



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

W035854
 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:

City of Gloucester-Michael Hale, Assistant City Engineer

Name

Nine Dale Avenue

Mailing Address

Gloucester

City/Town

MA

State

978-281-9773

Telephone Number

Email (if available)

2. Municipality Name

Gloucester

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:

Mass Highway (Commonwealth of Massachusetts)

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.)



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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?

☒ 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
<u>Lily Pond</u> Name	Number	☒ Yes ☐ No	Noxious Aquatic Plants, Turbidity
<u>Strangman Pond</u> Name	Number	☒ Yes ☐ No	Noxious Aquatic Plants, Turbidity
<u>Upper Banjo Pond</u> Name	Number	☒ Yes ☐ No	Noxious Aquatic Plants, Turbidity
<u>West Pond</u> Name	Number	☒ Yes ☐ No	Nutrients, Noxious Aquatic Plants
<u>Annisquam River</u> Name	Number	☒ Yes ☐ No	Pathogens Specify
<u>Gloucester Harbor</u> Name	Number	☒ Yes ☐ No	Pathogens Specify
<u>Mill River</u> Name	Number	☒ Yes ☐ No	Pathogens Specify
<u>Ipswich Bay</u> Name	Number	☐ Yes ☐ No	Specify
<u>Farm Creek</u> Name	Number	☐ Yes ☐ No	Specify
<u>Essex Bay</u> Name	Number	☐ Yes ☐ No	Specify
<u>Walker Creek</u> Name	Number	☐ Yes ☐ No	Specify
<u>Haskell Pond</u> Name	Number	☐ Yes ☐ No	Specify
<u>Lower Banjo Pond</u> Name	Number	☐ Yes ☐ No	Specify
<u>Little River</u> Name	Number	☐ Yes ☐ No	Specify
<u>Klondike Reservoir</u> Name	Number	☐ Yes ☐ No	Specify
<u>Lanesford Pond</u> Name	Number	☐ Yes ☐ No	Specify
<u>Goose Cove</u> Name	Number	☐ Yes ☐ No	Specify
<u>Niles Pond</u> Name	Number	☐ Yes ☐ No	Specify

D. Stormwater Management Program Summary



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1. Public Education:

1-1

BMP ID #

Classroom Stormwater
Education

School Committee
 Responsible Dept./Person Name

Develop, Collect Materials for
Classroom Education

1-2

BMP ID #

Flyer and Brochure Dist.
Specify Best Management Practice

Engineering
 Responsible Dept./Person Name

Dist. Materials to Residents,
City Buildings

1-3

BMP ID #

Using the Media
Specify Best Management Practice

Mayors Office
 Responsible Dept./Person Name

Release Annual Article, Press
Release, and Cable Spot

1-4

BMP ID #

Hazardous Waste
Management

DPW
 Responsible Dept./Person Name

Annual Hazardouse Waste
Collection Day

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

2. Public Participation:

2-1

BMP ID #

Adopt-A-Stream Program
Specify Best Management Practice

Mayors Office
 Responsible Dept./Person Name

Volunteer Groups Adopt,
Maintain Water Bodies

2-2

BMP ID #

Pond and Stream Cleanup,
Monitoring

DPW
 Responsible Dept./Person Name

Participants Conduct Cleanup
Efforts

2-3

BMP ID #

Stencil Storm Drains
Specify Best Management Practice

DPW
 Responsible Dept./Person Name

Stencil 30 Drains Per Year
Specify Measurable Goal

2-4

BMP ID #

Storm Water Steering
Committee

Mayors Office
 Responsible Dept./Person Name

Create Committee to Address
SW Issues. Quarterly Meetings

2-5

BMP ID #

Pet Waste Collection
Specify Best Management Practice

DPW
 Responsible Dept./Person Name

Enforcement of Ordinances,
Maintenance of Stations

D. Stormwater Management Program Summary (Cont.)



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3. Illicit Discharge Detection and Elimination:

3-1

BMP ID #

Inspect City Discharges

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Locate, Inspect, Record
Condition, Dry Weather Flow

3-2

BMP ID #

Structure Mapping

Specify Best Management Practice

Engineering, DPW

Responsible Dept./Person Name

Locate Structures, Compile
Database, Create Map

3-3

BMP ID #

Non-Storm Water Discharge
Education

Mayors Office

Responsible Dept./Person Name

Flyers, Record and Enforce
Illegal Dumps, Cleanup

3-4

BMP ID #

Septic System Controls

Specify Best Management Practice

Board of Health

Responsible Dept./Person Name

Maintain Systems, Document
Failing Systems, Repair

3-5

BMP ID #

Illicit Discharge Ordinance

Specify Best Management Practice

City Council

Responsible Dept./Person Name

Create Ordinance, Eliminate
Illicit Discharges to MS4.

