



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

1145

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:

James Purcell, Town Manager

Name

70 East Main St.

Mailing Address

Norton

City/Town

MA

State

508-285-0210

Telephone Number

Email (if available)

2. Municipality Name

Town of Norton

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 Highway 495, State Highway 140, State Highway 123

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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**D. Stormwater Management Program Summary**

1. Public Education:

<p><u>1a</u>          BMP ID #          Non-Point Source posters in public buildings          Specify Best Management Practice</p>	<p><u>Highway Dept.</u>          Responsible Dept./Person Name</p>	<p><u>Post in all schools and municipal buildings</u>          Specify Measurable Goal</p>
<p><u>1b</u>          BMP ID #          Develop pamphlet          Specify Best Management Practice</p>	<p><u>Water &amp; Sewer Dept.</u>          Responsible Dept./Person Name</p>	<p><u>Distribute information via mailings</u>          Specify Measurable Goal</p>
<p><u>1c</u>          BMP ID #          Air Stormwater Message on local cable channel          Specify Best Management Practice</p>	<p><u>Highway Dept.</u>          Responsible Dept./Person Name</p>	<p><u>Air one message for two weeks each quarter</u>          Specify Measurable Goal</p>
<p><u>1d</u>          BMP ID #          Post stormwater protection information to town website          Specify Best Management Practice</p>	<p><u>Highway Dept.</u>          Responsible Dept./Person Name</p>	<p><u>Add Stormwater Protection page to website</u>          Specify Measurable Goal</p>
<p>_____          BMP ID #          _____          Specify Best Management Practice</p>	<p>_____          Responsible Dept./Person Name</p>	<p>_____          Specify Measurable Goal</p>

2. Public Participation:

<p><u>2a</u>          BMP ID #          Establish Stormwater Advisory Committee          Specify Best Management Practice</p>	<p><u>Selectmen</u>          Responsible Dept./Person Name</p>	<p><u>Meetings of SAC to be held bi-annually</u>          Specify Measurable Goal</p>
<p><u>2b</u>          BMP ID #          Establish stormwater hotline          Specify Best Management Practice</p>	<p><u>Highway Dept.</u>          Responsible Dept./Person Name</p>	<p><u>Set up phone numbers and tracking/response system</u>          Specify Measurable Goal</p>
<p><u>2c</u>          BMP ID #          Co-sponsor stream cleanup day w/ local organizations          Specify Best Management Practice</p>	<p><u>Highway Dept.</u>          Responsible Dept./Person Name</p>	<p><u>Annual Stream Clean-up Day</u>          Specify Measurable Goal</p>
<p><u>2d</u>          RMP ID #          _____          Specify Best Management Practice</p>	<p>_____          Responsible Dept./Person Name</p>	<p>_____          Specify Measurable Goal</p>



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

3. Illicit Discharge Detection and Elimination:

3a

BMP ID #

Develop illicit discharge By-law  
and adopt by Town

Specify Best Management Practice

Stormwater Advisory  
Committee

Responsible Dept./Person Name

Draft proposed By-law and  
adoption by Town

Specify Measurable Goal

3b

BMP ID #

Develop IDDE Plan

Specify Best Management Practice

Stormwater Advisory  
Committee

Responsible Dept./Person Name

Recommend IDDE Plan to  
Town

Specify Measurable Goal

3c

BMP ID #

Map outfalls, receiving waters,  
and storm drain system

Specify Best Management Practice

Highway Dept.

Responsible Dept./Person Name

Conduct field survey of outfalls  
and map

Specify Measurable Goal

3d

BMP ID #

Develop public education  
brochure

Specify Best Management Practice

Highway Dept.

Responsible Dept./Person Name

Develop public education  
brochure

Specify Measurable Goal

3e

BMP ID #

Town collection of motor oil  
and anti-freeze

Specify Best Management Practice

Highway Dept.

