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

W 035626
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:

Steven C. Pisch, Assistant Town Engineer

Name

59 Town Hall Square

Mailing Address

Falmouth

City/Town

508-495-7430

Telephone Number

MA

State

scpisch@cape.com

Email (if available)

2. Municipality Name

Falmouth

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:

State Highways Routes 28 & 28A, Locust Street and Woods Hole Road

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
Falmouth Harbor	14	☐ Yes ☐ No	Pathogens
Name	Number		Specify
Sols Pond	5	☐ Yes ☐ No	
Name	Number		Specify
Jones Pond	3	☐ Yes ☐ No	
Name	Number		Specify
Great Pond	6	☐ Yes ☐ No	
Name	Number		Specify
Green Pond	5	☐ Yes ☐ No	
Name	Number		Specify
Salt Pond	1	☐ Yes ☐ No	
Name	Number		Specify
Shivericks Pond	5	☐ Yes ☐ No	
Name	Number		Specify
Morse Pond	2	☐ Yes ☐ No	
Name	Number		Specify
Little Pond	4	☐ Yes ☐ No	
Name	Number		Specify
Vineyard Sound	21	☐ Yes ☐ No	
Name	Number		Specify
Siders Pond	5	☐ Yes ☐ No	
Name	Number		Specify
West Falmouth Harbor	3	☐ Yes ☐ No	Pathogens
Name	Number		Specify
Bournes Pond	2	☐ Yes ☐ No	
Name	Number		Specify
Eel Pond	23	☐ Yes ☐ No	
Name	Number		Specify
Perch Pond	5	☐ Yes ☐ No	
Name	Number		Specify
Quissett Harbor	1	☐ Yes ☐ No	Pathogens
Name	Number		Specify
Great Harbor	3	☐ Yes ☐ No	Pathogens
Name	Number		Specify
Megansett Harbor	1	☐ Yes ☐ No	
Name	Number		Specify



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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:
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receiving waters

C. Names of (Presently Known) Receiving Waters

Receiving Water:	No. of Outfalls	Listed as Impaired?	Impairment
Jenkins Pond Name	1 Number	☐ Yes ☐ No	Specify
Cedar Lake Name	1 Number	☐ Yes ☐ No	Specify
Little Harbor Name	2 Number	☐ Yes ☐ No	Pathogens Specify
Buzzards Bay Name	4 Number	☐ Yes ☐ No	Specify
Wild Harbor Name	2 Number	☐ Yes ☐ No	Specify
Oyster Pond Name	1 Number	☐ Yes ☐ No	Specify
Miles Pond Name	0 Number	☐ Yes ☐ No	Specify
Crocker Pond Name	0 Number	☐ Yes ☐ No	Specify
Little Sippewissett Marsh Name	0 Number	☐ Yes ☐ No	Specify
Fiddlers Cove Name	0 Number	☐ Yes ☐ No	Specify
Dam Pond Name	0 Number	☐ Yes ☐ No	Specify
Wings Pond Name	0 Number	☐ Yes ☐ No	Specify
Flax Pond (North Falmouth) Name	0 Number	☐ Yes ☐ No	Specify
Grews Pond Name	0 Number	☐ Yes ☐ No	Specify
Mares Pond Name	0 Number	☐ Yes ☐ No	Specify
Spectacle Pond Name	0 Number	☐ Yes ☐ No	Specify
 Name	 Number	☐ Yes ☐ No	Specify
 Name	 Number	☐ Yes ☐ No	Specify



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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:
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be duplicated to
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larger list of
receiving waters

C. Names of (Presently Known) Receiving Waters

Receiving Water:	No. of Outfalls	Listed as Impaired?	Impairment
Deer Pond Name	0 Number	☐ Yes ☐ No	Specify
Round Pond Name	0 Number	☐ Yes ☐ No	Specify
Shallow Pond Name	0 Number	☐ Yes ☐ No	Specify
Crooked Pond Name	0 Number	☐ Yes ☐ No	Specify
Coonamesett Pond Name	0 Number	☐ Yes ☐ No	Specify
Flax Pond (East Falmouth) Name	0 Number	☐ Yes ☐ No	Specify
Spectacle Pond Name	0 Number	☐ Yes ☐ No	Specify
Deep Pond Name	0 Number	☐ Yes ☐ No	Specify
Grassy Pond Name	0 Number	☐ Yes ☐ No	Specify
Fresh Pond (West Falmouth) Name	0 Number	☐ Yes ☐ No	Specify
Hamblin Pond Name	0 Number	☐ Yes ☐ No	Specify
Ashumet Road Name	0 Number	☐ Yes ☐ No	Specify
Waquoit Bay Name	0 Number	☐ Yes ☐ No	nutrients organic enrichment /Low DO Pathogens
Nye Pond Name	0 Number	☐ Yes ☐ No	Specify
Randall Pond Name	0 Number	☐ Yes ☐ No	Specify
Nobska Pond Name	0 Number	☐ Yes ☐ No	Specify
Quahog Pond Name	0 Number	☐ Yes ☐ No	Specify
Beach Pond Name	0 Number	☐ Yes ☐ No	Specify



