



1920

W035934  
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:

Donald Levesque, Director  
Name  
35 Lafayette Road  
Mailing Address  
Salisbury MA  
City/Town State  
978-463-0656 pubworks@seacoast.com  
Telephone Number Email (if available)

2. Municipality Name

Town of Salisbury  
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. State highways (Rte. 95, Rte. 495, Rte. 110, Rte. 1, Rte 286 to NH border, Rte 1A to NH border), Rabbit Rd, Dept of Environmental Management (DEM) Salisbury Beach State Reservation

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

**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:	Estimated No. of Outfalls	Listed as Impaired?	Impairment
Merrimack River Name	8 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Town Creek Name	7 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Atlantic Ocean Name	0 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Back River Name	0 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Black Rock Creek Name	5 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Black Water River Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Smallpox Brook Name	9 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Meader Brook Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Little River Name	7 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



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**Storm Sewer Systems (MS4s)**

**D. Stormwater Management Program Summary**

1. Public Education:

<u>1a</u> BMP ID # Distribute/post nonpoint source pollution posters Specify Best Management Practice	<u>Town Manager</u> Responsible Dept./Person Name	<u>Post in all public schools and town buildings</u> Specify Measurable Goal
<u>1b</u> BMP ID # Air stormwater message on Local Cable Channel Specify Best Management Practice	<u>Town Manager</u> Responsible Dept./Person Name	<u>Post one message every month</u> Specify Measurable Goal
<u>1c</u> BMP ID # Obtain and distribute Auto Repair Shop Brochures Specify Best Management Practice	<u>Town Manager</u> Responsible Dept./Person Name	<u>Distribute to all impacted local businesses</u> Specify Measurable Goal
<u>1d</u> BMP ID # Add stormwater information to Town's website Specify Best Management Practice	<u>Town Manager</u> Responsible Dept./Person Name	<u>Update information quarterly to address seasonal concerns</u> Specify Measurable Goal

2. Public Participation:

<u>2a</u> BMP ID # Expand Citizen's Advisory Committee Specify Best Management Practice	<u>Town Manager</u> Responsible Dept./Person Name	<u>Hold semi-annual meetings</u> Specify Measurable Goal
<u>2b</u> BMP ID # Continue waste oil collection & recycling Specify Best Management Practice	<u>Public Works</u> Responsible Dept./Person Name	<u>Collect waste oil from residents once per month</u> Specify Measurable Goal
<u>2c</u> BMP ID # Continue paint collection program Specify Best Management Practice	<u>Public Works</u> Responsible Dept./Person Name	<u>Collect paint from residents on a quarterly basis</u> Specify Measurable Goal
<u>2d</u> BMP ID # Implement a catch basin stenciling program Specify Best Management Practice	<u>Public Works</u> Responsible Dept./Person Name	<u>Stencil 25% of catch basins each year</u> Specify Measurable Goal
<u>2e</u> BMP ID # Town Cleanup Day Specify Best Management Practice	<u>Public Works</u> Responsible Dept./Person Name	<u>Hold a clean up day once per year</u> Specify Measurable Goal

**D. Stormwater Management Program Summary (Cont.)**



**Massachusetts Department of Environmental Protection**  
 Bureau of Resource Protection - Watershed Management  
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**3. Illicit Discharge Detection and Elimination:**

<u>3a</u> BMP ID # Verify and map outfalls and receiving waters Specify Best Management Practice	<u>Public Works</u> Responsible Dept./Person Name	<u>Map 25% of outfalls each year</u> Specify Measurable Goal
<u>3b</u> BMP ID # Review existing bylaws and regulations Specify Best Management Practice	<u>Planning Department</u> Responsible Dept./Person Name	<u>Determine whether existing bylaws/regs are adequate</u> Specify Measurable Goal
<u>3c</u> BMP ID # Develop Illicit Discharge Detection & Elimination Plan Specify Best Management Practice	<u>Planning Department</u> Responsible Dept./Person Name	<u>Make recommendations for inclusion into proposed plan</u> Specify Measurable Goal
<u>3d</u> BMP ID # Present bylaw for Town Meeting action Specify Best Management Practice	<u>Planning Department</u> Responsible Dept./Person Name	<u>Make presentations for Town Meeting action</u> Specify Measurable Goal
<u>3e</u> BMP ID # Test outfalls with history of problems Specify Best Management Practice	<u>Public Works</u> Responsible Dept./Person Name	<u>Test twice per year</u> Specify Measurable Goal

