



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)

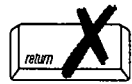
2002

W040406
Transmittal Number

51206
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:

Worcester State College

Name

486 Chandler Street

Mailing Address

Worcester

City/Town

508-929-8099

Telephone Number

MA

State

rdaniels@worcester.edu

Email (if available)

2. Municipality Name

Worcester State College

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

AUG - 6 2003
MUNICIPAL ASSISTANCE UNIT

B. Applicant Information (cont.)



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3. Illicit Discharge Detection and Elimination:

<u>300</u> BMP ID #		
<u>Storm Water System Map</u> Specify Best Management Practice	<u>Robert Daniels/ Bill Jarvi</u> Responsible Dept./Person Name	<u>Complete</u> Specify Measurable Goal
<u>301</u> BMP ID #		
<u>Dye Testing of Storm Drains</u> Specify Best Management Practice	<u>Robert Daniels</u> Responsible Dept./Person Name	<u>Begin Spring 04, continue through Fall of 2005</u>
<u>302</u> BMP ID #		
<u>Dry Weather Inspections</u> Specify Best Management Practice	<u>Robert Daniels</u> Responsible Dept./Person Name	<u>Begin Fall of 2004</u> Specify Measurable Goal
<u>303</u> BMP ID #		
<u>Determine Sources of Non Storm Water discharges</u>	<u>Robert Daniels</u> Responsible Dept./Person Name	<u>Begin Spring 2005</u> Specify Measurable Goal
<u>304</u> BMP ID #		
<u>Develop Plan for Detecting and Addressing Illicit</u>	<u>Robert Daniels</u> Responsible Dept./Person Name	<u>Begin Spring 2005</u> Specify Measurable Goal

4. Construction Site Runoff Control:

<u>400</u>		
<u>Develop Construction Run-off Plan (CRP)</u>	<u>Robert Daniels</u> Responsible Dept./Person Name	<u>Plan developed by Winter 05</u> Specify Measurable Goal
<u>401</u> BMP ID #		
<u>Implement (CRP)</u> Specify Best Management Practice	<u>Robert Daniels</u> Responsible Dept./Person Name	<u>Implementation Spring 05</u> Specify Measurable Goal
<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>

D. Stormwater Management Program Summary (Cont.)



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5. Post Construction Runoff Control:

<u>500</u> BMP ID #	<u>Robert Daniels</u> Responsible Dept./Person Name	<u>Developed by Winter 05</u> Specify Measurable Goal
<u>Develop appendix to CRP</u> Specify Best Management Practice		
<u>501</u> BMP ID #	<u>Robert Daniels</u> Responsible Dept./Person Name	<u>Implement Spring 05</u> Specify Measurable Goal
<u>Implement Appendix to CRP</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		

6. Municipal Good Housekeeping:

<u>600</u> BMP ID #	<u>Robert Daniels</u> Responsible Dept./Person Name	<u>Training done in Winter 04</u> Specify Measurable Goal
<u>Training for Facilities Personnel</u>		
<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		
<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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7. BMPs for Meeting TMDL:

N/A
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.

Sandra K. Olson - Director of Facilities

Printed Name

Sandra K. Olson

Signature

4/05/2004

Date



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7. BMPs for Meeting TMDL:

NA
BMP ID #

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

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

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

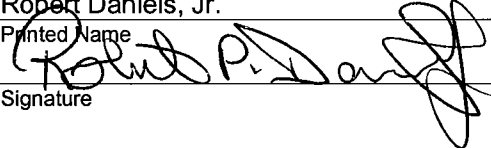
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
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BMP ID #

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Robert Daniels, Jr.	
Printed Name	
	7/30/03
Signature	Date



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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?

- [X] 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 with 4 columns: Receiving Water: (Name), No. of Outfalls (Number), Listed as Impaired? (Yes/No checkboxes), and Impairment (Specify). Rows include Moore Brooke and Patch Reservoir, followed by multiple blank rows for additional entries.

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1. Public Education:

<u>100</u> BMP ID #	<u>Robert Daniels</u> Responsible Dept./Person Name	<u>Distribution by Fall 03</u> Specify Measurable Goal
<u>Educational Materials</u> Specify Best Management Practice		
<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</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>		

2. Public Participation:

<u>200</u> BMP ID #	<u>Robert Daniels</u> Responsible Dept./Person Name	<u>Stencil drains by Fall 04</u> Specify Measurable Goal
<u>Storm drain stenciling</u> Specify Best Management Practice		
<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>
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<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		

D. Stormwater Management Program Summary (Cont.)



FACSIMILE	
TO:	<i>ANN HERRICK</i>
Name of Firm	<i>EPA</i>
Phone	
Fax Phone	<i>617-918-1505</i>

Date	<i>April 5, 2004</i>
Number of pages including cover sheet	<i>2</i>

FROM:	SANDRA OLSON
	WORCESTER STATE COLLEGE
	486 CHANDLER STREET
	WORCESTER, MA 01602-2597
	FACILITIES
E-Mail	
Phone	<i>(508) 929-8025</i>
Fax Phone	<i>(508) 929-8180</i>

REMARKS:	<input type="checkbox"/> <i>Urgent</i>	<input type="checkbox"/> <i>For your review</i>	<input type="checkbox"/> <i>Reply ASAP</i>	<input type="checkbox"/> <i>Please Comment</i>
<p>FAXING OVER THE FOLLOWING INFORMATION BRP WM 08A</p>				

If there is any problem receiving this transmission. Please call (508) 929-8025
Thank - you