



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)**

1196  
W 045925

Transmittal Number

Facility ID (if known)

**Important:**  
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



**A. Instructions**

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 Hamilton, Town Administrator, Candace Wheeler

Name

577 Bay Road

Mailing Address

Hamilton

City/Town

MA

State

978-468-5580

Telephone Number

Email (if available)

2. Municipality Name

Town of Hamilton

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 Maintained Highway Rt. 1-A, Amtrak Railway, Gordon Conwell Seminaries, Pingree School, Hamilton/Wenham Regional School District, Bradley Palmer State Forest

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;

There are no negative impacts due to the stormwater system in regards to the rare wildlife or certified vernal pools in the Town. Letters have been sent to the state to confirm Earth Tech's findings on existing resources. The letters are included in Attachment 7.



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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 There are no negative impacts due to the stormwater in regards to the historical or archeological resources in the Town. Letters have been sent to the state to confirm Earth Tech's findings on existing resources. The letters are included in Attachment 7.

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 |
|------------------|-----------------|---------------------------------------------------------------------|------------|
| Turkey Creek     | 1               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Specify    |
| Name             | Number          |                                                                     |            |
| Miles River      | 3               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Specify    |
| Name             | Number          |                                                                     |            |
| Wenham Swamp     | 2               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Specify    |
| Name             | Number          |                                                                     |            |
| Name             | Number          | <input type="checkbox"/> Yes <input type="checkbox"/> No            | Specify    |
| Name             | Number          | <input type="checkbox"/> Yes <input type="checkbox"/> No            | Specify    |
| Name             | Number          | <input type="checkbox"/> Yes <input type="checkbox"/> No            | Specify    |
| Name             | Number          | <input type="checkbox"/> Yes <input type="checkbox"/> No            | Specify    |
| Name             | Number          | <input type="checkbox"/> Yes <input type="checkbox"/> No            | Specify    |
| Name             | Number          | <input type="checkbox"/> Yes <input type="checkbox"/> No            | Specify    |
| Name             | Number          | <input type="checkbox"/> Yes <input type="checkbox"/> No            | Specify    |
| Name             | Number          | <input type="checkbox"/> Yes <input type="checkbox"/> No            | Specify    |
| Name             | Number          | <input type="checkbox"/> Yes <input type="checkbox"/> No            | Specify    |
| Name             | Number          | <input type="checkbox"/> Yes <input type="checkbox"/> No            | Specify    |
| Name             | Number          | <input type="checkbox"/> Yes <input type="checkbox"/> No            | Specify    |
| Name             | Number          | <input type="checkbox"/> Yes <input type="checkbox"/> No            | Specify    |
| Name             | Number          | <input type="checkbox"/> Yes <input type="checkbox"/> No            | Specify    |



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**D. Stormwater Management Program Summary**

1. Public Education:

1.1

BMP ID #

Public Education of  
Stormwater Collection  
Systems & Illicit Connections

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Distribute Informational Flyers

Specify Measurable Goal

1.2

BMP ID #

General Public – Knowledge  
of Stormwater Issues and their  
Environmental Interaction

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Supply Town Offices/ Library/  
Schools with literature

Specify Measurable Goal

1.3

BMP ID #

Private Groups – Identify  
Catch Basins leading to Open  
Waters

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Stenciling Program

Specify Measurable Goal

1.4

BMP ID #

Non Point Pollution  
Awareness

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Make contact with farms,  
horse farms, golf courses, etc.

Specify Measurable Goal

2. Public Participation:

2.1

BMP ID #

Work with private/volunteer  
groups

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Clean Up Days for Roads and  
Waterways

Specify Measurable Goal

2.2

BMP ID #

Request Public Participation  
for Inspection/Monitoring

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Send out Leaflets & Place Ads  
in Newspaper/Local TV

Specify Measurable Goal

2.3

BMP ID #

Promote Stenciling Program

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Work through Local Media

Specify Measurable Goal

2.4

BMP ID #

Educate/Monitor/Assist  
Compliance by Commercial/  
Agricultural/Livestock Interests

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Enlist Private/Business  
Groups

Specify Measurable Goal



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**D. Stormwater Management Program Summary (Cont.)**

**3. Illicit Discharge Detection and Elimination:**

3.1

BMP ID #

Locate All Catch Basins,  
Sump Pumps, Stormwater  
Collection Systems & Culverts

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Complete Mapping of System

Specify Measurable Goal

3.2

BMP ID #

Determine if any Violations are  
present in the Stormwater  
System

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Inspect all Catch Basins and  
Sump Pumps for Non  
Municipal Discharge Points

Specify Measurable Goal

3.3

BMP ID #

Define Drainage Surface Area  
to Stormwater Collection  
Systems

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Identify all Streams, Gullies,  
Roadways and Land Area that  
Contributes Runoff to the  
Drainage System

Specify Measurable Goal

3.4

BMP ID #

Eliminate Contributions to  
Water Quality Deterioration

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Identify Indirect Contamination  
Sources

Specify Measurable Goal

3.5

BMP ID #

Educate Public Works  
Department on the Importance  
of Illicit Discharge and  
Elimination

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Create/Implement Employee  
Training Program

Specify Measurable Goal

**4. Construction Site Runoff Control:**

4.1

BMP ID #

Review/Update Town Control  
Measures

Specify Best Management Practice

DPW/BOH

Responsible Dept./Person Name

Review all in House  
Documents and Regulations  
Concerning Construction Site  
Run Off

Specify Measurable Goal

4.2

BMP ID #

Educate Contractors through  
Permit Process

Specify Best Management Practice

DPW/Con Com/Planning  
Board

Responsible Dept./Person Name

Hand Out Literature and  
Examples at Time of Permit

Specify Measurable Goal



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4.3

BMP ID #

Educate Public on Changes or  
Improvements

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Public Meetings

Specify Measurable Goal

4.4

BMP ID #

Assure Understanding and  
Compliance of Runoff and  
Erosion Control

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Send Out Flyers Concerning  
Runoff Control

Specify Measurable Goal

**D. Stormwater Management Program Summary (Cont.)**

5. Post Construction Runoff Control:

5.1

BMP ID #

Assure Post Construction  
Requirements are Followed

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Support a By Law at Town  
Meeting, Conduct Public  
Hearings

Specify Measurable Goal

5.2

BMP ID #

Explain Permit Process to  
Comply with Post Construction  
Procedures

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Educate Contractors,  
Engineers and Public

Specify Measurable Goal

5.3

BMP ID #

Work Area Stabilization

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Require Silt Barriers around or  
over all Catch Basins

Specify Measurable Goal

5.4

BMP ID #

Assure Current Requirements  
Meet State/Federal Standards

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Review all Documents and By  
Laws

Specify Measurable Goal

6. Municipal Good Housekeeping:

6.1

BMP ID #

Maintain Drain Pipes

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Continue Installing Grease/Oil  
Hoods

Specify Measurable Goal

6.2

BMP ID #

Catch Basin Cleaning

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Clean CBs in areas of high silt  
build up in Sump Pumps

Specify Measurable Goal



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6.3

BMP ID #

Clean Sand & Debris Build up  
along Paved Shoulders

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Conduct Street Cleaning  
Twice a Year

Specify Measurable Goal

6.4

BMP ID #

Maintain Roadways

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Implement a Road Shoulder  
Improvement Program

Specify Measurable Goal

**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.

Candace Wheeler, Town Administrator

Printed Name

*Candace P. Wheeler*

Signature

12/10/03  
Date

**5. Hamilton Department of Public Works, NPDES - Phase II  
Stormwater Management Plan and  
Best Management Practice 5 Year Plan**

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