



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

W041076
Transmittal Number

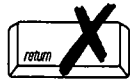
BRP WM 08A NPDES Stormwater General Permit

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:

James Tusino, Superintendent of Public Works
Name
871 Taunton Avenue
Mailing Address
Seekonk
City/Town MA 02771
508-336-7407
Telephone Number JTusino@ci.seekonk.ma.us
Email (if available)

2. Municipality Name

Seekonk
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. 6, 44, 114A, 195) and MassHighway Facility

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
Burrs Pond Name	Unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Metals Specify
Runnins River Name	Unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Metals, Nutrients, Organic Enrichment/DO, Pathogens, Oil & Grease, Objectionable Deposits
Central Pond Name	Unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Nutrients, Noxious Aquatic Plants
James Turner Reservoir Name	Unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Nutrients, Noxious Aquatic Plants
Coles Brook Name	Unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Flow Alteration, Pathogens Specify
Ten Mile River Name	Unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Metals, Nutrients, Organic Enrichment/Low DO, Pathogens, Noxious Aquatic Plants
Clear Run Brook 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
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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



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D. Stormwater Management Program Summary

1. Public Education:

<u>1a</u> BMP ID # Distribute/Post Nonpoint Source Pollution Posters Specify Best Management Practice	<u>Public Works</u> Responsible Dept./Person Name	<u>Post in all schools and town buildings</u> Specify Measurable Goal
<u>1b</u> BMP ID # Air stormwater message on Local Cable Access Channel Specify Best Management Practice	<u>Public Works</u> Responsible Dept./Person Name	<u>Post once per month.</u> Specify Measurable Goal
<u>1c</u> BMP ID # Add stormwater information to Town's website Specify Best Management Practice	<u>Public Works</u> Responsible Dept./Person Name	<u>Update information quarterly to address seasonal concerns</u> Specify Measurable Goal
<u>1d</u> BMP ID # Obtain and distribute auto repair shop brochures Specify Best Management Practice	<u>Public Works</u> Responsible Dept./Person Name	<u>Distribute to all impacted local businesses</u> Specify Measurable Goal
<u> </u> BMP ID # Specify Best Management Practice	<u> </u> Responsible Dept./Person Name	<u> </u> Specify Measurable Goal

2. Public Participation:

<u>2a</u> BMP ID # Form Stormwater Advisory Committee Specify Best Management Practice	<u>Public Works</u> Responsible Dept./Person Name	<u>Hold meetings twice a year</u> Specify Measurable Goal
<u>2b</u> BMP ID # Hazardous Waste Collection Specify Best Management Practice	<u>Public Works</u> Responsible Dept./Person Name	<u>Hold waste collection annually</u> Specify Measurable Goal
<u>2c</u> BMP ID # Waste Oil Collection Specify Best Management Practice	<u>Public Works</u> Responsible Dept./Person Name	<u>Collect waste oil, at least, once per month</u> Specify Measurable Goal
<u>2d</u> BMP ID # Town Outreach Meetings Specify Best Management Practice	<u>Town Administrator</u> Responsible Dept./Person Name	<u>Hold meetings quarterly</u> Specify Measurable Goal
<u>2e</u> BMP ID # T-shirt Contest Specify Best Management Practice	<u>Recycling Coordinator</u> Responsible Dept./Person Name	<u>Hold environmental contest once per year</u> Specify Measurable Goal



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D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

<p><u>3a</u> BMP ID # Map outfalls Specify Best Management Practice</p>	<p><u>Public Works</u> Responsible Dept./Person Name</p>	<p><u>Complete mapping by end of fifth permit year</u> Specify Measurable Goal</p>
<p><u>3b</u> BMP ID # Review existing bylaws and regulations Specify Best Management Practice</p>	<p><u>Stormwater Advisory Committee</u> Responsible Dept./Person Name</p>	<p><u>Determine if existing bylaws & regs fulfill EPA requirements</u> Specify Measurable Goal</p>
<p><u>3c</u> BMP ID # Develop Illicit Discharge Detection & Elimination Plan Specify Best Management Practice</p>	<p><u>Public Works</u> Responsible Dept./Person Name</p>	<p><u>Make recommendations for inclusion into proposed plan</u> Specify Measurable Goal</p>
<p><u>3d</u> BMP ID # Develop/modify general Illicit Discharge Bylaw Specify Best Management Practice</p>	<p><u>Stormwater Advisory Committee</u> Responsible Dept./Person Name</p>	<p><u>Propose recommendations for modifying/developing bylaw</u> Specify Measurable Goal</p>
<p><u>3e</u> BMP ID # Present bylaw for Town Meeting action Specify Best Management Practice</p>	<p><u>Stormwater Advisory Committee</u> Responsible Dept./Person Name</p>	<p><u>Make presentations for Town Meeting Action</u> Specify Measurable Goal</p>

