



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)

1146

W035744
 Transmittal Number

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:

Orleans Highway Department - Attn: Robert L. Bersin, PE, Manager

Name

19 School Road

Mailing Address

Orleans

City/Town

5082403790

Telephone Number

MA

State

rbersin@town.orleans.ma.us

Email (if available)

2. Municipality Name

Town of Orleans

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 6, 6A, and 28

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

DEC 12 2003

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
Pleasant bay Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Little Pleasant Bay Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Areys Pond Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Kescayoganset Pond Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Pochet Inlet Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
The River Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Meetinghouse Pond Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Mill Pond Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Town Cove Name	8 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

D. Stormwater Management Program Summary



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1. Public Education:

<u>A.1</u> BMP ID # _____ <u>Develop and Broadcast Via PA</u> <u>CATV Storm Water Video</u> _____	<u>Robert L. Bersin, PE</u> Responsible Dept./Person Name _____	<u>One per year - in conjunction</u> <u>with County Group</u> _____
<u>A.2</u> BMP ID # _____ <u>Household Hazardous Waste</u> <u>Control</u> _____	<u>Robert L. Bersin, PE</u> Responsible Dept./Person Name _____	<u>Annual HHW Collection Day</u> <u>Specify Measurable Goal</u> _____
<u>A.3</u> BMP ID # _____ <u>Education Flyers</u> <u>Specify Best Management Practice</u> _____	<u>Robert L. Bersin, PE</u> Responsible Dept./Person Name _____	<u>Distribute 2 per year at</u> <u>Transfer Station</u> _____
<u>A.4</u> BMP ID # _____ <u>Web Page Information</u> <u>Specify Best Management Practice</u> _____ _____ BMP ID # _____ _____ Specify Best Management Practice _____	<u>Robert L Bersin, PE & Peter</u> <u>VanDyck, IT Coordinator</u> _____ _____ Responsible Dept./Person Name _____	<u>Short Article - one per year</u> <u>Specify Measurable Goal</u> _____ _____ Specify Measurable Goal _____

2. Public Participation:

<u>B.1</u> BMP ID # _____ <u>Water Quality Monitoring</u> <u>Program</u> _____	<u>Water Quality Task Force</u> Responsible Dept./Person Name _____	<u>Ongoing for past ten years</u> <u>Specify Measurable Goal</u> _____
<u>B.2</u> BMP ID # _____ <u>Estuaries Program</u> <u>Specify Best Management Practice</u> _____ _____ BMP ID # _____ _____ Specify Best Management Practice _____	<u>George Meservey, Director of</u> <u>Planning and Development</u> _____ _____ Responsible Dept./Person Name _____	<u>Ongoing for past 2 years of 3</u> <u>year study</u> _____ _____ 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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3. Illicit Discharge Detection and Elimination:

<u>C.1</u> BMP ID # <u>Storm Water System Mapping and Data Base Development</u>	<u>Robert L. Bersin, PE, Highway Manager & Americorps</u>	<u>Comp town-wide survey by year 2 - as funding allows.</u>
<u>C.2</u> BMP ID # <u>Review Existing By-Laws</u> Specify Best Management Practice	<u>George Meservey, Director of Planning and Development</u>	<u>Rev exist By-Laws and adopt Storm Water Ordinance FY 06.</u>
<u>C.3</u> BMP ID # <u>Identify and Document Illicit Connections</u>	<u>Robert L. Bersin, PE, Highway Manager</u>	<u>Review C.1 Results, finalize Database by Year 4</u>
<u>BMP ID #</u> <u>Develop Construction Plans to Eliminate Illicit Connections</u>	<u>Robert L. Bersin, PE, Highway Manager</u>	<u>Coordinate Funding with Administration for FY 07</u>
<u>BMP ID #</u> <u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

4. Construction Site Runoff Control:

<u>D.1</u> BMP ID # <u>Review Existing By-Laws</u> Specify Best Management Practice	<u>George Meservey, Director of Planning and Development</u>	<u>Rev exist By-Laws and adopt Constr Ordinance FY 06.</u>
<u>D.2</u> BMP ID # <u>Propose amendmtns and articles at Town Meeting</u>	<u>George Meservey, Director of Planning and Development</u>	<u>Spring 06</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>
<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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5. Post Construction Runoff Control:

<u>E.1</u>		
BMP ID #		
<u>Review Existing By-Laws</u>	<u>George Meservey, Director of</u>	<u>Rev exist By-Laws and adopt</u>
<u>Specify Best Management Practice</u>	<u>Planning and Development</u>	<u>Runoff Control Ord FY 06.</u>
<u>E.2</u>		
BMP ID #		
<u>Propose amendments and</u>	<u>George Meservey, Director of</u>	<u>Spring 06</u>
<u>articles at Town Meeting</u>	<u>Planning and Development</u>	<u>Specify Measurable Goal</u>
BMP ID #		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
BMP ID #		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
BMP ID #		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

6. Municipal Good Housekeeping:

<u>F.1</u>		
BMP ID #		
<u>Street Sweeping</u>	<u>Robert L. Bersin, PE, Highway</u>	<u>Annual Winter Cleanup and as</u>
<u>Specify Best Management Practice</u>	<u>Manager</u>	<u>necessary</u>
<u>F.2</u>		
BMP ID #		
<u>Catch Basin Cleaning</u>	<u>Robert L. Bersin, PE, Highway</u>	<u>Clean all basins on two year</u>
<u>Specify Best Management Practice</u>	<u>Manager</u>	<u>rotating schedule</u>
<u>F.3</u>		
BMP ID #		
<u>Develop Drainage System</u>	<u>Robert L. Bersin, PE, Highway</u>	<u>Ongoing - Prep Capital Plan</u>
<u>Improvement Plan</u>	<u>Manager</u>	<u>Article for FY 06</u>
<u>F.4</u>		
BMP ID #		
<u>Propose amendments and</u>	<u>Robert L. Bersin, PE, Highway</u>	<u>Spring 06</u>
<u>articles at Town Meeting</u>	<u>Manager</u>	<u>Specify Measurable Goal</u>
BMP ID #		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

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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

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.

Kendall Farrar, Chairman, Board of Selectmen
 Printed Name

 Signature

 Date
 8/27/03