



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

BRP WM 08A NPDES Stormwater General Permit

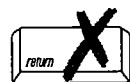
**Notice of Intent for Discharges from Small Municipal Separate
Storm Sewer Systems (MS4s)**

W-039544

Transmittal Number

Facility ID (if known)

Important:
When filling out
forms on the
computer, use
only the tab key
to move your
cursor - do not
use the return
key.



A. Instructions

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:

Spencer Utility and Highway Department

Name

3 Old Meadow Rd.

Mailing Address

Spencer

City/Town

508-885-7525

Telephone Number

MA

State

Email (if available)

2. Municipality Name

Spencer

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
Unnamed Brook Name	4 Number	☐ Yes ☒ No	Specify
Morgan Swamp Name	2 Number	☐ Yes ☒ No	Specify
Cider Mill Pond Name	1 Number	☐ Yes ☒ No	Specify
Turkey Hill Brook Name	2 Number	☐ Yes ☒ No	Specify
Sudgen Reservoir Name	1 Number	☐ Yes ☒ No	Specify
Shaw Brook Name	2 Number	☐ Yes ☒ No	Specify
Seven Mile River Name	1 Number	☐ Yes ☒ No	Specify
Unnamed Wetland Name	1 Number	☐ Yes ☒ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
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D. Stormwater Management Program Summary

1. Public Education:

PE-1

BMP ID #

Flyer Distribution

Specify Best Management Practice

H. Warren Ramsey

Responsible Dept./Person Name

Haz. Waste Day Participants

Specify Measurable Goal

PE-2

BMP ID #

Informational Mailings

Specify Best Management Practice

H. Warren Ramsey

Responsible Dept./Person Name

Houses adjacent to outfalls

Specify Measurable Goal

PE-3

BMP ID #

Community Group Meetings

Specify Best Management Practice

H. Warren Ramsey

Responsible Dept./Person Name

Start at 1 per calendar year

Specify Measurable Goal

PE-4

BMP ID #

PSAs

Specify Best Management Practice

H. Warren Ramsey

Responsible Dept./Person Name

Cable Access Ads for Events

Specify Measurable Goal

PE-5

BMP ID #

Stream Restoration

Specify Best Management Practice

H. Warren Ramsey

Responsible Dept./Person Name

Clean Around 1 Stream/year

Specify Measurable Goal

2. Public Participation:

PP-1

BMP ID #

Storm Drain Stenciling

Specify Best Management Practice

H. Warren Ramsey

Responsible Dept./Person Name

Areas of immediate concern

Specify Measurable Goal

PP-2

BMP ID #

Hazardous Waste Day

Specify Best Management Practice

H. Warren Ramsey

Responsible Dept./Person Name

Once per year

Specify Measurable Goal

PP-3

BMP ID #

Volunteer Monitoring Efforts

Specify Best Management Practice

H. Warren Ramsey

Responsible Dept./Person Name

Annually

Specify Measurable Goal

PP-4

BMP ID #

SWMP Volunteer Review

Specify Best Management Practice

H. Warren Ramsey

Responsible Dept./Person Name

Annually

Specify Measurable Goal

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal



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Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

ID-1

BMP ID #

Visual Inspection

Specify Best Management Practice

H. Warren Ramsey

Responsible Dept./Person Name

All Outfalls Quarterly

Specify Measurable Goal

ID-2

BMP ID #

Laboratory Analysis

Specify Best Management Practice

H. Warren Ramsey

Responsible Dept./Person Name

When pollution is evident

Specify Measurable Goal

ID-3

BMP ID #

Identify and Map Outfalls

Specify Best Management Practice

H. Warren Ramsey

Responsible Dept./Person Name

Map and ID ALL Outfalls in UA

Specify Measurable Goal

ID-4

BMP ID #

Remove source of cont.

