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

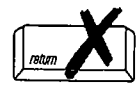
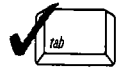
W041099
Transmittal Number

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:

BOARD OF SELECTMEN - *Tanya Basch, Asst. Town Eng.*
240 SPRINGFIELD STREET } *240 Springfield St.*
Mailing Address }
WILBRAHAM } *01095*
City/Town } MA
413-596-2805 } State
Telephone Number }
Email (if available) }

413-596-2807

2. Municipality Name

TOWN OF WILBRAHAM
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

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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
CHICOPEE RIVER Name	? Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
MILL RIVER Name	? 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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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:

<u>1</u> BMP ID #	<u>Stormwater Website</u> Specify Best Management Practice	<u>Antonio Pagan/MIS</u> Responsible Dept./Person Name	<u>Create links on Town website dedicated to stormwater</u>
<u>2</u> BMP ID #	<u>Public Access Television</u> Specify Best Management Practice	<u>Caroline Cunningham/Public Access</u>	<u>Broadcast videos on stormwater quality</u>
<u>3</u> BMP ID #	<u>Stormwater Education in Schools</u>	<u>Bill Fogarty/Selectmen's Office</u> Responsible Dept./Person Name	<u>Provide stormwater literature to schools.</u>
<u>4</u> BMP ID #	<u>Annual Stormwater Report</u> Specify Best Management Practice	<u>Stormwater Committee</u> Responsible Dept./Person Name	<u>Make stormwater report available to public</u>
<u>5</u> BMP ID #	<u>Importance of Septic System Maintenance</u>	<u>Board of Health, Lorri McCool</u> Responsible Dept./Person Name	<u>Display septic system maintenance literature</u>

2. Public Participation:

<u>6</u> BMP ID #	<u>Earth Day</u> Specify Best Management Practice	<u>Marna Huber/DPW</u> Responsible Dept./Person Name	<u>Stormwater cleanup activities on Earth Day</u>
<u>7</u> BMP ID #	<u>Stormwater Committee</u> Specify Best Management Practice	<u>Board of Selectmen</u> Responsible Dept./Person Name	<u>Stormwater Committee formed</u> Specify Measurable Goal
<u> </u> BMP ID #	<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u> </u> BMP ID #	<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u> </u> BMP ID #	<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>



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D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

8		
<u>BMP ID #</u>		
<u>Bylaw</u>	<u>John Pearsall/Planning Board</u>	<u>Bylaw established</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
9		
<u>BMP ID #</u>		
<u>Map Drainage System</u>	<u>Tonya Basch/DPW</u>	<u>Completed Map</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
10		
<u>BMP ID #</u>		
<u>Detect and Response Plan</u>	<u>Tonya Basch/DPW</u>	<u>Completed Plan</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>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>BMP ID #</u>		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

4. Construction Site Runoff Control:

11		
<u>BMP ID #</u>		
<u>Bylaw</u>	<u>John Pearsall/Planning Board</u>	<u>Bylaw established</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
12		
<u>BMP ID #</u>		
<u>Site Plan Approval for greater than 1 acre</u>	<u>Building/DPW/Planning Board</u>	<u>Process in place</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
13		
<u>BMP ID #</u>		
<u>Establish permitting process for small construction</u>	<u>Building/DPW/Planning Board</u>	<u>Process in place</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
14		
<u>BMP ID #</u>		
<u>Inspections and Penalties</u>	<u>Building/DPW/Planning Board</u>	<u>Procedure in place</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>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>



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D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

<u>15</u> BMP ID #	<u>John Pearsall/Planning Board</u> Responsible Dept./Person Name	<u>ESC Plan requirement and stormwater management</u>
<u>Subdivision Regulations</u> Specify Best Management Practice		
<u>16</u> BMP ID #	<u>Building/DPW/Planning Board</u> Responsible Dept./Person Name	<u>Process in place</u>
<u>Tracking, Inspection and Penalties Plan</u>		<u>Specify Measurable Goal</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>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>BMP ID #</u>		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

6. Municipal Good Housekeeping:

<u>17</u> BMP ID #	<u>Frank Shea/DPW</u> Responsible Dept./Person Name	<u>Documentation</u>
<u>Clean Catch Basins</u> Specify Best Management Practice		<u>Specify Measurable Goal</u>
<u>18</u> BMP ID #	<u>Frank Shea/DPW</u> Responsible Dept./Person Name	<u>Documentation</u>
<u>Sweep Street</u> Specify Best Management Practice		<u>Specify Measurable Goal</u>
<u>19</u> BMP ID #	<u>Marna Huber/DPW</u> Responsible Dept./Person Name	<u>Documentation</u>
<u>Paint Shed</u> Specify Best Management Practice		<u>Specify Measurable Goal</u>
<u>20</u> BMP ID #	<u>Frank Shea/DPW</u> Responsible Dept./Person Name	<u>Documentation</u>
<u>Reduce Sand/Salt</u> Specify Best Management Practice		<u>Specify Measurable Goal</u>
<u>21</u> BMP ID #	<u>Ron Lavoie/DPW</u> Responsible Dept./Person Name	<u>Plan completed</u>
<u>Spill Prevention and Control Plan</u>		<u>Specify Measurable Goal</u>
<u>BMP ID #</u>	<u>Specify Best Management Practice</u>	



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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 Barry, Board of Selectmen, Chairman

Printed Name

David W Barry

Signature

7/28/03

Date