4. Construction Site Runoff Control:

<p><u>4a</u> BMP ID # Review existing site inspection practices Specify Best Management Practice</p>	<p><u>Stormwater Advisory Committee</u> Responsible Dept./Person Name</p>	<p><u>Determine if existing practices fulfill EPA requirements</u> Specify Measurable Goal</p>
<p><u>4b</u> BMP ID # Develop/modify site inspection program Specify Best Management Practice</p>	<p><u>Stormwater Advisory Committee</u> Responsible Dept./Person Name</p>	<p><u>Make recommendations for modifying existing program</u> Specify Measurable Goal</p>
<p><u>4c</u> BMP ID # Review existing bylaws and regulations Specify Best Management Practice</p>	<p><u>Stormwater Advisory Committee</u> Responsible Dept./Person Name</p>	<p><u>Determine if existing bylaws & regs fulfill EPA requirements</u> Specify Measurable Goal</p>
<p><u>4d</u> BMP ID # Develop/modify bylaws for Construction Site Runoff Specify Best Management Practice</p>	<p><u>Stormwater Advisory Committee</u> Responsible Dept./Person Name</p>	<p><u>Propose recommendations for modifying/developing bylaw</u> Specify Measurable Goal</p>
<p><u>4e</u> BMP ID # Present bylaw for Town Meeting action Specify Best Management Practice</p>	<p><u>Stormwater Advisory Committee</u> Responsible Dept./Person Name</p>	<p><u>Make presentations for Town Meeting Action</u> Specify Measurable Goal</p>



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D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

5a

BMP ID #
Review existing site inspection practices

Stormwater Advisory Committee

Determine if existing practices fulfill EPA requirements

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

5b

BMP ID #
Develop/modify inspection & maintenance practices

Stormwater Advisory Committee

Make recommendations for modifying existing practices

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

5c

BMP ID #
Review existing bylaws and regulations

Stormwater Advisory Committee

Determine if existing bylaws & regs fulfill EPA requirements

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

5d

BMP ID #
Develop/modify bylaws for Post-Construction Site Runoff

Stormwater Advisory Committee

Propose recommendations for modifying/developing bylaw

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

5e

BMP ID #
Present bylaw for Town Meeting action

Stormwater Advisory Committee

Make presentations for Town Meeting Action

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

6. Municipal Good Housekeeping:

6a

BMP ID #
Street Sweeping Program

Public Works

Sweep all streets once per year & mains and connectors 3 times a year

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

6b

BMP ID #
Catch Basin Cleaning Program

Public Works

Clean and inspect all catch basins once per year

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

6c

BMP ID #
Perform site visits to examine existing practices at facilities

Public Works

Target all applicable municipal facilities

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

6d

BMP ID #
Train municipal employees at each facility

Public Works

Target all applicable municipal facilities

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

6e

BMP ID #
Perform follow-ups to ensure required practices are met

Public Works

Target all applicable municipal facilities

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal



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D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

<u>7a</u>		
BMP ID #	<u>Board of Health</u>	<u>Samples and Final Report</u>
Water Quality Management	Responsible Dept./Person Name	Specify Measurable Goal
Project for Runnins River		
Specify Best Management Practice		
<u>7b</u>		
BMP ID #	<u>Public Works</u>	<u>Implement BMPs identified in</u>
Illicit Discharge Detection and	Responsible Dept./Person Name	<u>Section 3 of NOI</u>
Elimination		Specify Measurable Goal
Specify Best Management Practice		
<u>7c</u>		
BMP ID #	<u>Town Administrator</u>	<u>Memo to Runnins River</u>
Consider deterring waterfowl	Responsible Dept./Person Name	<u>Steering Committee</u>
from Grist Mill Pond		Specify Measurable Goal
Specify Best Management Practice		
<u>7d</u>		
BMP ID #	<u>Public Works</u>	<u>Implement BMPs 6a and 6b</u>
Municipal Good Housekeeping	Responsible Dept./Person Name	<u>identified in Section 6 of NOI</u>
Specify Best Management Practice		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.

Timothy P. McInerney

Printed Name

Signature

7.25.03
Date

