Dept./Person Name	Monitor and maintain recycling program
6.33 BMP ID # Catch Basin Cleaning Program Specify Best Management Practice	FMS Responsible Dept./Person Name	Track cleaning quantities Specify Measurable Goal
6.34 BMP ID # Street Sweeping Program Specify Best Management Practice	FMS Responsible Dept./Person Name	Track sweeping quantities 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

D. Stormwater Management Program Summary (cont.)



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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.

DAVID LAUFSON
 Printed Name _____
 Signature David Laufson _____
 Date 7/28/03 _____



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F. VAMC Stormwater Management Program **TIME FRAMES**

Transmittal Number: W041128
Facility ID (if known):
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BMP ID #	PERMIT YEAR ONE		PERMIT YEAR TWO			PERMIT YEAR THREE			PERMIT YEAR FOUR			PERMIT YEAR FIVE			Next Permit				
	Spring 03	Summer 03	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
1.31																			
1.32																			
1.33																			
2.31																			
2.32																			
2.33																			
3.41																			
3.42																			
3.43																			
3.44																			
3.45																			
4.21																			
4.22																			
4.23																			
4.24																			
5.31																			
5.32																			
5.33																			
6.31																			
6.32																			
6.33																			
6.34																			

Represents the VAMC's measurable goals and target dates
Represents policy implementation and potential corrective or enforcement actions



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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 #		
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DAVID LAWSON, FACILITIES MANAGER
 Printed Name
 Signature: *David Lawson*
 Date: 7/28/03

BRUCE A. GORDON, Director, Northampton VAMC
 Printed Name
 Signature: *Bruce A Gordon*
 Date: 5.20.04



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_____	_____	_____
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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DAVID LAWSON, FACILITIES MANAGER

 Printed Name

 Signature

 Date

BRUCE A. GORDON, Director, Northampton VAMC

 Printed Name

 Signature

 Date