Specify Best Management Practice

H. Warren Ramsey

Responsible Dept./Person Name

When pollution is evident

Specify Measurable Goal

ID-5

BMP ID #

Develop/enact By-law

Specify Best Management Practice

H. Warren Ramsey

Responsible Dept./Person Name

Enact By-law by end of Year 2

Specify Measurable Goal

4. Construction Site Runoff Control:

CS-1

BMP ID #

Develop/enact bylaws

Specify Best Management Practice

H. Warren Ramsey

Responsible Dept./Person Name

By the end of permit year 2

Specify Measurable Goal

CS-2

BMP ID #

Pre-Construction Info. Mtgs

Specify Best Management Practice

H. Warren Ramsey

Responsible Dept./Person Name

Ea. Const. after Bylaw Imp.

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



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D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

PC-1

BMP ID #

Visual Monitoring

Specify Best Management Practice

H. Warren Ramsey

Responsible Dept./Person Name

Min. 1 time after Completion

Specify Measurable Goal

PC-2

BMP ID #

Develop bylaws

Specify Best Management Practice

H. Warren Ramsey

Responsible Dept./Person Name

Done under CS-1

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

6. Municipal Good Housekeeping:

GH-1

BMP ID #

Employee Training

Specify Best Management Practice

H. Warren Ramsey

Responsible Dept./Person Name

Annual training meeting

Specify Measurable Goal

GH-2

BMP ID #

Operation and Maint. Sched.

Specify Best Management Practice

H. Warren Ramsey

Responsible Dept./Person Name

Dev. O&M Sched. in year 1

Specify Measurable Goal

GH-3

BMP ID #

O&M Implementation

Specify Best Management Practice

H. Warren Ramsey

Responsible Dept./Person Name

Permit years 2-5 per sched.

Specify Measurable Goal

GH-4

BMP ID #

Record Keeping

Specify Best Management Practice

H. Warren Ramsey

Responsible Dept./Person Name

For Each BMP employed

Specify Measurable Goal

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

1. The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that proper record-keeping is essential for the integrity of the financial system and for the ability to detect and prevent fraud. The document also notes that accurate records are necessary for the preparation of financial statements and for the calculation of taxes.

2. The second part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that proper record-keeping is essential for the integrity of the financial system and for the ability to detect and prevent fraud. The document also notes that accurate records are necessary for the preparation of financial statements and for the calculation of taxes.

3. The third part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that proper record-keeping is essential for the integrity of the financial system and for the ability to detect and prevent fraud. The document also notes that accurate records are necessary for the preparation of financial statements and for the calculation of taxes.

4. The fourth part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that proper record-keeping is essential for the integrity of the financial system and for the ability to detect and prevent fraud. The document also notes that accurate records are necessary for the preparation of financial statements and for the calculation of taxes.

5. The fifth part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that proper record-keeping is essential for the integrity of the financial system and for the ability to detect and prevent fraud. The document also notes that accurate records are necessary for the preparation of financial statements and for the calculation of taxes.



Hand-enter Your Transmittal Number →

W 039544

Transmittal Number

Your unique Transmittal Number can be accessed online: <http://www.state.ma.us/scripts/dep/trasmfrm.stm> or call DEP's InfoLine at 617-338-2255 or 800-462-0444 (from 508, 781, and 978 area codes).

Massachusetts Department of Environmental Protection Transmittal Form for Permit Application and Payment

1. Please type or print. A separate Transmittal Form must be completed for each permit application.

2. Make your check payable to the Commonwealth of Massachusetts and mail it with a copy of this form to: DEP, P.O. Box 4062, Boston, MA 02211.

