



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

W040823
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:

Town of Northbridge Department of Public Works
Name
11 Fletcher Street, P.O. Box 88
Mailing Address

*/Richard S. Seville,
Dir. DPW*

City/Town
508-234-3581
Telephone Number

MA 01588-0088
State
dpw@northbridgemass.org
Email (if available)

2. Municipality Name

Town of Northbridge
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:

State Highways

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

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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
Arcade Pond Name	17 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Noxious aquatic plants Specify
Meadow Pond Name	10 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Noxious aquatic plants Specify
Riverdale Impoundment Name	1 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Priority organics, turbidity Specify
Blackstone River Name	10 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Unknown toxicity, Priority organics, Metals, Nutrients, Metals, pH, Organic enrichment/Low DO, Pathogens
Mumford River Name	18 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Whitins Pond Name	4 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Carpenter Reservoir Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Swans Pond Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Stream to Carpenter Reservoir Name	5 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Stream to Blackstone River Name	17 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Union St Brook Name	9 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

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D. Stormwater Management Program Summary

1. Public Education:

<u>1-1</u> BMP ID #		
<u>Business/industry contacts</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>#of contacts</u> Specify Measurable Goal
<u>1-2</u> BMP ID #		
<u>Community organizations</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u># of contacts</u> Specify Measurable Goal
<u>1-3</u> BMP ID #		
<u>School contacts</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u># of students contacted</u> Specify Measurable Goal
<u>1-4</u> BMP ID #		
<u>Stormdrain stenciling</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u># of drains stencilled</u> Specify Measurable Goal
<u>1-5</u> BMP ID #		
<u>Household haz. waste coll.</u> Specify Best Management Practice	<u>DPW/Recycling Committee</u> Responsible Dept./Person Name	<u># of pounds collected</u> Specify Measurable Goal

2. Public Participation:

<u>2-1</u> BMP ID #		
<u>Volunteer stream cleanup</u> Specify Best Management Practice	<u>DPW/Conservation</u> Responsible Dept./Person Name	<u># of participants</u> Specify Measurable Goal
<u>2-2</u> BMP ID #		
<u>Volunteer stream monitoring</u> Specify Best Management Practice	<u>DPW/Conservation</u> Responsible Dept./Person Name	<u># of volunteer hours</u> Specify Measurable Goal
<u>2-3</u> BMP ID #		
<u>Stormwater video</u> Specify Best Management Practice	<u>DPW/Conservation/Cable</u> Responsible Dept./Person Name	<u>Complete by Jan. 1, 2005</u> Specify Measurable Goal
<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>



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D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

<u>3-1</u> BMP ID #		
<u>Storm sewer map</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Complete December 2003</u> Specify Measurable Goal
<u>3-2</u> BMP ID #		
<u>Map updates</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Complete 2006</u> Specify Measurable Goal
<u>3-3</u> BMP ID #		
<u>Stormwater By-law</u> Specify Best Management Practice	<u>DPW/Conservation</u> Responsible Dept./Person Name	<u>Complete Jan. 1, 2005</u> Specify Measurable Goal
<u>3-4</u> BMP ID #		
<u>Non-storm discharges</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Complete Jan. 1 2005</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

4. Construction Site Runoff Control:

<u>4-1</u> BMP ID #		
<u>Sedimentation & Erosion Control Guidebook</u>	<u>Building/Planning Depts</u> Responsible Dept./Person Name	<u>Complete Dec. 31, 2005</u> Specify Measurable Goal
<u>4-2</u> BMP ID #		
<u>Erosion control bylaw</u> Specify Best Management Practice	<u>Building/Planning Depts</u> Responsible Dept./Person Name	<u>Complete Dec. 31, 2005</u> Specify Measurable Goal
<u>4-3</u> BMP ID #		
<u>Inspection & Enforcement</u> Specify Best Management Practice	<u>Building/Planning Depts</u> Responsible Dept./Person Name	<u>Number of inspections</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



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D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

<u>5-1</u> BMP ID #	<u>Building/Planning</u> Responsible Dept./Person Name	<u>Dec. 31, 2005</u> Specify Measurable Goal
<u>Guidebook</u> Specify Best Management Practice		
<u>5-2</u> BMP ID #	<u>Building/Planning</u> Responsible Dept./Person Name	<u>Dec. 31, 2005</u> Specify Measurable Goal
<u>Bylaw revision</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> </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		

6. Municipal Good Housekeeping:

<u>6-1</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u># of manhours trained</u> Specify Measurable Goal
<u>Employee Education</u> Specify Best Management Practice		
<u>6-2</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Complete by July 1, 2005</u> Specify Measurable Goal
<u>SPCCP Update</u> Specify Best Management Practice		
<u>6-3</u> BMP ID #	<u>DPW/Recycling Committee</u> Responsible Dept./Person Name	<u># of gallons collected</u> Specify Measurable Goal
<u>Motor oil recycling</u> Specify Best Management Practice		
<u>6-4</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Ave. tons per storm</u> Specify Measurable Goal
<u>Reduce winter sand use</u> Specify Best Management Practice		
<u>6-5</u> BMP ID #	<u>DPW/ Town Meeting</u> Responsible Dept./Person Name	<u>Complete by Nov. 1 2007</u> Specify Measurable Goal
<u>Construct vehicle wash fac.</u> Specify Best Management Practice		
<u> </u> BMP ID #	<u> </u> Specify Best Management Practice	



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D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

<u>7-1</u> BMP ID #	<u>DPW/Conservation/BoH</u> Responsible Dept./Person Name	<u>Completion date</u> Specify Measurable Goal
<u>Stream monitoring</u> Specify Best Management Practice		
<u>7-2</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Completion date</u> Specify Measurable Goal
<u>Locate MS4 discharges</u> Specify Best Management Practice		
<u>7-3</u> BMP ID #	<u>DPW/Conservation</u> Responsible Dept./Person Name	<u>Completion date</u> Specify Measurable Goal
<u>Survey agricultural activities</u> Specify Best Management Practice		
<u>7-4</u> BMP ID #	<u>DPW/Board of Health</u> Responsible Dept./Person Name	<u>Completion date</u> Specify Measurable Goal
<u>Septic system survey</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		

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.

William F. Williams, Town Manager

Printed Name

William F. Williams
Signature

7-25-03

Date