



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)

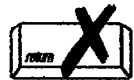
1119
W035459

Transmittal Number

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 Grafton

Name

30 Providence Road

Mailing Address

Grafton

City/Town

508-839-5335

Telephone Number

MA

State

hammond@town.grafton.ma.us

Email (if available)

2. Municipality Name

Town of Grafton, Massachusetts

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:

Massachusetts Highway Department

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
Cider Mill Pond Name	pending Number	☐ Yes ☒ No	Specify
Fisherville Pond Name	pending Number	☐ Yes ☒ No	Specify
Flint Pond Name	pending Number	☐ Yes ☒ No	Specify
Hayes Pond Name	pending Number	☒ Yes ☐ No	noxious aquatic plants/ exo species Specify
Hovey Pond Name	pending Number	☐ Yes ☒ No	Specify
Lake Ripple Name	pending Number	☒ Yes ☐ No	noxious aquatic plants/ exo species Specify
Pratts Pond Name	pending Number	☐ Yes ☒ No	Specify
Silver Lake Name	pending Number	☐ Yes ☒ No	Specify
Windle Pond Name	pending Number	☐ Yes ☒ No	Specify
Blackstone River Name	pending Number	☒ Yes ☐ No	unknown tox/org/metal/nut/path/ solid/turb/deposits/amm/chlorine Specify
Quinsigamond River Name	pending Number	☐ Yes ☒ No	Specify
West River Name	pending Number	☒ Yes ☐ No	pH/organics low DO/pathogens 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:

1A

BMP ID #

Stormwater Flyer for Residents

Specify Best Management Practice

SuAsCo & Public Works Dept.

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

1B

BMP ID #

Lesson Plan for Fifth Graders

Specify Best Management Practice

SuAsCo & Public Works Dept.

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

1C

BMP ID #

Stormwater Flyer for Businesses

Specify Best Management Practice

SuAsCo & Public Works Dept.

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

1D

BMP ID #

Stormwater Media Campaign

Specify Best Management Practice

SuAsCo & Public Works Dept.

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

1E

BMP ID #

Stormwater Video

Specify Best Management Practice

SuAsCo & Public Works Dept.

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

1F

BMP ID #

Grafton-Specific Stormwater Flyers

Specify Best Management Practice

Public Works Dept.

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

1G

BMP ID #

Coordinate w/ Business, Landscapers

Specify Best Management Practice

Public Works Dept.

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

1H

BMP ID #

Stormwater Flyer for Agriculture

Specify Best Management Practice

Public Works Dept.

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

1I

BMP ID #

/Newspaper Articles

Specify Best Management Practice

Public Works Dept.

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

1J

BMP ID #

Stormwater Info on Town Website

Specify Best Management Practice

Public Works Dept.

Responsible Dept./Person Name

See Attached Outline

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.)

2. Public Participation:

2A

BMP ID #

Stormwater Traveling Display
Specify Best Management Practice

SuAsCo & Public Works Dept.
Responsible Dept./Person Name

See Attached Outline
Specify Measurable Goal

2B

BMP ID #

Poster Contest for Fifth Graders
Specify Best Management Practice

SuAsCo & Public Works Dept.
Responsible Dept./Person Name

See Attached Outline
Specify Measurable Goal

2C

BMP ID #

Photo Contest for High Schoolers
Specify Best Management Practice

SuAsCo & Public Works Dept.
Responsible Dept./Person Name

See Attached Outline
Specify Measurable Goal

2D

BMP ID #

Stormwater Summit Event
Specify Best Management Practice

SuAsCo & Public Works Dept.
Responsible Dept./Person Name

See Attached Outline
Specify Measurable Goal

2E

BMP ID #

Stormwater Super Summit Event
Specify Best Management Practice

SuAsCo & Public Works Dept.
Responsible Dept./Person Name

See Attached Outline
Specify Measurable Goal

2F

BMP ID #

Annual Stormwater Public Hearing
Specify Best Management Practice

Public Works Dept.
Responsible Dept./Person Name

See Attached Outline
Specify Measurable Goal

2G

BMP ID #

Watershed Group Involvement
Specify Best Management Practice

Public Works Dept. & Local Groups
Responsible Dept./Person Name

See Attached Outline
Specify Measurable Goal

2H

BMP ID #

Involve Local Children's Groups
Specify Best Management Practice

Public Works Dept.
Responsible Dept./Person Name

See Attached Outline
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 #



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D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

3A

BMP ID #

Illicit Discharge Bylaw

Specify Best Management Practice

Public Works Dept.

