

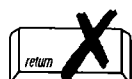


**BRP WM 08A NPDES Stormwater General Permit**  
**Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)**

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:

VA Boston Healthcare System  
Name  
150 South Huntington Avenue  
Mailing Address  
Jamaica Plain  
City/Town  
MA  
State  
(617)232-9500  
Telephone Number  
Email (if available)

2. Municipality Name

VA Boston Healthcare System - Jamaica Plain Campus  
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:

NA

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



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

W 041325  
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)

**B. Applicant Information (cont.)**

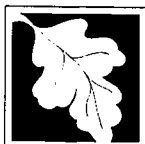
6. Based on the instructions provided in Part I of the NPDES Small MS4 General Permit, have the eligibility criteria for protection of historic properties been met?

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
Muddy River	Unknown	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	None
Name	Number		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
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



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

W 041325  
 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)

**D. Stormwater Management Program Summary**

1. Public Education:

<u>1</u>		
BMP ID #		
<u>Public Education Materials</u>	<u>FMS/Peter Lopes</u>	<u>Distribute Brochure</u>
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<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>

2. Public Participation:

<u>2</u>		
BMP ID #		
<u>Call Center/Suggestion Box</u>		<u>Set up designated line or drop off box and inform public</u>
Specify Best Management Practice	Responsible Dept./Person Name	
<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>



**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 041325  
 Transmittal Number  
 Facility ID (if known)

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

3. Illicit Discharge Detection and Elimination:

<u>3</u>		
BMP ID #		
<u>Storm Drain Map</u>	<u>FMS/Peter Lopes</u>	<u>Complete facility map</u>
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<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>

4. Construction Site Runoff Control:

<u>4</u>		
BMP ID #		
<u>Regulatory Controls</u>	<u>FMS/Peter Lopes</u>	<u>Develop Erosion &amp; sediment control contract specifications</u>
Specify Best Management Practice	Responsible Dept./Person Name	
<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>



**BRP WM 08A** NPDES Stormwater General Permit  
Notice of Intent for Discharges from Small Municipal Separate  
Storm Sewer Systems (MS4s)

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

5. Post Construction Runoff Control:

<u>5</u> BMP ID #	<u>FMS/Peter Lopes</u> Responsible Dept./Person Name	<u>Develop specifications for structural controls</u>
<u>Structural Stormwater Controls</u> Specify Best Management Practice		
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		

6. Municipal Good Housekeeping:

<u>6</u> BMP ID #	<u>FMS/Peter Lopes</u> Responsible Dept./Person Name	<u>Maintain Employee training program</u>
<u>Employee Training Program</u> Specify Best Management Practice		
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		



**BRP WM 08A NPDES Stormwater General Permit**  
**Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)**

**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

BMP ID #

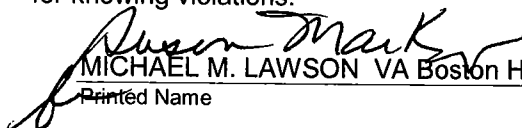
Specify Best Management Practice

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.

  
MICHAEL M. LAWSON VA Boston Healthcare System Director

Printed Name

9/24/04

Signature

Date