3. Three copies of this form will be needed.

Copy 1 - the original must accompany your permit application.
Copy 2 must accompany your fee payment.
Copy 3 should be retained for your records

4. Both fee-paying and exempt applicants must mail a copy of this transmittal form to DEP, P.O. Box 4062, Boston, MA 02211

For DEP Use Only
Permit No. _____
Rec'd Date _____
Reviewer _____

A. Permit Information

BRP WM 08A

Permit Code: 7 or 8 character code from permit instructions
NPDES Stormwater General Permit

Type of Project or Activity

Storm Water

Name of Permit Category

B. Applicant Information - Firm or Individual

Spencer Utility and Highway Department

JUL - 7 2003

Name of Firm - Or, if party needing this approval is an individual enter name below:

Last Name of Individual
3 Old Meadow Road

Street Address

Spencer

City/Town

H. Warren Ramsey ✓

Contact Person

First Name of Individual

MUNICIPAL ASSISTANCE UNIT

MA
State

01562
Zip Code

508-885-7525
Telephone # and extension

e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Spencer, MA

Name of Facility, Site or Individual

DEP Facility Number (if Known)

Federal I.D. Number (if Known)

Street Address

Spencer

City/Town

e-mail address (optional)

MA
State

01562
Zip Code

508-885-7525
Telephone # and extension

D. Application Prepared by (if different from Section B)

Prism Environmental, Inc.

Name of Firm Or Individual

18 Lyman Street, Suite Q

Address

Westborough

City/Town

John J. Cordaro, P.E.

Contact Person

MA
State

01581
Zip Code

508-366-0772 ext. 16
Telephone # and extension

LSP Number (21E only)

E. Permit - Project Coordination

Is this project subject to MEPA review? ☐ yes ☒ no If yes, enter the project's EOE file number - assigned when an Environmental Notification Form is submitted to the MEPA unit: EOE file number _____

Is an Environmental Impact Report Required? ☐ yes ☒ no

Is this application part of a larger project for which two or more DEP permits are being or will be sought? ☐ yes ☒ no

List any other DEP permits that apply to this project:

Permit Category

Date of Submission (tentative or actual)

Transmittal # if application already submitted

F. Amount Due

Special Provisions:

- ☒ Fee Exempt* (city, town or municipal housing authority) (state agency if fee is \$100 or less)
☐ Hardship Request - payment extensions according to 310 CMR 4.04(3)(c)
☐ Alternative Schedule Project (according to 310 CMR 4.05 and 4.10)

*There are no fee exemptions for 21E, regardless of applicant status

Check Number

Dollar Amount

Date

Please make check payable to the Commonwealth of Massachusetts and mail check and one copy of this form to:
DEP, P.O. Box 4062, Boston, MA 02211



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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

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be duplicated to
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larger list of
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C. Names of (Presently Known) Receiving Waters

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Sudgen Reservoir Name	1 Number	☐ Yes ☒ No	Specify
Shaw Brook Name	2 Number	☐ Yes ☒ No	Specify
Seven Mile River Name	1 Number	☐ Yes ☒ No	Specify
Unnamed Wetland Name	1 Number	☐ Yes ☒ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
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Facility ID (if known)

D. Stormwater Management Program Summary

1. Public Education:

PE-1

BMP ID #

Flyer Distribution

Specify Best Management Practice

H. Warren Ramsey

Responsible Dept./Person Name

Haz. Waste Day Participants

Specify Measurable Goal

PE-2

BMP ID #

Informational Mailings

Specify Best Management Practice

H. Warren Ramsey

Responsible Dept./Person Name

Houses adjacent to outfalls

Specify Measurable Goal

PE-3

BMP ID #

Community Group Meetings

Specify Best Management Practice

H. Warren Ramsey

Responsible Dept./Person Name

Start at 1 per calendar year

Specify Measurable Goal

PE-4

BMP ID #

PSAs

Specify Best Management Practice

H. Warren Ramsey

Responsible Dept./Person Name

Cable Access Ads for Events

Specify Measurable Goal

PE-5

BMP ID #

Stream Restoration

Specify Best Management Practice

H. Warren Ramsey

Responsible Dept./Person Name

Clean Around 1 Stream/year

Specify Measurable Goal

2. Public Participation:

PP-1

BMP ID #

Storm Drain Stenciling

Specify Best Management Practice

H. Warren Ramsey

Responsible Dept./Person Name

Areas of immediate concern

Specify Measurable Goal

PP-2

BMP ID #

Hazardous Waste Day

Specify Best Management Practice

H. Warren Ramsey

Responsible Dept./Person Name

Once per year

Specify Measurable Goal

PP-3

BMP ID #

Volunteer Monitoring Efforts

Specify Best Management Practice

H. Warren Ramsey

Responsible Dept./Person Name

Annually

Specify Measurable Goal

PP-4

BMP ID #

SWMP Volunteer Review

Specify Best Management Practice

H. Warren Ramsey

Responsible Dept./Person Name

Annually

Specify Measurable Goal

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal



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D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