**4. Construction Site Runoff Control:**

<u>4a</u> BMP ID # Review existing site inspection practices Specify Best Management Practice	<u>Planning Department</u> Responsible Dept./Person Name	<u>Determine whether existing practices are adequate</u> Specify Measurable Goal
<u>4b</u> BMP ID # Develop/modify Site Inspection Program Specify Best Management Practice	<u>Planning Department</u> Responsible Dept./Person Name	<u>Make recommendations for modifying existing program</u> Specify Measurable Goal
<u>4c</u> BMP ID # Review existing bylaws and regulations Specify Best Management Practice	<u>Planning Department</u> Responsible Dept./Person Name	<u>Determine if existing bylaws &amp; regs fulfill EPA requirements</u> Specify Measurable Goal
<u>4d</u> BMP ID # Develop/modify bylaws and present to Town Meeting Specify Best Management Practice	<u>Planning Department</u> Responsible Dept./Person Name	<u>Propose recommendations for modifying/developing bylaw</u> Specify Measurable Goal
<u>4e</u> BMP ID # Prepare pamphlet to hand out with permit Specify Best Management Practice	<u>Planning Department</u> Responsible Dept./Person Name	<u>Present to those applying for permit</u> Specify Measurable Goal



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**D. Stormwater Management Program Summary (Cont.)**

5. Post Construction Runoff Control:

5a

BMP ID #

Review existing Site Inspection Practices

Specify Best Management Practice

Planning Department

Responsible Dept./Person Name

Determine whether existing practices are adequate

Specify Measurable Goal

5b

BMP ID #

Develop/modify inspection & maintenance practices

Specify Best Management Practice

Planning Department

Responsible Dept./Person Name

Make recommendations for modifying existing practices

Specify Measurable Goal

5c

BMP ID #

Review existing regulations

Specify Best Management Practice

Planning Department

Responsible Dept./Person Name

Determine whether existing regs. meet EPA requirements

Specify Measurable Goal

5d

BMP ID #

Develop/modify regs for Post-Construction Site Runoff

Specify Best Management Practice

Planning Department

Responsible Dept./Person Name

Propose recommendations for modifying/developing regs

Specify Measurable Goal

5e

BMP ID #

Present regulations for Town Meeting action

Specify Best Management Practice

Planning Department

Responsible Dept./Person Name

Make presentation for Town Meeting action

Specify Measurable Goal

6. Municipal Good Housekeeping:

6a

BMP ID #

Street Sweeping Program

Specify Best Management Practice

Public Works

Responsible Dept./Person Name

Selected areas at least one time per year

Specify Measurable Goal

6b

BMP ID #

Catch Basin Cleaning Program

Specify Best Management Practice

Public Works

Responsible Dept./Person Name

Check catch basins quarterly & clean up to twice per year

Specify Measurable Goal

6c

BMP ID #

Perform site visits to examine existing practices at facilities

Specify Best Management Practice

Town Manager

Responsible Dept./Person Name

Target all applicable municipal facilities

Specify Measurable Goal

6d

BMP ID #

Train municipal employees at each town facility

Specify Best Management Practice

Town Manager

Responsible Dept./Person Name

Target all applicable municipal facilities

Specify Measurable Goal

6e

BMP ID #

Perform follow-ups to ensure required practices are met

Specify Best Management Practice

Town Manager

Responsible Dept./Person Name

Target all applicable municipal facilities

Specify Measurable Goal



