



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)

2011
W 041326

Transmittal Number

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 - West Roxbury Campus

Name

1400 VFW Parkway

Mailing Address

West Roxbury

City/Town

MA

State

(617) 323-7700

Telephone Number

Email (if available)

2. Municipality Name

VA Boston Healthcare System - West Roxbury 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



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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
Charles River	1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pollutants needing TMDL
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
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D. Stormwater Management Program Summary

1. Public Education:

<u>1</u> BMP ID #		
Public Education Materials Specify Best Management Practice	ENGINEERING/WILLIAM GAVAZZI	Distribute brochure Specify Measurable Goal
_____	_____	_____
BMP ID #	Responsible Dept./Person Name	Specify Measurable Goal
Specify Best Management Practice	_____	_____
_____	_____	_____
BMP ID #	Responsible Dept./Person Name	Specify Measurable Goal
Specify Best Management Practice	_____	_____
_____	_____	_____
BMP ID #	Responsible Dept./Person Name	Specify Measurable Goal
Specify Best Management Practice	_____	_____
_____	_____	_____
BMP ID #	Responsible Dept./Person Name	Specify Measurable Goal
Specify Best Management Practice	_____	_____

2. Public Participation:

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



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D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

<u>3</u>		
BMP ID #		
<u>Storm Drain Map</u>	<u>ENGINEERING/WILLIAM</u>	<u>Complete facility map</u>
Specify Best Management Practice	<u>GAVAZZI</u>	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>ENGINEERING/WILLIAM</u>	<u>Develop erosion & sediment</u>
Specify Best Management Practice	<u>GAVAZZI</u>	<u>control contract specifications</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>



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D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

<u>5</u>		
BMP ID #		
<u>Structural Stormwater Controls</u>	<u>ENGINEERING/WILLIAM</u>	<u>Develop contract</u>
<u>Specify Best Management Practice</u>	<u>GAVAZZI</u>	<u>specifications for structural</u>
_____	_____	_____
BMP ID #		

<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
_____	_____	_____
BMP ID #		

<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
_____	_____	_____
BMP ID #		

<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
_____	_____	_____
BMP ID #		

<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
_____	_____	_____

6. Municipal Good Housekeeping:

<u>6</u>		
BMP ID #		
<u>Employee Training Program</u>	<u>ENGINEERING/WILLIAM</u>	<u>Maintain employee training</u>
<u>Specify Best Management Practice</u>	<u>GAVAZZI</u>	<u>program</u>
_____	_____	_____
BMP ID #		

<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
_____	_____	_____
BMP ID #		

<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
_____	_____	_____
BMP ID #		

<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
_____	_____	_____
BMP ID #		

<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
_____	_____	_____
BMP ID #		

<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
_____	_____	_____



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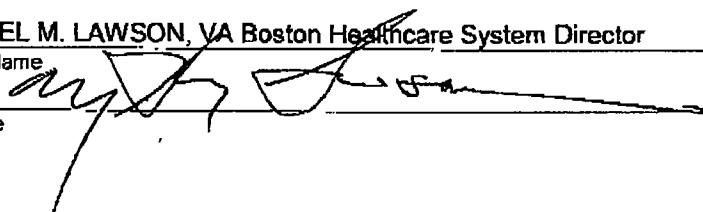
7. BMPs for Meeting TMDL:

<u>7</u> BMP ID #	Determine if pollutants needing TMDL are discharged	ENGINEERING/WILLIAM GAVAZZI	Inventory source areas and materials/outfall testing
_____	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
_____	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
_____	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
_____	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
_____	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

 Signature  _____
 Date 9/30/04