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4100565D
Transmittal Number

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

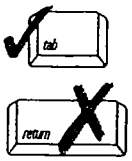
BRP WM 08A NPDES Stormwater General Permit

Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

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 Berkley
Name

1 North Main Street
Mailing Address

Berkley — City/Town
MA — State

508-824-6794 — Telephone Number
BerHig@tmlp.com — Email (if available)

2. Municipality Name

Town of Berkley
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~~ Route 24

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: Name	No. of Outfalls: Number	Listed as Impaired?	Impairment: Specify
Taunton River	Unknown	☐ Yes ☒ No	
Assonet River	Unknown	☐ Yes ☒ No	
Assonet Bay	Unknown	☐ Yes ☒ No	
Hospital Hill Brook	Unknown	☐ Yes ☒ No	
Shoves Neck Brook	Unknown	☐ Yes ☒ No	
Cotley River	Unknown	☐ Yes ☒ No	
Quaker Brook	Unknown	☐ Yes ☒ No	
Charles Brook	Unknown	☐ Yes ☒ No	
Cudds Brook	Unknown	☐ Yes ☒ No	
Clark's Brook	Unknown	☐ Yes ☒ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	

D. Stormwater Management Program Summary

1. Public Education:

BMP ID #		
Create Stormwater Program Specify Best Management Practice	Responsible Dept./Person Name	Public Education Specify Measurable Goal
BMP ID #		
Target Student Audiences Specify Best Management Practice	Responsible Dept./Person Name	Partner with schools to create displays for Town Meetings
BMP ID #		
Target Groups likely to impact stormwater	Responsible Dept./Person Name	Resident Mailings Specify Measurable Goal
BMP ID #		
Utilize Public Access Channel Specify Best Management Practice	Responsible Dept./Person Name	Develop video Specify Measurable Goal
BMP ID #		
Promote household hazardous waste recycling	Responsible Dept./Person Name	Sponsor hazardous waste collection days

2. Public Participation:

BMP ID #		
Conduct Public meetings Specify Best Management Practice	Responsible Dept./Person Name	Host joint meetings with local watershed groups
BMP ID #		
Organize volunteer water quality monitoring	Responsible Dept./Person Name	Form stream teams Specify Measurable Goal
BMP ID #		
Community Clean ups Specify Best Management Practice	Responsible Dept./Person Name	Work with local scout groups & TRWA for periodic cleanups
BMP ID #		
Hazardous waste days Specify Best Management Practice	Responsible Dept./Person Name	Sponsor hazardous waste collection days
BMP ID #		
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
	Review existing by-laws		Update as needed
	Map outfalls		Develop plan to map all outfalls & receiving bodies
	Map infrastructure		Map storm drain system
	Procedure for non-storm water discharge		Plan to address and correct illegal dumping
	Establish hotline		Have contacts for reporting of dumping

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
	Review by-laws		Update as needed
	Adopt changes		

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
	Review by-laws and Open Space Plan		Update as needed

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
	Employee training		Establish a plan to train employees
	Review Town property		Develop plan to log & schedule repair, install, Maint. drain.syst.
	Pollution Prevention Plan		Incorporate in above Plan

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

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

Julie E Taylor
Printed Name

Julie E Taylor
Signature

7/30/03
Date