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)

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:
   VA Boston Healthcare System - Brockton Campus
   Name
   940 Belmont Street
   Mailing Address
   Brockton
   City/Town
   (508) 583-4500
   Telephone Number
   MA
   State
   Email (if available)

2. Municipality Name
   VA Boston Healthcare System - Brockton 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
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

C. Names of (Presently Known) Receiving Waters

<table>
<thead>
<tr>
<th>Receiving Water:</th>
<th>No. of Outfalls</th>
<th>Listed as Impaired?</th>
<th>Impairment</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Meadow Brook</td>
<td>1</td>
<td>☐ Yes ☒ No</td>
<td>None</td>
</tr>
<tr>
<td>Name</td>
<td>1</td>
<td>☐ Yes ☒ No</td>
<td>Specify</td>
</tr>
<tr>
<td>West Coweeset Brook</td>
<td></td>
<td>☐ Yes ☒ No</td>
<td>Specify</td>
</tr>
<tr>
<td>Name</td>
<td></td>
<td>☐ Yes ☒ No</td>
<td>Specify</td>
</tr>
<tr>
<td>Name</td>
<td></td>
<td>☐ Yes ☒ No</td>
<td>Specify</td>
</tr>
<tr>
<td>Name</td>
<td></td>
<td>☐ Yes ☒ No</td>
<td>Specify</td>
</tr>
<tr>
<td>Name</td>
<td></td>
<td>☐ Yes ☒ No</td>
<td>Specify</td>
</tr>
<tr>
<td>Name</td>
<td></td>
<td>☐ Yes ☒ No</td>
<td>Specify</td>
</tr>
<tr>
<td>Name</td>
<td></td>
<td>☐ Yes ☒ No</td>
<td>Specify</td>
</tr>
<tr>
<td>Name</td>
<td></td>
<td>☐ Yes ☒ No</td>
<td>Specify</td>
</tr>
<tr>
<td>Name</td>
<td></td>
<td>☐ Yes ☒ No</td>
<td>Specify</td>
</tr>
<tr>
<td>Name</td>
<td></td>
<td>☐ Yes ☒ No</td>
<td>Specify</td>
</tr>
<tr>
<td>Name</td>
<td></td>
<td>☐ Yes ☒ No</td>
<td>Specify</td>
</tr>
<tr>
<td>Name</td>
<td></td>
<td>☐ Yes ☒ No</td>
<td>Specify</td>
</tr>
<tr>
<td>Name</td>
<td></td>
<td>☐ Yes ☒ No</td>
<td>Specify</td>
</tr>
<tr>
<td>Name</td>
<td></td>
<td>☐ Yes ☒ No</td>
<td>Specify</td>
</tr>
<tr>
<td>Name</td>
<td></td>
<td>☐ Yes ☒ No</td>
<td>Specify</td>
</tr>
</tbody>
</table>
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)  

D. Stormwater Management Program Summary

1. Public Education:

<table>
<thead>
<tr>
<th>BMP ID #</th>
<th>Public Education Materials</th>
<th>Specify Best Management Practice</th>
<th>ENGINEERING/PETER LOPES</th>
<th>Distribute brochure</th>
<th>Specify Measurable Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Public Participation:

<table>
<thead>
<tr>
<th>BMP ID #</th>
<th>Call Center/Suggestion Box</th>
<th>Specify Best Management Practice</th>
<th>ENGINEERING/PETER LOPES</th>
<th>Set up designated line or drop off box and inform public</th>
<th>Specify Measurable Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

88 VA Brockton BRP WM 08A 2004 • rev. 12/02  
BRP WM 06A - Page 3 of 6
3. Illicit Discharge Detection and Elimination:

3

BMP ID #

Storm Drain Map
Specify Best Management Practice

ENGINEERING/PETER LOPE
Specify Measurable Goal

Complete facility map
Specify Measurable Goal

BMP ID #

Specify Best Management Practice

BMP ID #

Specify Best Management Practice

BMP ID #

Specify Best Management Practice

BMP ID #

Specify Best Management Practice

BMP ID #

Specify Best Management Practice

4. Construction Site Runoff Control:

4

BMP ID #

Regulatory Controls
Specify Best Management Practice

ENGINEERING/PETER LOPE
Develop erosion & sediment control contract specifications

BMP ID #

Specify Best Management Practice

BMP ID #

Specify Best Management Practice

BMP ID #

Specify Best Management Practice

BMP ID #

Specify Best Management Practice

BMP ID #

Specify Best Management Practice

BMP ID #

Specify Best Management Practice

BMP ID #

Specify Best Management Practice
5. Post Construction Runoff Control:

<table>
<thead>
<tr>
<th>BMP ID #</th>
<th>Structural Stormwater Controls</th>
<th>Responsible Dept./Person Name</th>
<th>Specify Measurable Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ENGINEERING/PETER LOPES</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Specify Best Management Practice</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. Municipal Good Housekeeping:

<table>
<thead>
<tr>
<th>BMP ID #</th>
<th>Employee Training Program</th>
<th>Responsible Dept./Person Name</th>
<th>Specify Measurable Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ENGINEERING/PETER LOPES</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Specify Best Management Practice</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

<table>
<thead>
<tr>
<th>BMP ID #</th>
<th>Determine if pollutants needing TMDL are discharged</th>
<th>ENGINEERING/PETER LOPES</th>
<th>Inventory source areas and materials/outfall testing</th>
</tr>
</thead>
</table>

Specify Best Management Practice

<table>
<thead>
<tr>
<th>BMP ID #</th>
<th>Responsible Dept/Person Name</th>
<th>Specify Measurable Goal</th>
</tr>
</thead>
</table>

Specify Best Management Practice

<table>
<thead>
<tr>
<th>BMP ID #</th>
<th>Responsible Dept/Person Name</th>
<th>Specify Measurable Goal</th>
</tr>
</thead>
</table>

Specify Best Management Practice

<table>
<thead>
<tr>
<th>BMP ID #</th>
<th>Responsible Dept/Person Name</th>
<th>Specify Measurable Goal</th>
</tr>
</thead>
</table>

Specify Best Management Practice

<table>
<thead>
<tr>
<th>BMP ID #</th>
<th>Responsible Dept/Person Name</th>
<th>Specify Measurable Goal</th>
</tr>
</thead>
</table>

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

Signature

9/30/04

Date
DEPARTMENT OF VETERANS AFFAIRS
VA BOSTON HEALTHCARE SYSTEM
SAFETY/INDUSTRIAL HYGIENE OFFICE (1385)
940 BELMONT STREET, BROCKTON MA 02301
508-583-4500 X1158/FAX #508-895-0138

IMPORTANT: This facsimile is intended only for the use of the individuals or entity to which it is addressed. It may contain information that is privileged, confidential, or otherwise protected from disclosure under applicable law. If the reader of this transmission is not the intended recipient, you are hereby notified that any dissemination, distribution, copying or use of this transmission or its’ contents is strictly prohibited. If you have received this transmission in error, please notify the sender by telephone and return the original transmission to us at the address herein.

DATE: 30 Sept 04
TO: Mr. Dan L. Ms. Pureo
SENDER: VA BHS; Lesa Eppler
SUBJECT: Permit for Brockton
#PAGES TO FOLLOW: 6
COMMENTS:

8/17 9/8 2004