



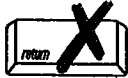
Massachusetts Department of Environmental Protection
 Bureau of Resource Protection - Watershed Management
BRP WM 08A NPDES Stormwater General Permit
Notice of Intent for Discharges from Small Municipal Separate
Storm Sewer Systems (MS4s)

W035324
 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.**

B. Applicant Information

1. Small MS4 Operator/Owner Information:

Department of Public Works

Name

1146 Route 28

Mailing Address

South Yarmouth

City/Town

508-398-2231 x250

Telephone Number

MA

State

rdemello@yarmouth.ma.us

Email (if available)

2. Municipality Name

Yarmouth

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:

State Highways (Routes 6, 6A, and 28), and Private Roads

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 24 2003

MUNICIPAL ASSISTANCE UNIT

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:	No. of Outfalls	Listed as Impaired?	Impairment
Bass River Name	8 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens Specify
Dinahs Pond Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Follins Pond Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Crowell Pond (Run Pond) Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Parkers River Name	1 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens Specify
Seine Pond (Swan Pond) Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Herring Bk (Swan Pond Inlet) Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Long Pond (S.Y.) Name	14 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
James Pond Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Brook w. of Wimbledon Dr. Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Mill Creek (W.Y.) Name	4 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Nantucket Sound Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Lewis Bay Name	6 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens Specify
Mill Pond (W.Y.) Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Town Brook Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Hawes Run Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Jabinettes Pond Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Big Sandy Pond Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify

D. Stormwater Management Program Summary



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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:	No. of Outfalls	Listed as Impaired?	Impairment
Plashes Brook Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Cat Swamp Pond Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Reservoir Pond Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Mill Pond (Ypt) Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Miss Thachers Pond Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Elishas Pond Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Dennis Pond Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Halletts Mill Pond Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Short Wharf Creek Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
White's Brookk Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Mill Creek (Ypt) Name	1 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens 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

D. Stormwater Management Program Summary



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1. Public Education:

<u>1-1</u> BMP ID #	<u>Dept of Public Works (DPW)</u> Responsible Dept./Person Name	<u>Design/distribute 300 copies - impaired watersheds first</u>
<u>Educational Flyer/Door Hanger</u> Specify Best Management Practice		
<u>1-2</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Public meeting held</u> Specify Measurable Goal
<u>Annual Public Meeting</u> Specify Best Management Practice		
<u>1-3</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Display for 1 month/year</u> Specify Measurable Goal
<u>Posting of Outlet Maps</u> Specify Best Management Practice		
<u>1-4</u> BMP ID #	<u>IT Director</u> Responsible Dept./Person Name	<u>Stormwater section added</u> Specify Measurable Goal
<u>Add to Town Web Page</u> Specify Best Management Practice		
<u>1-5</u> BMP ID #	<u>Health</u> Responsible Dept./Person Name	<u>Annual collection held</u> Specify Measurable Goal
<u>Household Haz. Waste Coll.</u> Specify Best Management Practice		

2. Public Participation:

<u>2-1</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Complaint log set-up and maintained</u>
<u>Encourage Public Participation</u> Specify Best Management Practice		
<u>2-2</u> BMP ID #	<u>Board of Selectmen</u> Responsible Dept./Person Name	<u>SMC appointed with goals</u> Specify Measurable Goal
<u>Stormwtr Mngmt Com.-SMC</u> Specify Best Management Practice		
<u>2-3</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Public meeting held</u> Specify Measurable Goal
<u>Annual Public Meeting</u> Specify Best Management Practice		
<u>2-4</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Install 50decals/year</u> Specify Measurable Goal
<u>Storm Drain Decals</u> Specify Best Management Practice		
<u>2-5</u> BMP ID #	<u>Health</u> Responsible Dept./Person Name	<u>Annual collection held</u> Specify Measurable Goal
<u>Household Haz. Waste Coll.</u> Specify Best Management Practice		

D. Stormwater Management Program Summary (Cont.)



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3. Illicit Discharge Detection and Elimination:

<u>3-1</u> BMP ID #	<u>Storm Drain Outlets ID</u> Specify Best Management Practice	<u>Dept. Natural Res. (DNR)</u> Responsible Dept./Person Name	<u>Complete impaired waterways first year</u>
<u>3-2</u> BMP ID #	<u>Drain Network Mapping</u> Specify Best Management Practice	<u>Engineering (Eng'g)</u> Responsible Dept./Person Name	<u>50% complete/year</u> Specify Measurable Goal
<u>3-3</u> BMP ID #	<u>Illicit Discharge ID</u> Specify Best Management Practice	<u>DNR/Conser Adm (Con Com)</u> Responsible Dept./Person Name	<u>Dry weather inspection of impaired waterways first year</u>
<u>3-4</u> BMP ID #	<u>Illicit Discharge Enforcement</u> Specify Best Management Practice	<u>DNR/Con Com/Health</u> Responsible Dept./Person Name	<u>Review existing by-laws first year/draft changes/adopt</u>
<u>3-5</u> BMP ID #	<u>Town Employee Training</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Annual training session held</u> Specify Measurable Goal

