



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)

MAR 04 11 7A

Transmittal Number

Facility ID (if known)

DEC 29 2003

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:

Shawn Pariseau, Highway Department Town of Westport
Name

Westport Town Hall 816 Main Street
Mailing Address

Westport MA 02790
City/Town State

508 636-1150
Telephone Number

Email (if available)

2. Municipality Name

Town of Westport
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



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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

Receiving Water:	No. of Outfalls	Listed as Impaired?	Impairment
North Watuppa Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
South Watuppa Pond Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Sawdy Pond Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Bread and Cheese Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
E. Branch Westport River Name	10 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens 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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BRP WM 08A NPDES Stormwater General Permit

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_____ 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

D. Stormwater Management Program Summary

1. Public Education:

1-1 BMP ID # <u>Educational Flyer</u> Specify Best Management Practice	<u>Town Admin/Selectmen</u> Responsible Dept./Person Name	<u>Flyer prepared and distributed</u> Specify Measurable Goal
1-2 BMP ID # <u>Annual Public Hearing</u> Specify Best Management Practice	<u>Town Admin/Selectmen</u> Responsible Dept./Person Name	<u>Annual meeting held</u> Specify Measurable Goal
1-3 BMP ID # <u>Posting of Maps</u> Specify Best Management Practice	<u>Highway Surveyor</u> Responsible Dept./Person Name	<u>Maps displayed</u> Specify Measurable Goal
BMP ID #		



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BRP WM 08A NPDES Stormwater General Permit
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 Facility ID (if known)

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

2. Public Participation:

_____ 2-1 BMP ID #		
_____ Public Particip/Citizen Actions Specify Best Management Practice	_____ Highway Surveyor/BOH Responsible Dept./Person Name	_____ Complaint report file Specify Measurable Goal
_____ 2-2 BMP ID #		
_____ StormWaterMgtCom (SWMC) Specify Best Management Practice	_____ Bd of Selectmen Responsible Dept./Person Name	_____ Develop SW Mgt program Specify Measurable Goal
_____ 2-3 BMP ID #		
_____ Selectmen's Meeting Review Specify Best Management Practice	_____ Chairperson SWMC Responsible Dept./Person Name	_____ SWMC progress to Selectmen Specify Measurable Goal
_____ 2-4 BMP ID #		
_____ Storm Drain Stenciling Specify Best Management Practice	_____ Highway Surveyor Responsible Dept./Person Name	_____ Document #basins stenciled Specify Measurable Goal
_____ 2-5 BMP ID #		
_____ Hazardous Material Collection Specify Best Management Practice	_____ Bd of Selectmen Responsible Dept./Person Name	_____ Document haz mat collected Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

_____ 3-1 BMP ID #		
_____ Discharge Identification Specify Best Management Practice	_____ Highway Surveyor Responsible Dept./Person Name	_____ Production of maps Specify Measurable Goal



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 Facility ID (if known) _____

<u>3-2</u> BMP ID #	<u>Highway Surveyor</u> Responsible Dept./Person Name	<u>Production of maps</u> Specify Measurable Goal
<u>Drainage Network Mapping</u> Specify Best Management Practice		
<u>3-3</u> BMP ID #	<u>Highway Surveyor/BOH</u> Responsible Dept./Person Name	<u>Quantify illicit discharges</u> Specify Measurable Goal
<u>Illicit Discharge Identification</u> Specify Best Management Practice		
<u>3-4</u> BMP ID #	<u>BOH</u> Responsible Dept./Person Name	<u>Regulatory changes</u> Specify Measurable Goal
<u>Illicit Discharge Prohibition</u> Specify Best Management Practice		
<u>3-5</u> BMP ID #	<u>BOH</u> Responsible Dept./Person Name	<u>Meeting documentation</u> Specify Measurable Goal
<u>BOH Training</u> Specify Best Management Practice		
<u>3-6</u> BMP ID #	<u>BOH</u> Responsible Dept./Person Name	<u>Meeting documentation</u> Specify Measurable Goal
<u>Public Information</u> Specify Best Management Practice		

4. Construction Site Runoff Control:

<u>4-1</u> BMP ID #	<u>Conservation Commission</u> Responsible Dept./Person Name	<u>Town Meeting articles</u> Specify Measurable Goal
<u>ConCom Bylaw Review</u> Specify Best Management Practice		
<u>4-2</u> BMP ID #	<u>Planning Board</u> Responsible Dept./Person Name	<u>Regulation changes</u> Specify Measurable Goal
<u>PB Subdivision Review</u> Specify Best Management Practice		
<u>4-3</u> BMP ID #	<u>Planning Board</u> Responsible Dept./Person Name	<u>Town Meeting articles</u> Specify Measurable Goal
<u>PB Zoning/NonZoning Review</u> Specify Best Management Practice		
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>



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BRP WM 08A NPDES Stormwater General Permit
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 BMP ID #

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

5-1
 BMP ID #

ConCom Bylaws
 Specify Best Management Practice

Conservation Commission
 Responsible Dept./Person Name

Town Meeting articles
 Specify Measurable Goal

5-2
 BMP ID #

PB Subdivision Review
 Specify Best Management Practice

Planning Board
 Responsible Dept./Person Name

Regulation changes
 Specify Measurable Goal

5-3
 BMP ID #

PB Zoning/NonZoning Review
 Specify Best Management Practice

Planning Board
 Responsible Dept./Person Name

Town Meeting articles
 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

6. Municipal Good Housekeeping:

6-1
 BMP ID #

DPW Policy Guide
 Specify Best Management Practice

Highway Surveyor
 Responsible Dept./Person Name

Policy Guide developed
 Specify Measurable Goal

6-2
 BMP ID #

DPW Annual Training
 Specify Best Management Practice

Highway Surveyor
 Responsible Dept./Person Name

Completion of training
 Specify Measurable Goal



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6-3 BMP ID #	Highway Surveyor Responsible Dept./Person Name	Permits on file Specify Measurable Goal
DPW Permit Filing 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		

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL: **NA**

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



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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.

Shawn PARISEAU
Printed Name
Shawn Pariseau
Signature
12/19/03
Date