



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

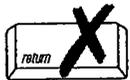
W041267
Transmittal Number

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 storm water 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:

John Bradley, P.E.

Name

Waltham DPW 163 Lexington St.

Mailing Address

Waltham

MA

City/Town

State

(781) 314-3800

jbradley@city.waltham.ma.us

Telephone Number

Email (if available)

2. Municipality Name

City of Waltham

3. Legal Status:

Federal City/Town State Tribal Private

Other public entity: _____
Specify Public Entity

4. Other regulated MS4(s) within municipal boundaries:

Fernald State School, Deaconess-Waltham Hospital, Mass-Highway

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
Beaver Brook Name	22 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	pathogens, taste, odor, color, turbidity, nutrients, siltation
Charles River Name	28 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	noxious plants, turbidity, priority organics, nutrients
Chester Brook Name	14 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Clematis Brook Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Hardy Pond Name	13 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	exotic species, nutrients, noxious plants, turbidity
Hobbs Brook Name	4 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Hobbs Brook Res. Name	15 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	noxious Specify
Lyman Ponds Name	5 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Stoney Brook Name	4 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Stoney Brook Res. Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
West Chester Brook Name	13 Number	<input type="checkbox"/> Yes <input checked="" 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:

1			
BMP ID #			
Recycling Department Web Site	Recycling Coordinator	An operational web site	
	Responsible Dept./Person Name	Specify Measurable Goal	
2			
BMP ID #			
Office Park Targeted Communication	Waltham DPW Director	Contact office parks which discharge into City's waters.	
	Responsible Dept./Person Name		
3			
BMP ID #			
NPDES Phase II Brochure	Recycling Coordinator	Distribution of brochure to City water customers	
Specify Best Management Practice	Responsible Dept./Person Name		
4			
BMP ID #			
Flood Plain Management Brochure	Recycling Coordinator	Distribution to City residents bordering receiving waters	
	Responsible Dept./Person Name		
5			
BMP ID #			
Illicit Discharge Brochure	Recycling Coordinator	Distribution of brochure to City water customers	
Specify Best Management Practice	Responsible Dept./Person Name		

*More available – see attached Storm Water Master Plan

2. Public Participation:

10			
BMP ID #			
Earth Day Celebration	Environmental Specialist	Provide and staff a booth at the annual celebration	
Specify Best Management Practice	Responsible Dept./Person Name		
11			
BMP ID #			
Stream Clean-Up	DPW Director	Support existing program and identify new sites	
Specify Best Management Practice	Responsible Dept./Person Name		
12			
BMP ID #			
Adopt-A-Stream	Environmental Specialist	Establish groups for three of the City's streams	
Specify Best Management Practice	Responsible Dept./Person Name		
13			
BMP ID #			
Catch Basin Stenciling	Superintendent Streets and Forestry	Stencil 80 CB's/year, Install new castings at 15 CB's/year	
Specify Best Management Practice			
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:

<u>14</u> BMP ID #	<u>City Engineer</u> Responsible Dept./Person Name	<u>Completion of city-wide drainage GIS</u>
<u>Mapping</u> Specify Best Management Practice		
<u>15</u> BMP ID #	<u>City Engineer</u> Responsible Dept./Person Name	<u>Acceptance of ordinance into city bylaws</u>
<u>Illicit Discharge Ordinance</u> Specify Best Management Practice		
<u>16</u> BMP ID #	<u>City Engineer</u> Responsible Dept./Person Name	<u>Inspect 40 or more outfalls per year</u>
<u>Illicit Discharge Detection Program</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>		

4. Construction Site Runoff Control:

<u>17</u> BMP ID #	<u>City Engineer</u> Responsible Dept./Person Name	<u>Enforce existing runoff control ordinance</u>
<u>Construction Site Runoff Control Ordinance</u>		
<u>18</u> BMP ID #	<u>City Engineer</u> Responsible Dept./Person Name	<u>Continue to review projects & uphold WPA/MSMP</u>
<u>Conservation Commission Rules and Regulations</u>		
<u>19</u> BMP ID #	<u>City Engineer</u> Responsible Dept./Person Name	<u>Review existing text, revise and implement as needed</u>
<u>Review Existing Runoff Control Ordinance</u>		
<u>20</u> BMP ID #	<u>City Engineer</u> Responsible Dept./Person Name	<u>Address ordinance changes & develop a plan review checklist</u>
<u>Plan Review Process</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>		



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D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

21 BMP ID # Plan Rules and Regulations Specify Best Management Practice	City Engineer Responsible Dept./Person Name	Continue to enforce the existing rules and regulations
22 BMP ID # Enhance Engineering Guidelines	City Engineer Responsible Dept./Person Name	Implementation of improved engineering design guidelines
23 BMP ID # Runoff Control Ordinance Specify Best Management Practice	City Engineer Responsible Dept./Person Name	Develop revised ordinance and amend city bylaws
24 BMP ID # BMP Monitoring and Maintenance Plan	City Engineer Responsible Dept./Person Name	Develop and maintain BMP database
25 BMP ID # Inspector Training Program Specify Best Management Practice	City Engineer Responsible Dept./Person Name	Develop & Implement program Specify Measurable Goal

6. Municipal Good Housekeeping:

26 BMP ID # Catch Basin Cleaning Specify Best Management Practice	Superintendent Streets and Forestry	Perform annual cleaning of catch basins
27 BMP ID # Drain Cleaning Specify Best Management Practice	Superintendent Streets and Forestry	Address clogged drain issues as they emerge
28 BMP ID # Street Sweeping Specify Best Management Practice	Superintendent Streets and Forestry	Sweep streets once per year Specify Measurable Goal
29 BMP ID # Recycling Program Specify Best Management Practice	Recycling Coordinator Responsible Dept./Person Name	Continue to publicize recycling activities
30 BMP ID # Watershed Maintenance Program	Superintendent Water and Sewer	Pilot program on 2 streams, expand and follow up later on

*More available – see attached Storm Water Master Plan



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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
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.

DAVID F. GATELY
 Printed Name
David F. Gately
 Signature

11/12/03
 Date

