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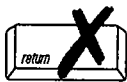
W036204
Transmittal Number

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:

Kathy Araujo, Land Use Coordinator

Name

Memorial Hall, 272 Main Street

Mailing Address

Townsend

City/Town

(978) 597-1703

Telephone Number

MA

State

Kathya@townsend.ma.us

Email (if available)

2. Municipality Name

Townsend

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. 119)

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

MUNICIPAL ASSISTANCE UNIT
AUG 04 2003



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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
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 _____
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 _____
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

1. Public Education:

<u>1a</u> BMP ID # Distribute/Post Nonpoint Source Pollution Posters Specify Best Management Practice	<u>Land Use Coordinator</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>Land Use Coordinator</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>Land Use Coordinator</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>Land Use Coordinator</u> Responsible Dept./Person Name	<u>Update information quarterly to address seasonal concerns</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

2. Public Participation:

<u>2a</u> BMP ID # Form Stormwater Advisory Committee Specify Best Management Practice	<u>Land Use Coordinator</u> Responsible Dept./Person Name	<u>Hold quarterly meetings</u> Specify Measurable Goal
<u>2b</u> BMP ID # Adopt-A-Highway Program Specify Best Management Practice	<u>Highway Department</u> Responsible Dept./Person Name	<u>Mail fliers with excise tax bills to residents & businesses</u> Specify Measurable Goal
<u>2c</u> BMP ID # Hazardous Waste Collection Specify Best Management Practice	<u>Fire Department</u> Responsible Dept./Person Name	<u>Hold waste collection annually</u> Specify Measurable Goal
<u>2d</u> BMP ID # Continue Waste Oil Collection & Recycling Specify Best Management Practice	<u>Fire Department</u> Responsible Dept./Person Name	<u>Collect waste oil from residents on a monthly basis</u> Specify Measurable Goal
<u>2e</u> BMP ID # Have Volunteers Hold an Annual Stream Clean-up Day Specify Best Management Practice	<u>Land Use Coordinator</u> Responsible Dept./Person Name	<u>Hold one clean-up day every spring</u> Specify Measurable Goal



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D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

<p>3a _____ BMP ID # Map Outfalls and Receiving Waters _____ Specify Best Management Practice</p>	<p>_____ Land Use Coordinator _____ Responsible Dept./Person Name</p>	<p>_____ Map 25% of outfalls that drain urbanized areas each year _____ Specify Measurable Goal</p>
<p>3b _____ BMP ID # Review Existing Bylaws and Regulations _____ Specify Best Management Practice</p>	<p>_____ Land Use Coordinator _____ Responsible Dept./Person Name</p>	<p>_____ Determine if existing bylaws & regs fulfill EPA requirements _____ Specify Measurable Goal</p>
<p>3c _____ BMP ID # Develop Illicit Discharge Detection & Elimination Plan _____ Specify Best Management Practice</p>	<p>_____ Land Use Coordinator _____ Responsible Dept./Person Name</p>	<p>_____ Make recommendations for inclusion into proposed plan _____ Specify Measurable Goal</p>
<p>3d _____ BMP ID # Develop/Modify General Illicit Discharge Bylaw _____ Specify Best Management Practice</p>	<p>_____ Land Use Coordinator _____ Responsible Dept./Person Name</p>	<p>_____ Propose recommendations for modifying/developing bylaw _____ Specify Measurable Goal</p>
<p>3e _____ BMP ID # Present Bylaw for Town Meeting Action _____ Specify Best Management Practice</p>	<p>_____ Land Use Coordinator _____ Responsible Dept./Person Name</p>	<p>_____ Make Presentations for Town Meeting Action _____ Specify Measurable Goal</p>

4. Construction Site Runoff Control:

<p>4a _____ BMP ID # Review Existing Site Inspection Practices _____ Specify Best Management Practice</p>	<p>_____ Land Use Coordinator _____ Responsible Dept./Person Name</p>	<p>_____ Determine if existing practices fulfill EPA requirements _____ Specify Measurable Goal</p>
<p>4b _____ BMP ID # Develop/Modify Site Inspection Program _____ Specify Best Management Practice</p>	<p>_____ Land Use Coordinator _____ Responsible Dept./Person Name</p>	<p>_____ Make recommendations for modifying existing program _____ Specify Measurable Goal</p>
<p>4c _____ BMP ID # Review Existing Bylaws and Regulations _____ Specify Best Management Practice</p>	<p>_____ Land Use Coordinator _____ Responsible Dept./Person Name</p>	<p>_____ Determine if existing bylaws & regs fulfill EPA requirements _____ Specify Measurable Goal</p>
<p>4d _____ BMP ID # Develop/Modify Bylaw for Construction Site Runoff _____ Specify Best Management Practice</p>	<p>_____ Land Use Coordinator _____ Responsible Dept./Person Name</p>	<p>_____ Propose recommendations for modifying/developing bylaw _____ Specify Measurable Goal</p>
<p>4e _____ BMP ID # Present Bylaw for Town Meeting Action _____ Specify Best Management Practice</p>	<p>_____ Land Use Coordinator _____ Responsible Dept./Person Name</p>	<p>_____ Make Presentations for Town Meeting Action _____ Specify Measurable Goal</p>