4. Construction Site Runoff Control:

<u>4-1</u> BMP ID #	<u>Con Com By-law Review/Chg</u> Specify Best Management Practice	<u>Con Com</u> Responsible Dept./Person Name	<u>By-laws reviewed, changes drafted first year/adopt</u>
<u>4-2</u> BMP ID #	<u>Zoning By-law Review/Chg</u> Specify Best Management Practice	<u>Planning Board (PI Bd)</u> Responsible Dept./Person Name	<u>By-laws reviewed, changes drafted first year/town mtg</u>
<u>4-3</u> BMP ID #	<u>Subdivision Reg Review/Chg</u> Specify Best Management Practice	<u>PI Bd</u> Responsible Dept./Person Name	<u>Regs reviewed, changes drafted first year/adopt</u>
<u>4-4</u> BMP ID #	<u>Construction Inspection</u> Specify Best Management Practice	<u>Building Commissioner</u> Responsible Dept./Person Name	<u>Monthly inspection of all active sites</u>
<u> </u> BMP ID #	<u> </u> Specify Best Management Practice	<u> </u> Responsible Dept./Person Name	<u> </u> Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)



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5. Post Construction Runoff Control:

<u>5-1</u> BMP ID #	<u>Con Com</u> Specify Best Management Practice	<u>Con Com</u> Responsible Dept./Person Name	<u>By-laws reviewed, changes drafted first year/adopt</u>
<u>5-2</u> BMP ID #	<u>Zoning By-law Review/Chg</u> Specify Best Management Practice	<u>Planning Board (PI Bd)</u> Responsible Dept./Person Name	<u>By-laws reviewed, changes drafted first year/town mtg</u>
<u>5-3</u> BMP ID #	<u>Subdivision Reg Review/Chg</u> Specify Best Management Practice	<u>PI Bd</u> Responsible Dept./Person Name	<u>Regs reviewed, changes drafted first year/adopt</u>
<u>5-4</u> BMP ID #	<u>Post-Construction Inspection</u> Specify Best Management Practice	<u>Building Commissioner</u> Responsible Dept./Person Name	<u>Inspect priority sites annually</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

6. Municipal Good Housekeeping:

<u>6-1</u> BMP ID #	<u>Develop BMP Policy Guide</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Guide prepared/printed</u> Specify Measurable Goal
<u>6-2</u> BMP ID #	<u>Town Employee Training</u> Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Annual training session held</u> Specify Measurable Goal
<u>6-3</u> BMP ID #	<u>Coordinate with Con Com</u> Specify Best Management Practice	<u>DPW/Con Com Admin</u> Responsible Dept./Person Name	<u>Annual meeting held</u> Specify Measurable Goal
<u>6-4</u> BMP ID #	<u>Haz. Mat'l Storage Program</u> Specify Best Management Practice	<u>Health</u> Responsible Dept./Person Name	<u>License all businesses -150+/-</u> Specify Measurable Goal
<u>6-5</u> BMP ID #	<u>Used Oil Recycling</u> Specify Best Management Practice	<u>Waste Management/Highway</u> Responsible Dept./Person Name	<u>Recycle all waste oil produced by the Town</u>
<u> </u> BMP ID #	<u> </u> Specify Best Management Practice	<u> </u> Responsible Dept./Person Name	<u> </u>

D. Stormwater Management Program Summary (cont.)



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7. BMPs for Meeting TMDL:

7-1 BMP ID #		
Boat Pump-out Program Specify Best Management Practice	DNR Responsible Dept./Person Name	1000 +/- gallons septic/year Specify Measurable Goal
7-2 BMP ID #		
Street Sweeping Program Specify Best Management Practice	Highway Responsible Dept./Person Name	Sweep priority streets (20+/- miles) every year
7-3 BMP ID #		
Catch Basin Cleaning Prog. Specify Best Management Practice	Highway Responsible Dept./Person Name	Clean priority basins (200 +/-) every year
7-4 BMP ID #		
Improve Drain Outlet Quality Specify Best Management Practice	Engineering Responsible Dept./Person Name	Improve 2 outlets/year Specify Measurable Goal
7-5 BMP ID #		
Encourage MassHwy Action Specify Best Management Practice	DPW Responsible Dept./Person Name	Share outlet info/water quality testing results with MassHwy

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.

Robert C. Lawton, Jr. Town Administrator
 Printed Name

Signature

July 23, 2003
 Date

