



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)

12/8

W 035321
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.

Revised - previously submitted w/NOI March 2003 & July 2003

B. Applicant Information

NOV 25 2003
Rec'd EPA

1. Small MS4 Operator/Owner Information:

City of Pittsfield
Name

70 Allen Street
Mailing Address

Pittsfield
City/Town

(413) 499-9327
Telephone Number

Massachusetts
State

mbilletter@pittsfieldch.com
Email (if available)

2. Municipality Name

Pittsfield
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:

Mass Highway, Berkshire Community College, Pittsfield State Forest

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
Name <u>Housatonic River</u>	Number <u>7</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>priority organics,</u> Specify <u>Pathogens, turbidity</u> Specify
Name <u>East Branch Housatonic</u>	Number <u>39</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Cause unknown, unknown</u> Specify <u>toxicity, priority</u> Specify
Name <u>West Branch Housatonic</u>	Number <u>70</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>organics; pathogens</u> Specify <u>Priority organics,</u> Specify <u>siltation, other</u> Specify
Name <u>Southwest Branch Housatonic</u>	Number <u>21</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>habitat alterations,</u> Specify <u>pathogens</u> Specify <u>Cause unknown, siltation</u> Specify <u>other habitat alterations</u> Specify
Name <u>Onota Lake</u>	Number <u>10</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name <u>Pontoosuc Lake</u>	Number <u>21</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Metals, exotic species</u> Specify
Name <u>Sackett Brook</u>	Number <u>11</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name <u>Sykes Brook</u>	Number <u>1</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name <u>Smith Brook</u>	Number <u>7</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name <u>May Brook</u>	Number <u>1</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name <u>Silver Lake</u>	Number <u>9</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify



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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
Shaker Brook	3	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Daniels Brook	2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Unkamet Brook	10	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Lulu Brook	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Allen Brook	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Maloy Brook	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Howard Brook	3	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name	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
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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
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

Outfalls also drain to wetland areas, detention and retention ponds, small brooks and streams; all of which drain to the Housatonic, less infiltration and evaporation.



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D. Stormwater Management Program Summary

1. Public Education:

See Attached

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

2. Public Participation:

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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Specify Best Management Practice

Responsible Dept./Person Name

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BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal



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D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

See Attached

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

4. Construction Site Runoff Control:

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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Responsible Dept./Person Name

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D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

See Attached

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

6. Municipal Good Housekeeping:

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

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D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

See Attached

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.

Printed Name SARA HATHAWAY
 Signature *Sara Hathaway*
 Date 11/19/03



CITY OF PITTSFIELD

DEPARTMENT OF PUBLIC WORKS & UTILITIES, CITY HALL, 70 ALLEN STREET, PITTSFIELD, MA 01201 413-499-9330

November 19, 2003

Ms. Pat Huckery
Massachusetts Natural Heritage & Endangered Species Program
Division of Fisheries & Wildlife
1 Rabbit Hill Road
Westboro, MA 01581

Dear Ms. Huckery:

The City of Pittsfield has submitted a notice of intent to the USEPA and MassDEP for a National Pollutant Discharge Elimination System General Permit for Storm Water Discharges from Small Municipal Separate Storm Sewer Systems. To be covered under this permit, we must meet eligibility requirements concerning endangered, threatened, rare species and critical habitat as described in Part I and Addendum A of the general permit.

We kindly request your assistance in determining our eligibility. Our existing storm drain system has outfalls to almost every stream, river, brook, lake, pond and wetland within the city. We have reviewed the **ESTIMATED HABITATS OF RARE WILDLIFE AND CERTIFIED VERNAL POOLS** map dated July 1, 2003 and have determined that some of our existing outfalls are located in or near areas designated as estimated habitat of rare species. Other than routine maintenance, there is no new storm drain system construction activity proposed at this time.

We appreciate your assistance and look forward to your reply. Enclosed is a copy of our NOI. Our storm drain system is mapped, but is not available in digital format. Please contact me at (413) 499-9464 or mbilletter@pittsfieldch.com if you have questions or require additional information.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Matt Billetter", is written over a horizontal line.

Matt Billetter, P.E.
City Engineer

Encl.



CITY OF PITTSFIELD

DEPARTMENT OF PUBLIC WORKS & UTILITIES, CITY HALL, 70 ALLEN STREET, PITTSFIELD, MA 01201 413-499-9330

November 19, 2003

Mr. Ed Bell
Massachusetts Historical Commission
220 Morrissey Boulevard
Boston, MA 02125

Dear Mr. Bell:

Per your request, enclosed is a copy of our NOI for a National Pollutant Discharge Elimination System General Permit for Storm Water Discharges from Small Municipal Separate Storm Sewer Systems.

As we discussed previously there is no new storm drain system construction activity proposed at this time; therefore we meet the eligibility requirements concerning historic places.

Please contact me at (413) 499-9464 or mbilletter@pittsfieldch.com if you have questions or require additional information.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Matt Billetter".

Matt Billetter, P.E.
City Engineer

Encl.