



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

1154

W035069
Transmittal Number

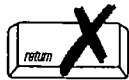
BRP WM 08A NPDES Stormwater General Permit

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:

Carl Christianson, Jr. Superintendent of Public Works
Name

17 Pommogussett Road
Mailing Address

Rutland
City/Town

(508) 886-4105
Telephone Number

MA 01543-1412
State
rutlanddpw@aol.com
Email (if available)

*Rutland
Board of Selectmen
250 Main Street
Rutland, MA 01543*

2. Municipality Name

Town of Rutland, MA
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:

Route 122A and Naquag Street (MassHighway)

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

JUL 30 2003
MUNICIPAL ASSISTANCE UNIT



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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
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Name _____	Number _____		Specify _____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Name _____	Number _____		Specify _____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Name _____	Number _____		Specify _____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Name _____	Number _____		Specify _____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Name _____	Number _____		Specify _____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Name _____	Number _____		Specify _____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Name _____	Number _____		Specify _____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Name _____	Number _____		Specify _____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Name _____	Number _____		Specify _____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Name _____	Number _____		Specify _____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Name _____	Number _____		Specify _____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Name _____	Number _____		Specify _____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Name _____	Number _____		Specify _____



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D. Stormwater Management Program Summary

1. Public Education:

1a BMP ID # Distribute/post non point source pollution poster Specify Best Management Practice	DPW Superintendent Responsible Dept./Person Name	Post in schools/library/Community Hall, etc. Specify Measurable Goal
1b BMP ID # Air Stormwater message on local cable channel Specify Best Management Practice	DPW Superintendent Responsible Dept./Person Name	Post one message every month Specify Measurable Goal
1c BMP ID # Distribute items from Northeast Waste Management to local businesses, auto body shops, etc. Specify Best Management Practice	DPW Superintendent Responsible Dept./Person Name	Make information available to local businesses Specify Measurable Goal
1d BMP ID # Add stormwater information to town website Specify Best Management Practice	DPW Superintendent Responsible Dept./Person Name	Update information yearly Specify Measurable Goal
BMP ID # Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

2. Public Participation:

2a BMP ID # Oil and hazardous waste collection day Specify Best Management Practice	Regionally with Rutland Fire Department & town of Holden Responsible Dept./Person Name	Hold waste collection day once per year Specify Measurable Goal
2b BMP ID # Form Stormwater Advisory Committee Specify Best Management Practice	DPW Superintendent Responsible Dept./Person Name	Develop during year two, then meet quarterly Specify Measurable Goal
2c BMP ID # Volunteer cleanup day Specify Best Management Practice	DPW Superintendent Responsible Dept./Person Name	Hold one cleanup day each spring Specify Measurable Goal
2d BMP ID # Catch basin stenciling program Specify Best Management Practice	DPW Superintendent Responsible Dept./Person Name	Update catch basin stenciling in 25% of the UA each year Specify Measurable Goal



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D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

<u>3a</u> BMP ID #	<u>DPW Superintendent</u> Responsible Dept./Person Name	<u>Map outfalls in 25% of UA each year</u> Specify Measurable Goal
<u>Map outfalls and receiving waters; check with MHD on mapping of 122A and Naquog St.</u> Specify Best Management Practice		
<u>3b</u> BMP ID #	<u>DPW Superintendent</u> Responsible Dept./Person Name	<u>Determine whether SWMP requirements are being met</u> Specify Measurable Goal
<u>Review existing bylaws and regulations</u> Specify Best Management Practice		
<u>3c</u> BMP ID #	<u>DPW Superintendent</u> Responsible Dept./Person Name	<u>Propose recommendations for inclusion into SWMP</u> Specify Measurable Goal
<u>Develop illicit discharge detection and elimination plan</u> Specify Best Management Practice		
<u>3d</u> BMP ID #	<u>DPW Superintendent</u> Responsible Dept./Person Name	<u>Propose recommendations for bylaw</u> Specify Measurable Goal
<u>Develop/modify general illicit discharge bylaw</u> Specify Best Management Practice		
<u>3e</u> BMP ID #	<u>DPW Superintendent</u> Responsible Dept./Person Name	<u>Make presentation for town meeting</u> Specify Measurable Goal
<u>Present bylaw for town meeting action</u> Specify Best Management Practice		