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D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

<p><u>5a</u> BMP ID # Review Existing Site Inspection Practices Specify Best Management Practice</p>	<p><u>Highway Department</u> Responsible Dept./Person Name</p>	<p><u>Determine if existing practices fulfill EPA requirements</u> Specify Measurable Goal</p>
<p><u>5b</u> BMP ID # Develop/Modify Inspection & Maintenance Practices Specify Best Management Practice</p>	<p><u>Highway Department</u> Responsible Dept./Person Name</p>	<p><u>Make recommendations for modifying existing practices</u> Specify Measurable Goal</p>
<p><u>5c</u> BMP ID # Review Existing Bylaws and Regulations Specify Best Management Practice</p>	<p><u>Land Use Coordinator</u> Responsible Dept./Person Name</p>	<p><u>Determine if existing bylaws & regs fulfill EPA requirements</u> Specify Measurable Goal</p>
<p><u>5d</u> BMP ID # Develop/Modify Bylaws for Post-Construction Site Runoff Specify Best Management Practice</p>	<p><u>Land Use Coordinator</u> Responsible Dept./Person Name</p>	<p><u>Propose recommendations for modifying/developing bylaw</u> Specify Measurable Goal</p>
<p><u>5e</u> BMP ID # Present Bylaw for Town Meeting Action Specify Best Management Practice</p>	<p><u>Land Use Coordinator</u> Responsible Dept./Person Name</p>	<p><u>Make Presentations for Town Meeting Action</u> Specify Measurable Goal</p>

6. Municipal Good Housekeeping:

<p><u>6a</u> BMP ID # Street Sweeping Program Specify Best Management Practice</p>	<p><u>Highway Department</u> Responsible Dept./Person Name</p>	<p><u>Sweep all streets once per year</u> Specify Measurable Goal</p>
<p><u>6b</u> BMP ID # Catch Basin Cleaning Program Specify Best Management Practice</p>	<p><u>Highway Department</u> Responsible Dept./Person Name</p>	<p><u>Clean catch basins once every two years</u> Specify Measurable Goal</p>
<p><u>6c</u> BMP ID # Perform Site Visits to Examine Existing Practices at Facilities Specify Best Management Practice</p>	<p><u>Land Use Coordinator</u> Responsible Dept./Person Name</p>	<p><u>Target all applicable municipal facilities</u> Specify Measurable Goal</p>
<p><u>6d</u> BMP ID # Train Municipal Employees at Each Town Facility Specify Best Management Practice</p>	<p><u>Land Use Coordinator</u> Responsible Dept./Person Name</p>	<p><u>Target all applicable municipal facilities</u> Specify Measurable Goal</p>
<p><u>6e</u> BMP ID # Perform Follow-ups to Ensure Required Practices are Met Specify Best Management Practice</p>	<p><u>Land Use Coordinator</u> Responsible Dept./Person Name</p>	<p><u>Target all applicable municipal facilities</u> Specify Measurable Goal</p>



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D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

_____	_____	_____
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.

James A. Johnson, Town Administrator

 Printed Name

 Signature

 Date 7/29/03



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F. Storm Water Management Program TIME FRAMES

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BMP ID #	PERMIT YEAR ONE		PERMIT YEAR TWO		PERMIT YEAR THREE			PERMIT YEAR FOUR			PERMIT YEAR FIVE			Next Permit													
	Spring 03	Summer 03	Fall 03	Winter 03-04	Spring 04	Summer 04	Fall 04	Winter 04-05	Spring 05	Summer 05	Fall 05	Winter 05-06	Spring 06		Summer 06	Fall 06	Winter 06-07	Spring 07	Summer 07	Fall 07	Winter 07-08						
1a																											
1b																											
1c																											
1d			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
2a																											
2b																											
2c			X				X																				
2d																											
2e					X			X						X													
3a																											
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5c																											
5d																											
5e																											
6a	X				X																						
6b																											
6c																											
6d																											
6e																											

(YEARS 3 & 4 ARE FOR TOWN MEETING ACTION IF REQUIRED)

(YEARS 3 & 4 ARE FOR TOWN MEETING ACTION IF REQUIRED)

(YEARS 3 & 4 ARE FOR TOWN MEETING ACTION IF REQUIRED)