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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
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larger list of
receiving waters

C. Names of (Presently Known) Receiving Waters

Receiving Water:	No. of Outfalls	Listed as Impaired?	Impairment
Fresh Pond (East Falmouth) Name	0 Number	☐ Yes ☐ No	Specify
Cable Pond Name	0 Number	☐ Yes ☐ No	Specify
Bog Pond Name	0 Number	☐ Yes ☐ No	Specify
Bourne Pond Name	0 Number	☐ Yes ☐ No	Specify
Childs River Name	0 Number	☐ Yes ☐ No	Specify
Mill Pond (Woods Hole) Name	0 Number	☐ Yes ☐ No	Specify
Moonakis River Name	0 Number	☐ Yes ☐ No	Nutrients organic enrichment /Low DO, pathogens
Herring Brook Name	0 Number	☐ Yes ☐ No	Pathogens Specify
Snug Harbor Name	0 Number	☐ Yes ☐ No	Specify
Rands Canal Name	0 Number	☐ Yes ☐ No	Specify
Fiddlers Cove Name	0 Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify

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D. Stormwater Management Program Summary**1. Public Education:**

1-1

BMP ID #

Educational Flyer

Specify Best Management Practice

Town Administrator

Responsible Dept./Person Name

Flyer Distributed

Specify Measurable Goal

1-2

BMP ID #

Annual Public Hearing

Specify Best Management Practice

Town Administrator

Responsible Dept./Person Name

Meeting Held

Specify Measurable Goal

1-3

BMP ID #

Posting of Maps

Specify Best Management Practice

DPW-Engineering Division

Responsible Dept./Person Name

Map Displayed

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

2. Public Participation:

2-1

BMP ID #

Encourage Participation

Specify Best Management Practice

Town Administrator

Responsible Dept./Person Name

Complaint Report Filed

Specify Measurable Goal

2-2

BMP ID #

Stormwater Management Committee**Board of Selectmen**

Responsible Dept./Person Name

Committee Established

Specify Measurable Goal

2-3

BMP ID #

Annual Selectmen's Review

Specify Best Management Practice

Board of Selectmen

Responsible Dept./Person Name

Meetings Held

Specify Measurable Goal

2-4

BMP ID #

Storm Drain Stenciling

Specify Best Management Practice

Director of Public Works

Responsible Dept./Person Name

Document Stenciled CB's

Specify Measurable Goal

2-5

BMP ID #

Hazardous Waste Collection

Specify Best Management Practice

Board of Health Agent

Responsible Dept./Person Name

Document Material Collected

Specify Measurable Goal



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D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

3-1

BMP ID #

Discharge Identification

Specify Best Management Practice

Director of Public Works

Responsible Dept./Person Name

Production of Maps

Specify Measurable Goal

3-2

BMP ID #

Drainage Network Mapping

Specify Best Management Practice

Director of Public Works

Responsible Dept./Person Name

Production of Maps

Specify Measurable Goal

3-3

BMP ID #

Illicit Discharge Identification

Specify Best Management Practice

BOH, DPW

Responsible Dept./Person Name

Quantify Illicit Discharges

Specify Measurable Goal

3-4

BMP ID #

Illicit Discharge Enforcement

Specify Best Management Practice

BOH, Planning, DPW

Responsible Dept./Person Name

Quantify Illicit Discharges

Specify Measurable Goal

3-5

BMP ID #

DPW Training

Specify Best Management Practice

Director of Public Works

Responsible Dept./Person Name

Meetings Held

Specify Measurable Goal

4. Construction Site Runoff Control:

4-1

BMP ID #

Conservation Commission

Bylaw

Conservation Commission

Responsible Dept./Person Name

Bylaws Changed

Specify Measurable Goal

4-2

BMP ID #

Planning Board Regulations

Specify Best Management Practice

Planning Board

Responsible Dept./Person Name

Regulations Changed

Specify Measurable Goal

4-3

BMP ID #

Planning Board Zoning

Specify Best Management Practice

Planning Board

Responsible Dept./Person Name

Bylaws Changed

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



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D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

5-1

BMP ID #

Conservation Commission
Bylaws

Conservation Commission
Responsible Dept./Person Name

Bylaws Changed
Specify Measurable Goal

5-2

BMP ID #

Planning Board Regulations
Specify Best Management Practice

Planning Board
Responsible Dept./Person Name

Regulations Changed
Specify Measurable Goal

5-3

BMP ID #

Planning Board Zoning
Specify Best Management Practice

Planning Board
Responsible Dept./Person Name

Bylaws Changed
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

Director of Public Works
Responsible Dept./Person Name

Policy Guide Prepared
Specify Measurable Goal

6-2

BMP ID #

DPW Annual Training
Specify Best Management Practice

Director of Public Works
Responsible Dept./Person Name

Training Completed
Specify Measurable Goal

6-3

BMP ID #

DPW Permit Filing
Specify Best Management Practice

Director of Public Works
Responsible Dept./Person Name

Permits Filed
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

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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.

Robert L. Whritenour Jr., Town Administrator

Printed Name

Signature

March 7, 2003
Date