4. Construction Site Runoff Control:

<u>4a</u> BMP ID #	<u>DPW Superintendent/Conservation Commission/Planning Dept.</u> Responsible Dept./Person Name	<u>Determine whether SWMP requirements are being met</u> Specify Measurable Goal
<u>Review existing site inspection practices</u> Specify Best Management Practice		
<u>4b</u> BMP ID #	<u>DPW Superintendent</u> Responsible Dept./Person Name	<u>Propose recommendations for developing/modifying existing practices</u> Specify Measurable Goal
<u>Develop/modify existing site inspection and maintenance program</u> Specify Best Management Practice		
<u>4c</u> BMP ID #	<u>DPW Superintendent</u> Responsible Dept./Person Name	<u>Determine whether SWMP requirements are being met</u> Specify Measurable Goal
<u>Review existing bylaws, regulations</u> Specify Best Management Practice		
<u>4d</u> BMP ID #	<u>DPW Superintendent</u> Responsible Dept./Person Name	<u>Propose recommendations for developing or modifying bylaw</u> Specify Measurable Goal
<u>Develop/modify construction site runoff bylaw</u> Specify Best Management Practice		



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<u>4e</u> BMP ID #	<u>DPW Superintendent</u> Responsible Dept./Person Name	<u>Make presentation for town meeting action</u> Specify Measurable Goal
<u>Present bylaw for town meeting action</u> Specify Best Management Practice		

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

<u>5a</u> BMP ID #	<u>DPW Superintendent</u> Responsible Dept./Person Name	<u>Determine whether SWMP requirements are being met</u> Specify Measurable Goal
<u>Review existing site inspection and maintenance practices</u> Specify Best Management Practice		

<u>5b</u> BMP ID #	<u>DPW Superintendent</u> Responsible Dept./Person Name	<u>Propose recommendations for developing or modifying practices</u> Specify Measurable Goal
<u>Develop/modify site inspection and maintenance program</u> Specify Best Management Practice		

<u>5c</u> BMP ID #	<u>DPW Superintendent</u> Responsible Dept./Person Name	<u>Determine whether SWMP requirements are being met</u> Specify Measurable Goal
<u>Review existing bylaws and regulations</u> Specify Best Management Practice		

<u>5d</u> BMP ID #	<u>DPW Superintendent</u> Responsible Dept./Person Name	<u>Propose recommendations for developing or modifying bylaw</u> Specify Measurable Goal
<u>Develop/modify post construction runoff bylaw</u> Specify Best Management Practice		

<u>5e</u> BMP ID #	<u>DPW Superintendent</u> Responsible Dept./Person Name	<u>Make presentation for town meeting action</u> Specify Measurable Goal
<u>Present bylaw for town meeting action</u> Specify Best Management Practice		

6. Municipal Good Housekeeping:

<u>6a</u> BMP ID #	<u>DPW Superintendent</u> Responsible Dept./Person Name	<u>Sweep all streets within UA once per year</u> Specify Measurable Goal
<u>Street sweeping program</u> Specify Best Management Practice		

<u>6b</u> BMP ID #	<u>DPW Superintendent</u> Responsible Dept./Person Name	<u>Check basins quarterly for sediment and clean every year</u> Specify Measurable Goal
<u>Catch basin cleaning program</u> Specify Best Management Practice		



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<u>6c</u> BMP ID # Ensure that DPW adheres to existing SPCC plan Specify Best Management Practice	<u>DPW Superintendent</u> Responsible Dept./Person Name	<u>Review of practices; annual follow-ups</u> Specify Measurable Goal
<u>6d</u> BMP ID # Perform site visits to examine existing practices at municipal facilities Specify Best Management Practice	<u>DPW Superintendent</u> Responsible Dept./Person Name	<u>Target all applicable municipal facilities</u> Specify Measurable Goal
<u>6e</u> BMP ID # Train municipal employees at each site Specify Best Management Practice	<u>DPW Superintendent</u> Responsible Dept./Person Name	<u>Target all applicable municipal facilities</u> Specify Measurable Goal
<u>6f</u> BMP ID # Perform follow-up inspections at each site to ensure required practices are being met Specify Best Management Practice	<u>DPW Superintendent</u> Responsible Dept./Person Name	<u>Perform annual follow-ups</u> Specify Measurable Goal

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

<u>BMP ID #</u> Specify Best Management Practice	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>BMP ID #</u> Specify Best Management Practice	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
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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.

Louis J. Cornacchioli, Chairman, Board of Selectmen

Printed Name

Louis J. Cornacchioli
Signature

July 29, 2003

Date

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