



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

W041270  
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 SOUTHBRIDGE

Name

41 ELM STREET

Mailing Address

SOUTHBRIDGE

City/Town

MA  
State

508 764 5405

Telephone Number

764-5403

Email (if available)

2. Municipality Name

SOUTHBRIDGE

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:

NONE

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
QUINEBAUG RIVER Name	UNKNOWN Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
HATCHET BROOK Name	UNKNOWN Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
McKINSTRY BROOK Name	UNKNOWN Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
NUISANCE BROOK Name	UNKNOWN Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
COHASSE BROOK Name	UNKMOWN Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
CADY BROOK Name	UNKNOWN Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
DEAN BROOK Name	UNKNOWN Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
LEBANON 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 _____
_____ 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 (Cont.)**

3. Illicit Discharge Detection and Elimination:

<u>3A</u> BMP ID # MAP STORM SEWER SYSTEM	<u>DPW</u> Responsible Dept./Person Name	<u>MAP OUTFALLS</u> Specify Measurable Goal
<u>3B</u> BMP ID # AMMEND DRAINAGE BYLAW Specify Best Management Practice	<u>TOWN COUNCIL</u> Responsible Dept./Person Name	<u>MODIFY EXISTING BYLAW</u> Specify Measurable Goal
<u>3C</u> BMP ID # INSPECT OUTFALLS Specify Best Management Practice	<u>HEALTH AGENT</u> Responsible Dept./Person Name	<u>IDE4ANTIFY ILLICIT DISCHARGES</u>
<u>        </u> BMP ID #  Specify Best Management Practice	<u>        </u> Responsible Dept./Person Name	<u>        </u> Specify Measurable Goal
<u>        </u> BMP ID #  Specify Best Management Practice	<u>        </u> Responsible Dept./Person Name	<u>        </u> Specify Measurable Goal

4. Construction Site Runoff Control:

<u>4A</u> BMP ID # CONTROL EROSION & SEDIMENTATION	<u>TOWN COUNCIL</u> Responsible Dept./Person Name	<u>ENACT NEW BYLAW</u> Specify Measurable Goal
<u>        </u> BMP ID #  Specify Best Management Practice	<u>        </u> Responsible Dept./Person Name	<u>        </u> Specify Measurable Goal
<u>        </u> BMP ID #  Specify Best Management Practice	<u>        </u> Responsible Dept./Person Name	<u>        </u> Specify Measurable Goal
<u>        </u> BMP ID #  Specify Best Management Practice	<u>        </u> Responsible Dept./Person Name	<u>        </u> Specify Measurable Goal
<u>        </u> BMP ID #  Specify Best Management Practice	<u>        </u> Responsible Dept./Person Name	<u>        </u> Specify Measurable Goal



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

5. Post Construction Runoff Control:

<u>5A</u> BMP ID #	<u>TOWN COUNCIL</u> Responsible Dept./Person Name	<u>AMMEND DRASINAGE CONTROL BYLAW</u>
<u>REGULATE POST CONSTRUCTION RUNOFF</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>
<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>6A</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>SWEEP STREETS ANNUALLY</u>
<u>STREET SWEEPING</u>		
<u>Specify Best Management Practice</u>		
<u>6B</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>CLEAN CRITICAL BASINS ANNUALLY</u>
<u>CATCH BASIN CLEANING</u>		
<u>Specify Best Management Practice</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>
<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.)**

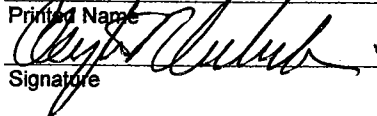
7. BMPs for Meeting TMDL:

BMP ID # <b>NOT APPLICABLE</b>		
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.

CLAYTON CARLISLE, TOWN MANAGER

Printed Name  
  
 Signature

JULY 30, 2003  
 Date

