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:

   Town of West Boylston

   Name

   120 Prescott Street

   Mailing Address

   West Boylston MA

   City/Town

   978-835-3490

   Telephone Number

   Email (if available)

2. Municipality Name

   Town of West Boylston

   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 Highway (State Route 12), Metropolitan District Commission lands (Wachusetts Reservoir and Wachusetts Reservoir watershed)

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
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

<table>
<thead>
<tr>
<th>Receiving Water:</th>
<th>No. of Outfalls</th>
<th>Listed as Impaired?</th>
<th>Impairment</th>
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D. Stormwater Management Program Summary

1. Public Education:

   1a. Air stormwater message on local cable channel
       BMP ID #
       Responsible Dept./Person Name
       Sewer Department
       Air one new message for two weeks quarterly

   1b. Add stormwater information to Town's website
       BMP ID #
       Responsible Dept./Person Name
       Sewer Department
       Complete update by the end of the second permit year

   1c. Distribute/post non-point source pollution posters
       BMP ID #
       Responsible Dept./Person Name
       Sewer & Highway Departments
       Post in all schools and town-owned buildings

   1d. Inform residents of Town's recycling programs/schedules
       BMP ID #
       Responsible Dept./Person Name
       Streets and Parks Department
       Distribute info. to all residents by website

   Specify Best Management Practice
   Responsible Dept./Person Name
   Specify Measurable Goal

2. Public Participation:

   2a. Collect household hazardous waste from residents
       BMP ID #
       Responsible Dept./Person Name
       Board of Health
       Join in Holden's household haz. waste coll. day twice/yr

   2b. Implement annual, volunteer waterways clean-up day
       BMP ID #
       Responsible Dept./Person Name
       Sewer & Highway Departments
       Hold waterways clean-up day once per year

   2c. Develop storm drain stenciling program
       BMP ID #
       Responsible Dept./Person Name
       Sewer & Highway Departments
       Stencil 20% of catch basins each year

   2d. Make SWMP available for public review/comment
       BMP ID #
       Responsible Dept./Person Name
       Sewer & Highway Departments
       Post SWMP on Town website, in library, in Sewer Dept.

   Specify Best Management Practice
   Responsible Dept./Person Name
   Specify Measurable Goal
D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

3a  
BMP ID #  
Map outfalls, receiving waters, and storm drain system  
Sewer Department  
Responsible Dept./Person Name  
Complete mapping by end of fifth permit year

3b  
BMP ID #  
Develop illicit discharge detection & elimination plan  
Sewer & Highway Departments  
Make recommendations for proposed plan

3c  
BMP ID #  
Review existing bylaws and regulations  
Sewer Department  
Responsible Dept./Person Name  
Determine whether existing bylaws/regs are adequate

3d  
BMP ID #  
Develop/modify general illicit discharge bylaw  
Sewer Department  
Responsible Dept./Person Name  
If necessary, propose recommen. for bylaw updates

3e  
BMP ID #  
Present bylaw for Town meeting action  
Sewer & Highway Departments  
Make presentations for Town meeting action, if necessary

4. Construction Site Runoff Control:

4a  
BMP ID #  
Review existing bylaws and regulations  
Planning Dept./ Zoning/Building Inspect./Sewer Dept.  
Determine whether existing bylaws/regs are adequate

4b  
BMP ID #  
Develop/modify bylaws for construction site runoff  
Planning Dept./ Zoning/Building Inspect./Sewer Dept.  
If necessary, propose recommen. for bylaw updates

4c  
BMP ID #  
Present bylaw for Town meeting action  
Planning Dept./ Zoning/Building Inspect./Sewer Dept.  
Make presentations for Town meeting action, if necessary

4d  
BMP ID #  
Review existing site inspection practices  
Planning Dept./ Zoning/Building Inspect./Sewer  
Determine whether existing practices are adequate

4e  
BMP ID #  
Develop/modify site inspection practices  
Planning Dept./ Zoning/Building Inspect./Sewer  
If necessary, make recommen. for updating existing practices
D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

5a
BMP ID #
Review existing bylaws and regulations
Planning Dept./Zoning/Building Inspect./Sewer Dept.
Determine whether existing bylaws/regs are adequate

5b
BMP ID #
Develop/modify bylaws for post-construction runoff
Planning Dept./Zoning/Building Inspect./Sewer Dept.
If necessary, propose recommen. for bylaw updates

5c
BMP ID #
Present bylaw for Town meeting action
Planning Dept./Zoning/Building Inspect./Sewer Dept.
Make presentations for Town meeting action, if necessary

5d
BMP ID #
Review existing site inspection practices
Planning Dept./Zoning/Building Inspect./Sewer Dept.
Determine whether existing practices are adequate

5e
BMP ID #
Develop/modify site inspection practices
Planning Dept./Zoning/Building Inspect./Sewer Dept.
If necessary, make recommen. for updating existing practices

6. Municipal Good Housekeeping:

6a
BMP ID #
Sweep streets
Specify Best Management Practice
Streets & Parks Department
Responsible Dept./Person Name
Sweep all Town-owned streets once per year

6b
BMP ID #
Clean catch basins
Specify Best Management Practice
Streets & Parks Department
Responsible Dept./Person Name
Clean all Town-owned catch basins once per year

6c
BMP ID #
Train municipal employees at each facility
Streets & Parks Department
Responsible Dept./Person Name
Target all applicable municipal facilities

6d
BMP ID #
Perform follow-ups to ensure required practices are met
Streets & Parks Department
Responsible Dept./Person Name
Target all applicable municipal facilities

BMP ID #
Specify Best Management Practice
Streets & Parks Department
Responsible Dept./Person Name
Specify Measurable Goal
D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

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

Paul Guida  
Printed Name  
Signature  
Date: 7/23/03
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