



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)

W037268
 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:

Town of West Boylston
 Name
 120 Prescott Street
 Mailing Address
 West Boylston MA
 City/Town State
 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 (Wachusett Reservoir and Wachusett 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



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)

W037268
 Transmittal Number

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

W037268
Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary

1. Public Education:

1a BMP ID # Air stormwater message on local cable channel	Sewer Department Responsible Dept./Person Name	Air one new message for two weeks quarterly
1b BMP ID # Add stormwater information to Town's website	Sewer Department Responsible Dept./Person Name	Complete update by the end of the second permit year
1c BMP ID # Distribute/post non-point source pollution posters	Sewer & Highway Departments	Post in all schools and town- owned buildings
1d BMP ID # Inform residents of Town's recycling programs/schedules	Streets and Parks Department Responsible Dept./Person Name	Distribute info. to all residents by website
BMP ID # Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

2. Public Participation:

2a BMP ID # Collect household hazardous waste from residents	Board of Health Responsible Dept./Person Name	Join in Holden's household haz. waste coll. day twice/yr
2b BMP ID # Implement annual, volunteer waterways clean-up day	Sewer & Highway Departments	Hold waterways clean-up day once per year
2c BMP ID # Develop storm drain stenciling program	Sewer & Highway Departments	Stencil 20% of catch basins each year
2d BMP ID # Make SWMP available for public review/comment	Sewer & Highway Departments	Post SWMP on Town website, in library, in Sewer Dept.
BMP ID # Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal



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)

W037268
 Transmittal Number

 Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

<u>3a</u> BMP ID # <u>Map outfalls, receiving waters, and storm drain system</u>	<u>Sewer Department</u> Responsible Dept./Person Name	<u>Complete mapping by end of fifth permit year</u>
<u>3b</u> BMP ID # <u>Develop illicit discharge detection & elimination plan</u>	<u>Sewer & Highway Departments</u>	<u>Make recommendations for proposed plan</u>
<u>3c</u> BMP ID # <u>Review existing bylaws and regulations</u>	<u>Sewer Department</u> Responsible Dept./Person Name	<u>Determine whether existing bylaws/regs are adequate</u>
<u>3d</u> BMP ID # <u>Develop/modify general illicit discharge bylaw</u>	<u>Sewer Department</u> Responsible Dept./Person Name	<u>If necessary, propose recommen. for bylaw updates</u>
<u>3e</u> BMP ID # <u>Present bylaw for Town meeting action</u>	<u>Sewer & Highway Departments</u>	<u>Make presentations for Town meeting action, if necessary</u>

4. Construction Site Runoff Control:

<u>4a</u> BMP ID # <u>Review existing bylaws and regulations</u>	<u>Planning Dept./ Zoning/ Building Inspect./Sewer Dept.</u>	<u>Determine whether existing bylaws/regs are adequate</u>
<u>4b</u> BMP ID # <u>Develop/modify bylaws for construction site runoff</u>	<u>Planning Dept./ Zoning/ Building Inspect./Sewer Dept.</u>	<u>If necessary, propose recommen. for bylaw updates</u>
<u>4c</u> BMP ID # <u>Present bylaw for Town meeting action</u>	<u>Planning Dept./ Zoning/ Building Inspect./Sewer Dept.</u>	<u>Make presentations for Town meeting action, if necessary</u>
<u>4d</u> BMP ID # <u>Review existing site inspection practices</u>	<u>Planning Dept./ Zoning/ Building Inspect./Sewer</u>	<u>Determine whether existing practices are adequate</u>
<u>4e</u> BMP ID # <u>Develop/modify site inspection practices</u>	<u>Planning Dept./ Zoning/ Building Inspect./Sewer Dept.</u>	<u>If necessary, make recommen. for updating existing practices</u>



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 (Cont.)

5. Post Construction Runoff Control:

<u>5a</u> BMP ID # Review existing bylaws and regulations	<u>Planning Dept./ Zoning/ Building Inspect./Sewer Dept.</u>	<u>Determine whether existing bylaws/regs are adequate</u>
<u>5b</u> BMP ID # Develop/modify bylaws for post-construction runoff	<u>Planning Dept./ Zoning/ Building Inspect./Sewer Dept.</u>	<u>If necessary, propose recommen. for bylaw updates</u>
<u>5c</u> BMP ID # Present bylaw for Town meeting action	<u>Planning Dept./ Zoning/ Building Inspect./Sewer Dept.</u>	<u>Make presentations for Town meeting action, if necessary</u>
<u>5d</u> BMP ID # Review existing site inspection practices	<u>Planning Dept./ Zoning/ Building Inspect./Sewer Dept.</u>	<u>Determine whether existing practices are adequate</u>
<u>5e</u> BMP ID # Develop/modify site inspection practices	<u>Planning Dept./ Zoning/ Building Inspect./Sewer Dept.</u>	<u>If necessary, make recommen. for updating existing practices</u>

6. Municipal Good Housekeeping:

<u>6a</u> BMP ID # Sweep streets Specify Best Management Practice	<u>Streets & Parks Department Responsible Dept./Person Name</u>	<u>Sweep all Town-owned streets once per year</u>
<u>6b</u> BMP ID # Clean catch basins Specify Best Management Practice	<u>Streets & Parks Department Responsible Dept./Person Name</u>	<u>Clean all Town-owned catch basins once per year</u>
<u>6c</u> BMP ID # Train municipal employees at each facility	<u>Streets & Parks Department Responsible Dept./Person Name</u>	<u>Target all applicable municipal facilities</u>
<u>6d</u> BMP ID # Perform follow-ups to ensure required practices are met	<u>Streets & Parks Department Responsible Dept./Person Name</u>	<u>Target all applicable municipal facilities</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>	



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 (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.

Paul Guida

Printed Name

Signature

Date

7/23/03