4. Construction Site Runoff Control:

4-1

BMP ID #

Ordinance Review/Update

Specify Best Management Practice

City Council

Responsible Dept./Person Name

Maintain and Enforce Exist.
Regs, Dev. Storm Drain Regs.

4-2

BMP ID #

Construction Inspection

Specify Best Management Practice

City Council

Responsible Dept./Person Name

Dev. Soil and Erosion Control
Ord., Maintain Inspections

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

D. Stormwater Management Program Summary (Cont.)



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5. Post Construction Runoff Control:

5-1

BMP ID #

Zoning

Specify Best Management Practice

City Council

Responsible Dept./Person Name

Update Zoning Regs., Track
Changes

5-2

BMP ID #

Post Construction Ordinance

Specify Best Management Practice

City Council

Responsible Dept./Person Name

Dev. Storm Drain Ord., Dev.
Standard Construction Policy

5-3

BMP ID #

BMP Inspection, Maintenance

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Inspect BMPs, Document
Problems, Make Changes

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 #

Catch Basin Cleaning

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Develop Program, Collect
Data, Refine Program

6-2

BMP ID #

Street Cleaning

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Sweep Roads Annually,
Parking Lots

6-3

BMP ID #

Pipe Cleaning

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Clean 25% of System
Specify Measurable Goal

6-4

BMP ID #

Pipe Installations

Specify Best Management Practice

Engineering, DPW

Responsible Dept./Person Name

Replace Portion of Pipe, Catch
Basins Annually

6-5

BMP ID #

Investigate City BMPs

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Inspect 3 BMPs/Year,
Implement Retrofits

BMP ID #

Specify Best Management Practice

D. Stormwater Management Program Summary (cont.)



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7. BMPs for Meeting TMDL:

2-2

BMP ID #

Pond and Stream Monitoring,
Cleanup

DPW

Responsible Dept./Person Name

Participant Conduct Cleanup
Efforts

3-1

BMP ID #

Inspect City Discharges
Specify Best Management Practice

DPW

Responsible Dept./Person Name

Locate, Inspect, Record
Condition, Dry Weather Flow

3-4

BMP ID #

Septic System Controls
Specify Best Management Practice

Board of Health

Responsible Dept./Person Name

Inspect Systems, Document
Failing Systems, Repairs

6-1

BMP ID #

Catch Basin Cleaning
Specify Best Management Practice

DPW

Responsible Dept./Person Name

Develop Program, Collect
Data, Refine Program

6-5

BMP ID #

Investigate BMPs
Specify Best Management Practice

DPW

Responsible Dept./Person Name

Inspect 3 BMPs/Year,
Implement Retrofits

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.

Printed Name

Signature

Date

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F. Storm Water Management Program TIME FRAMES

BMP ID #	PERMIT YEAR ONE				PERMIT YEAR TWO				PERMIT YEAR THREE				PERMIT YEAR FOUR				PERMIT YEAR FIVE				Next Permit
	Spring 03	Summer 03	Fall 03	Winter 03-04	Spring 04	Summer 04	Fall 04	Winter 04-05	Spring 05	Summer 05	Fall 05	Winter 05-06	Spring 06	Summer 06	Fall 06	Winter 06-07	Spring 07	Summer 07	Fall 07	Winter 07-08	
1-1				X																	
1-2							X														
1-3																					
1-4			X				X				X					X					
2-1	X																				
2-2																					
2-3																					
2-4							X														
2-5																					
3-1									X												
3-2																					
3-3				X																	
3-4																					
3-5					X																
4-1									X												
4-2																					
5-1										X											
5-2										X											
6-1				X																	
6-2																					
6-3																					
6-4																					
6-5																					

Transmittal Number: WM035054

Facility ID (if known)

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