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

3B

BMP ID #

Storm Sewer Map

Specify Best Management Practice

Public Works Dept.

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

3C

BMP ID #

Detection & Elimination Plan

Specify Best Management Practice

Public Works Dept.

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

3D

BMP ID #

Education for Public & Businesses

Specify Best Management Practice

Public Works Dept.

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

3E

BMP ID #

Education for Municipal Employees

Specify Best Management Practice

Public Works Dept.

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

4. Construction Site Runoff Control:

4A

BMP ID #

Construction Site Runoff Bylaw

Specify Best Management Practice

Public Works & Planning Depts.

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

4B

BMP ID #

Erosion, Sediment, & Waste Controls

Specify Best Management Practice

Public Works & Planning Depts.

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

4C

BMP ID #

Site Plan Review Procedures

Specify Best Management Practice

Public Works & Planning Depts.

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

4D

BMP ID #

Site Inspection & Enforcement

Specify Best Management Practice

Public Works & Planning Depts.

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal

4E

BMP ID #

Stormwater Hotline

Specify Best Management Practice

Public Works Dept.

Responsible Dept./Person Name

See Attached Outline

Specify Measurable Goal



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D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

5A

BMP ID #

Post-Construction Site Runoff Bylaw
Specify Best Management Practice

Public Works & Planning Depts.
Responsible Dept./Person Name

See Attached Outline
Specify Measurable Goal

5B

BMP ID #

Structural & Non-Structural BMPs
Specify Best Management Practice

Public Works & Planning Depts.
Responsible Dept./Person Name

See Attached Outline
Specify Measurable Goal

5C

BMP ID #

Long-Term Operation & Maintenance
Specify Best Management Practice

Public Works & Planning Depts.
Responsible Dept./Person Name

See Attached Outline
Specify Measurable Goal

5D

BMP ID #

Struct BMP Implement. Procedures
Specify Best Management Practice

Public Works & Planning Depts.
Responsible Dept./Person Name

See Attached Outline
Specify Measurable Goal

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

6. Municipal Good Housekeeping:

6A

BMP ID #

Municipal Employee Training
Specify Best Management Practice

Public Works Dept.
Responsible Dept./Person Name

See Attached Outline
Specify Measurable Goal

6B

BMP ID #

Maintenance & Inspection Procedures
Specify Best Management Practice

Public Works Dept.
Responsible Dept./Person Name

See Attached Outline
Specify Measurable Goal

6C

BMP ID #

Municipal Pollutant Source Reduction
Specify Best Management Practice

Public Works Dept.
Responsible Dept./Person Name

See Attached Outline
Specify Measurable Goal

6D

BMP ID #

Waste Disposal Procedures
Specify Best Management Practice

Public Works Dept.
Responsible Dept./Person Name

See Attached Outline
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.)

7. BMPs for Meeting TMDL:

7A

BMP ID #

Residential & Commercial Education
Specify Best Management Practice

Public Works Department
Responsible Dept./Person Name

Flint Pond a priority under Measure 1
Specify Measurable Goal

7B

BMP ID #

Outfall Inspection and Testing
Specify Best Management Practice

Public Works Department
Responsible Dept./Person Name

Flint Pond Area Completed by Year 2
Specify Measurable Goal

7C

BMP ID #

Illicit Discharge Elimination (if found)
Specify Best Management Practice

Public Works Department
Responsible Dept./Person Name

Flint Pond Area Completed by Year 2
Specify Measurable Goal

7D

BMP ID #

Municipal Operations Prioritized
Specify Best Management Practice

Public Works Department
Responsible Dept./Person Name

Flint Pond Area Evaluated by Year 2
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.

X Russell J. Connor Jr.
Printed Name
X Russell J. Connor Jr.
Signature
Date 9/27/03

Town Administrator (per phone call
9/26/03)