

MAR 30 2004

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

W040498  
Transmittal Number

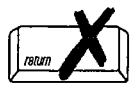
**BRP WM 08A NPDES Stormwater General Permit**

**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 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:

Mr. William O. Wintturi, Director of Public Works

Name

PO Box 376

Mailing Address

Westminster

City/Town

(978) 874-5572

Telephone Number

MA

State

westdpw@gis.net

Email (if available)

2. Municipality Name

Town of Westminster, Massachusetts

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:

None

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.)**



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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
Whitman River Name	TBD Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Snows Mill Pond Name	TBD Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Round Meadow Pond Name	TBD Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Meetinghouse Pond Name	TBD Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Wyman Pond Name	TBD Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Tophet Swamp Name	TBD Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Greenwood Pond Name	TBD Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Noxious Aquatic Plants Specify
Mahoney Brook Name	TBD Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Wrights Reservoir Name	TBD Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Noxious Aquatic Plants Specify
Upper Reservoir Name	TBD Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Minott Pond Name	TBD Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Noxious Aquatic Plants 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

**D. Stormwater Management Program Summary**







**Massachusetts Department of Environmental Protection**  
 Bureau of Resource Protection - Watershed Management  
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5. Post Construction Runoff Control:

<u>09</u> BMP ID #	<u>Bill Wintturi</u> Responsible Dept./Person Name	<u>Bylaw Amendment</u> Specify Measurable Goal
<u>Town Prohibition</u> Specify Best Management Practice		
<u>10</u> BMP ID #	<u>(Same)</u> Responsible Dept./Person Name	<u>Bylaw Amendment</u> Specify Measurable Goal
<u>Town License Process</u> Specify Best Management Practice		
<u>11</u> BMP ID #	<u>(Same)</u> Responsible Dept./Person Name	<u>Develop SW Guidance Document</u> Specify Measurable Goal
<u>Town Guidance</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>        </u> BMP ID #	<u>        </u> Responsible Dept./Person Name	<u>        </u> Specify Measurable Goal
<u>        </u> Specify Best Management Practice		

6. Municipal Good Housekeeping:

<u>12</u> BMP ID #	<u>Bill Wintturi</u> Responsible Dept./Person Name	<u>Employee Training</u> Specify Measurable Goal
<u>Educate Municipal Personnel</u> Specify Best Management Practice		
<u>13</u> BMP ID #	<u>(Same)</u> Responsible Dept./Person Name	<u>Develop Activity Schedule</u> Specify Measurable Goal
<u>Street Cleaning</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>        </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		

**D. Stormwater Management Program Summary (cont.)**



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Storm Sewer Systems (MS4s)

Facility ID (if known)

7. BMPs for Meeting TMDL:

<u>01</u> BMP ID # Storm Water Ed. Program (Public Education)	<u>Bill Wintturi</u> Responsible Dept./Person Name	<u>Information Pamphlet Series</u> Specify Measurable Goal
<u>04</u> BMP ID # Storm Drain Awareness (Public Education)	<u>(Same)</u> Responsible Dept./Person Name	<u>Stencil Storm Drains</u> Specify Measurable Goal
<u>06</u> BMP ID # Town Committee (Watershed Survey)	<u>(Same)</u> Responsible Dept./Person Name	<u>Identify Interested Members</u> Specify Measurable Goal
<u>07</u> BMP ID # Storm Sewer System Map (Watershed Survey)	<u>(Same)</u> Responsible Dept./Person Name	<u>Field Confirmation of Urban Outfalls</u>
<u>11</u> BMP ID # Town Guidance (Res./Urban BMPs)	<u>(Same)</u> Responsible Dept./Person Name	<u>Develop SW Guidance Document</u>

**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.

Alan E. Bedard, Chairman Department of Public Works

Printed Name

*Alan E. Bedard*

Signature

*3/29/04*

Date