Responsible Dept./Person Name

Collection hours provided  
twice per month

Specify Measurable Goal

4. Construction Site Runoff Control:

4a

BMP ID #

Develop new By-laws for  
construction site runoff

Specify Best Management Practice

Planning/ Con.Com.

Responsible Dept./Person Name

Present proposed By-law at  
Town meeting

Specify Measurable Goal

4b

BMP ID #

Develop site review  
procedures

Specify Best Management Practice

Planning/Con.Com.

Responsible Dept./Person Name

Site review protocol adopted

Specify Measurable Goal

4c

BMP ID #

Develop Site Inspection  
protocol

Specify Best Management Practice

Planning/ Con.Com.

Responsible Dept./Person Name

Site inspection protocol  
adopted

Specify Measurable Goal



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

4d \_\_\_\_\_

BMP ID # \_\_\_\_\_

Set up hotline for public complaints  
 Specify Best Management Practice

Planning Dept.  
 Responsible Dept./Person Name

Complaint registration/tracking procedure established  
 Specify Measurable Goal

BMP ID # \_\_\_\_\_

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

**5. Post Construction Runoff Control:**

5a \_\_\_\_\_

BMP ID # \_\_\_\_\_

Develop post-construction inspection protocol  
 Specify Best Management Practice

Planning Dept.  
 Responsible Dept./Person Name

Site inspection protocol drafted  
 Specify Measurable Goal

5b \_\_\_\_\_

BMP ID # \_\_\_\_\_

Develop new By-Laws for post construction controls  
 Specify Best Management Practice

Planning Dept.  
 Responsible Dept./Person Name

Present draft By-Law at Town meeting for adoption  
 Specify Measurable Goal

5c \_\_\_\_\_

BMP ID # \_\_\_\_\_

Require long-term O&M plans for BMPs  
 Specify Best Management Practice

Planning Dept./Con. Com.  
 Responsible Dept./Person Name

Establish long-term O&M procedures  
 Specify Measurable Goal

5d \_\_\_\_\_

BMP ID # \_\_\_\_\_

Review Planning and Zoning for Non-structural BMPs

Planning Dept.  
 Responsible Dept./Person Name

Planning and Zoning guidelines reviewed  
 Specify Measurable Goal

Specify Best Management Practice

5e \_\_\_\_\_

BMP ID # \_\_\_\_\_

Fact sheet of recommended BMPs  
 Specify Best Management Practice

Planning/Con.Com.  
 Responsible Dept./Person Name

Distribute fact sheet to developers  
 Specify Measurable Goal

**6. Municipal Good Housekeeping:**

6a \_\_\_\_\_

BMP ID # \_\_\_\_\_

Employee training program  
 Specify Best Management Practice

Highway Dept.  
 Responsible Dept./Person Name

Conduct annual employee training  
 Specify Measurable Goal



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

<u>6b</u> BMP ID # _____ Vehicle maintenance/ inspection program _____ Specify Best Management Practice	<u>Highway Dept.</u> Responsible Dept./Person Name _____	<u>Conduct program regularly</u> Specify Measurable Goal _____
<u>6c</u> BMP ID # _____ Park vehicles in covered area _____ Specify Best Management Practice	<u>Highway Dept.</u> Responsible Dept./Person Name _____	<u>Vehicles parked in covered area</u> Specify Measurable Goal _____
<u>6d</u> BMP ID # _____ Keep Spill Prevention Kits On-site _____	<u>Highway Dept.</u> Responsible Dept./Person Name _____	<u>Spill Prevention Kits on-site</u> Specify Measurable Goal _____
<u>6e</u> BMP ID # _____ Stockpile prevention _____ Specify Best Management Practice	<u>Highway Dept.</u> Responsible Dept./Person Name _____	<u>Keep sand/salt in shed</u> Specify Measurable Goal _____

**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



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**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.

James Purcell, Town Manager

Printed Name

Signature

*James P Purcell*

*7/25/03*

Date