ID-1

BMP ID #

Visual Inspection

Specify Best Management Practice

H. Warren Ramsey

Responsible Dept./Person Name

All Outfalls Quarterly

Specify Measurable Goal

ID-2

BMP ID #

Laboratory Analysis

Specify Best Management Practice

H. Warren Ramsey

Responsible Dept./Person Name

When pollution is evident

Specify Measurable Goal

ID-3

BMP ID #

Identify and Map Outfalls

Specify Best Management Practice

H. Warren Ramsey

Responsible Dept./Person Name

Map and ID ALL Outfalls in UA

Specify Measurable Goal

ID-4

BMP ID #

Remove source of cont.

Specify Best Management Practice

H. Warren Ramsey

Responsible Dept./Person Name

When pollution is evident

Specify Measurable Goal

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

4. Construction Site Runoff Control:

CS-1

BMP ID #

Develop bylaws

Specify Best Management Practice

H. Warren Ramsey

Responsible Dept./Person Name

By the end of permit year 2

Specify Measurable Goal

CS-2

BMP ID #

Pre-Construction Info. Mtgs

Specify Best Management Practice

H. Warren Ramsey

Responsible Dept./Person Name

Ea. Const. after Bylaw Imp.

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



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Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

PC-1

BMP ID #

Visual Monitoring

Specify Best Management Practice

H. Warren Ramsey

Responsible Dept./Person Name

Min. 1 time after Completion

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

6. Municipal Good Housekeeping:

GH-1

BMP ID #

Employee Training

Specify Best Management Practice

H. Warren Ramsey

Responsible Dept./Person Name

Annual training meeting

Specify Measurable Goal

GH-2

BMP ID #

Operation and Maint. Sched.

Specify Best Management Practice

H. Warren Ramsey

Responsible Dept./Person Name

Dev. O&M Sched. in year 1

Specify Measurable Goal

GH-3

BMP ID #

O&M Implementation

Specify Best Management Practice

H. Warren Ramsey

Responsible Dept./Person Name

Permit years 2-5 per sched.

Specify Measurable Goal

GH-4

BMP ID #

Record Keeping

Specify Best Management Practice

H. Warren Ramsey

Responsible Dept./Person Name

For Each BMP employed

Specify Measurable Goal

BMP ID #

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:

TM-1

BMP ID #

Laboratory Analysis

Specify Best Management Practice

H. Warren Ramsey

Responsible Dept./Person Name

Random Outfalls Annually

Specify Measurable Goal

TM-2

BMP ID #

Visual Inspection

Specify Best Management Practice

H. Warren Ramsey

Responsible Dept./Person Name

All Outfalls Quarterly

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.

H. Warren Ramsey

Printed Name

H. Warren Ramsey
Signature

6/18/03
Date



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D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

TM-1

BMP ID #

Laboratory Analysis

Specify Best Management Practice

H. Warren Ramsey

Responsible Dept./Person Name

Random Outfalls Annually

Specify Measurable Goal

TM-2

BMP ID #

Visual Inspection

Specify Best Management Practice

H. Warren Ramsey

Responsible Dept./Person Name

All Outfalls Quarterly

Specify Measurable Goal

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

BMP ID #

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Responsible Dept./Person Name

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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.

Printed Name

Signature

Date

Water Commission
DAVID O'CONNOR Chairman 1/29/04

Daniel O'Connor

1/29/04