



BRP WM 08A NPDES Stormwater General Permit
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

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:

Pembroke Department of Public Works
Name
100 Center Street
Mailing Address
Pembroke MA
City/Town State
781-293-5620
Telephone Number
Email (if available)

2. Municipality Name

Town of Pembroke
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:

MassHighway (State Routes 3, 53, and 139)

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
Oldham Pond Name	6 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Furnace Pond Name	9 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Organic enrichment/Low DO Specify
Great Sandy Bottom Pond Name	4 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Little Sandy Bottom Pond Name	4 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Stetson Pond Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Hobomock Pond Name	3 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
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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>1a</u> BMP ID #	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Air one new message for two weeks quarterly</u>
<u>Air stormwater message on local cable channel</u>		
<u>1b</u> BMP ID #	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Post in all schools and town-owned buildings</u>
<u>Distribute/post non-point source pollution posters</u>		
<u>1c</u> BMP ID #	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Distribute CCR yearly to all residents</u>
<u>Include stormwater info in Consumer Confidence Report</u>		
<u>1d</u> BMP ID #	<u>Board of Health</u> Responsible Dept./Person Name	<u>Distribute coloring books outside Board of Health office</u>
<u>Develop children's coloring book on Pembroke recycling</u>		
<u>BMP ID #</u>		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

2. Public Participation:

<u>2a</u> BMP ID #	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Hold quarterly meetings</u> Specify Measurable Goal
<u>Form Storm Water Advisory Committee</u>		
<u>2b</u> BMP ID #	<u>Board of Health</u> Responsible Dept./Person Name	<u>Hold household haz. waste collection day once per year</u>
<u>Collect household hazardous waste from residents</u>		
<u>2c</u> BMP ID #	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Hold waterways clean-up day once per year</u>
<u>Implement annual, volunteer waterways clean-up day</u>		
<u>2d</u> BMP ID #	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Post SWMP in DPW office, and Town library</u>
<u>Make SWMP available for public comment/review</u>		
<u>BMP ID #</u>		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>



Massachusetts Department of Environmental Protection
 Bureau of Resource Protection - Watershed Management
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W035403
 Transmittal Number

 Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

<u>3a</u> BMP ID #		
<u>Map outfalls and receiving waters</u>	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Complete mapping by end of fifth permit year</u>
<u>3b</u> BMP ID #		
<u>Develop illicit discharge detection & elimination plan</u>	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Make recommendations for proposed plan</u>
<u>3c</u> BMP ID #		
<u>Review existing bylaws and regulations</u>	<u>Dept. of Public Works/ Stormwater Advisory Comm</u>	<u>Determine whether existing bylaws/regs are adequate</u>
<u>3d</u> BMP ID #		
<u>Develop/modify general illicit discharge bylaw</u>	<u>Dept. of Public Works/ Stormwater Advisory Comm</u>	<u>If necessary, propose recommen. for bylaw updates</u>
<u>3e</u> BMP ID #		
<u>Present bylaw for Town meeting action</u>	<u>Dept. of Public Works/ Stormwater Advisory Comm</u>	<u>Make presentations for Town meeting action, if necessary</u>

4. Construction Site Runoff Control:

<u>4a</u> BMP ID #		
<u>Review existing bylaws and regulations</u>	<u>DPW/Planning/Zoning</u> Responsible Dept./Person Name	<u>Determine whether existing bylaws/regs are adequate</u>
<u>4b</u> BMP ID #		
<u>Develop/modify bylaws for construction site runoff</u>	<u>DPW/Planning/Zoning</u> Responsible Dept./Person Name	<u>If necessary, propose recommen. for bylaw updates</u>
<u>4c</u> BMP ID #		
<u>Present bylaw for Town meeting action</u>	<u>DPW/Planning/Zoning</u> Responsible Dept./Person Name	<u>Make presentations for Town meeting action, if necessary</u>
<u>4d</u> BMP ID #		
<u>Review existing site inspection practices</u>	<u>DPW/Planning/Zoning</u> Responsible Dept./Person Name	<u>Determine whether existing practices are adequate</u>
<u>4e</u> BMP ID #		
<u>Develop/modify site inspection practices</u>	<u>DPW/Planning/Zoning</u> Responsible Dept./Person Name	<u>If necessary, make recommen. for updating existing practices</u>



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D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

<u>5a</u> BMP ID #	<u>DPW/Planning/Zoning</u> Responsible Dept./Person Name	<u>Determine whether existing bylaws/regs are adequate</u>
<u>Review existing bylaws and regulations</u>		
<u>5b</u> BMP ID #	<u>DPW/Planning/Zoning</u> Responsible Dept./Person Name	<u>If necessary, propose recommen. for bylaw updates</u>
<u>Develop/modify bylaws for post-construction runoff</u>		
<u>5c</u> BMP ID #	<u>DPW/Planning/Zoning</u> Responsible Dept./Person Name	<u>Make presentations for Town meeting action, if necessary</u>
<u>Present bylaw for Town meeting action</u>		
<u>5d</u> BMP ID #	<u>DPW/Planning/Zoning</u> Responsible Dept./Person Name	<u>Determine whether existing practices are adequate</u>
<u>Review existing site inspection practices</u>		
<u>5e</u> BMP ID #	<u>DPW/Planning/Zoning</u> Responsible Dept./Person Name	<u>If necessary, make recommen. for updating existing practices</u>
<u>Develop/modify inspection & maintenance practices</u>		

6. Municipal Good Housekeeping:

<u>6a</u> BMP ID #	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Sweep all Town-owned streets & clean all catch basins 1/year</u>
<u>Sweep streets & clean catch basins</u>		
<u>6b</u> BMP ID #	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Inspect baffle tank & leaching basin & remove sediment</u>
<u>Maintain filtration system at North & Indian Head Rivers</u>		
<u>6c</u> BMP ID #	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Target all applicable municipal facilities</u>
<u>Train municipal employees at each facility</u>		
<u>6d</u> BMP ID #	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Ensure action items completed & BMPs followed</u>
<u>Implement items in EPA env. audit report for DPW facility</u>		
<u>6e</u> BMP ID #	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Install vortex separators & new piping</u>
<u>Retrofit catch basins around Furnace & Oldham Ponds</u>		
<u>BMP ID #</u>	<u>Specify Best Management Practice</u>	



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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

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.

Edwin J. Thorne
Printed Name

Town Admin

Signature

7/22/02
Date

