



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

1035

W 040977

Transmittal Number

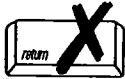
BRP WM 08A NPDES Stormwater General Permit

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:

Town of Halifax Department of Public Works (Highway Department)

Ralph Hayward - Hwy Super.

Name

60 Hemlock Lane

Mailing Address

Halifax

City/Town

Ma

State

781-293-1760

Telephone Number

Email (if available)

2. Municipality Name

Town of Halifax

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

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
Muddy Pond	TBD	☒ Yes ☐ No	Category 2
Name	Number		Specify
Elm Street Pond	TBD	☒ Yes ☐ No	Category 3
Name	Number		Specify
Plymouth Street Pond	TBD	☒ Yes ☐ No	Category 3
Name	Number		Specify
Winnituxet River	TBD	☒ Yes ☐ No	Category 3
Name	Number		Specify
Monponsett Pond	TBD	☒ Yes ☐ No	Categories 3 and 5 (turbidity and exotic species)
Name	Number		
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
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

D. Stormwater Management Program Summary



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1. Public Education:

1 BMP ID # Continue Partnership with Local Watershed Association	Con. Commission, BOH and DPW (Highway Dept.)	Regular meeting attendance Specify Measurable Goal
2 BMP ID # Develop Brochures Specify Best Management Practice	DPW Responsible Dept./Person Name	Periodic Mailings Specify Measurable Goal
3 BMP ID # WEB Site Public Service Postings	IT DEPT & DPW Responsible Dept./Person Name	WEB Site Publication & Maintenance
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:

4 BMP ID # Water Quality Testing Specify Best Management Practice	DPW Responsible Dept./Person Name	2 Rounds of Water Quality Sampling of Priority Waters
5 BMP ID # Community Cleanup Days Specify Best Management Practice	DPW Responsible Dept./Person Name	Annually 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

D. Stormwater Management Program Summary (Cont.)



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**Notice of Intent for Discharges from Small Municipal Separate
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3. Illicit Discharge Detection and Elimination:

6

BMP ID #

Catch Basin/Outfall and
Receiving Water Mapping

DPW

Responsible Dept./Person Name

GIS Mapping

Specify Measurable Goal

4

BMP ID #

Water Quality Testing

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Testing of Priority Water
Bodies

7

BMP ID #

Regulatory Review

Specify Best Management Practice

DPW/Planning

Board/BOH/Con. Comm.

Regulatory Revisions and
Action

8

BMP ID #

Permit Enforcement

Specify Best Management Practice

DPW/Planning

Board/BOH/Con. Comm.

Local Construction Site
Oversight and Enforcement

9

BMP ID #

Misconnection/Illegal Dumping
Detection and Correction

DPW/BOH

Responsible Dept./Person Name

Connectivity Mapping, Bylaw
Enforcement and Fines

4. Construction Site Runoff Control:

7

BMP ID #

Regulatory Review

Specify Best Management Practice

DPW/Planning

Board/BOH/Con. Comm.

Regulatory Revisions to
Bylaws as necessary

8

BMP ID #

Permit Enforcement

Specify Best Management Practice

DPW/Planning

Board/BOH/Con. Comm.

Local Construction Site
Oversight and Enforcement

10

BMP ID #

Improved As-built Review

Specify Best Management Practice

DPW/Planning Board

Responsible Dept./Person Name

Electronic As-built Submittals
on Town GIS System

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.)