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

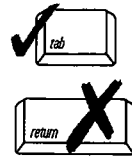
W041369
Transmittal Number

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 Rochester
Name
1 Constitution Way
Mailing Address
Rochester MA
City/Town State
508-763-3871
Telephone Number Email (if available)

2. Municipality Name

Rochester
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:

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

MUNICIPAL ASSISTANCE UNIT
AUG - 5 2003



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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
Doggett Brook Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
E. Branch Sippican River Name	unknown 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
_____ 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>Educational Flyer</u> Specify Best Management Practice	<u>Town Admin/DPW Director</u> Responsible Dept./Person Name	<u>flyer prepared & distributed</u> Specify Measurable Goal
<u>1-2</u> BMP ID #		
<u>Annual Public Hearing</u> Specify Best Management Practice	<u>Town Admin/Selectmen</u> Responsible Dept./Person Name	<u>Meetings advertised and held</u> Specify Measurable Goal
<u>1-3</u> BMP ID #		
<u>Posting of Maps</u> Specify Best Management Practice	<u>Highway Surveyor</u> Responsible Dept./Person Name	<u>Maps displayed</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>

2. Public Participation:

<u>2-1</u> BMP ID #		
<u>Public particip. Citizen Action</u> Specify Best Management Practice	<u>Included in BMP 1-1</u> Responsible Dept./Person Name	<u>BOH/DPW complaint file</u> Specify Measurable Goal
<u>2-2</u> BMP ID #		
<u>Stormwater Mgt. Committee</u> Specify Best Management Practice	<u>Highway Surveyor</u> Responsible Dept./Person Name	<u>oversite/revision of program</u> Specify Measurable Goal
<u>2-3</u> BMP ID #		
<u>Annual Selectmen's Review</u> Specify Best Management Practice	<u>Highway Surveyor</u> Responsible Dept./Person Name	<u>meetings advertised and held</u> Specify Measurable Goal
<u>2-4</u> BMP ID #		
<u>Storm Drain Stenciling</u> Specify Best Management Practice	<u>Highway Surveyor</u> Responsible Dept./Person Name	<u># of catch basins stenciled</u> Specify Measurable Goal
<u>2-5</u> BMP ID #		
<u>Hazardous Material Collection</u> Specify Best Management Practice	<u>Highway Surveyor</u> Responsible Dept./Person Name	<u>Documentation of collection</u> Specify Measurable Goal

NON-POINT POLLUTION ASSISTANCE UNIT

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D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

<u>3-1</u> BMP ID #	<u>Discharge identification</u> Specify Best Management Practice	<u>Highway Surveyor</u> Responsible Dept./Person Name	<u>production of maps</u> Specify Measurable Goal
<u>3-2</u> BMP ID #	<u>Drainage Network Mapping</u> Specify Best Management Practice	<u>Highway Surveyor</u> Responsible Dept./Person Name	<u>production of maps</u> Specify Measurable Goal
<u>3-3</u> BMP ID #	<u>Illicit Discharge Identification</u> Specify Best Management Practice	<u>Highway Surveyor/BOH Agent</u> Responsible Dept./Person Name	<u>Quantify illicit discharges</u> Specify Measurable Goal
<u>3-4</u> BMP ID #	<u>Illicit Discharge Enforcement</u> Specify Best Management Practice	<u>Board of Health</u> Responsible Dept./Person Name	<u>Illicit disc. identified/corrected</u> Specify Measurable Goal
<u>3-5</u> BMP ID #	<u>BOH Training</u> Specify Best Management Practice	<u>BOH</u> Responsible Dept./Person Name	<u>Meetings held</u> Specify Measurable Goal

4. Construction Site Runoff Control:

<u>4-1</u> BMP ID #	<u>ConCom Bylaw Review</u> Specify Best Management Practice	<u>Conservation Commission</u> Responsible Dept./Person Name	<u>articles to town meeting if necessary</u>
<u>4-2</u> BMP ID #	<u>Subdivision Reg. Review</u> Specify Best Management Practice	<u>Planning Board</u> Responsible Dept./Person Name	<u>Regs changed if necessary</u> Specify Measurable Goal
<u>4-3</u> BMP ID #	<u>Zoning/Non-Zoning Bylaw Review/Change</u>	<u>Planning Board</u> Responsible Dept./Person Name	<u>Articles submitted if needed</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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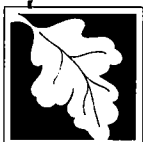
D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

<u>5-1</u> BMP ID #	<u>Conservation Commission</u> Responsible Dept./Person Name	<u>Articles submitted if needed</u> Specify Measurable Goal
<u>ConCom Bylaws</u> Specify Best Management Practice		
<u>5-2</u> BMP ID #	<u>Planning Board</u> Responsible Dept./Person Name	<u>Regs changed if necessary</u> Specify Measurable Goal
<u>Subdivision Regs Review & Change</u>		
<u>5-3</u> BMP ID #	<u>Planning Board</u> Responsible Dept./Person Name	<u>Articles submitted if necessary</u> Specify Measurable Goal
<u>Zoning/Non-Zoning Bylaws Reviewed</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>

6. Municipal Good Housekeeping:

<u>6-1</u> BMP ID #	<u>DPW Director</u> Responsible Dept./Person Name	<u>Preparation of Guide</u> Specify Measurable Goal
<u>Highway Policy Guide</u> Specify Best Management Practice		
<u>6-2</u> BMP ID #	<u>Highway Surveyor</u> Responsible Dept./Person Name	<u>Completion of training</u> Specify Measurable Goal
<u>Highway Department Training</u> Specify Best Management Practice		
<u>6-3</u> BMP ID #	<u>Highway Surveyor</u> Responsible Dept./Person Name	<u>Copies of permits on file</u> Specify Measurable Goal
<u>Highway Dept. Permit Filing</u> Specify Best Management Practice		
<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.)

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

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.

James Huntoon

Printed Name

Signature

James F. Huntoon

Date

7/30/03