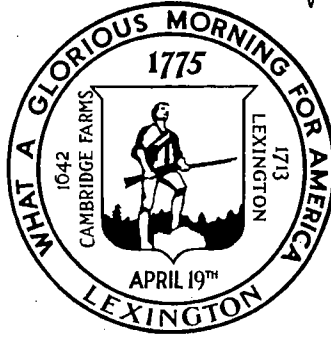




## TOWN OF LEXINGTON

### NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) PHASE II STORMWATER GENERAL PERMIT

### NOTICE OF INTENT FOR DISCHARGES FROM SMALL MUNICIPAL SEPARATE STORM SEWER SYSTEMS (MS4s)

JUL 31 2003  
MUNICIPAL ASSISTANCE UNIT

PREPARED BY: DEREK FULLERTON  
SENIOR CIVIL ENGINEER

JULY 2003



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)**

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 Lexington

Name

*Derek Fuller-Ton*

1625 Massachusetts Avenue

Mailing Address

Lexington, MA 02420

City/Town

MA

State

781-862-0500 Ext. 235

Telephone Number

dfuller@ci.lexington.ma.us

Email (if available)

2. Municipality Name

Town of Lexington

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:

Interstate 95(128), Route 4/225, Route 2, Route 2A

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

JUL 31 2003

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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                                       |
|---------------------------------------------|-----------------|---------------------------------------------------------------------|--------------------------------------------------|
| Allen Street Brook<br>Name                  | TBD<br>Number   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Specify _____                                    |
| Arlington Reservoir (Portion)<br>Name       | TBD<br>Number   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Specify _____                                    |
| Beaver Brook<br>Name                        | TBD<br>Number   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Nutrients, Pathogens, Siltation<br>Specify _____ |
| Chester Brook<br>Name                       | TBD<br>Number   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Specify _____                                    |
| Clematis Brook<br>Name                      | TBD<br>Number   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Specify _____                                    |
| Farley Brook<br>Name                        | TBD<br>Number   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Specify _____                                    |
| Fessenden Brook<br>Name                     | TBD<br>Number   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Specify _____                                    |
| Hardy's Pond Brook<br>Name                  | TBD<br>Number   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Specify _____                                    |
| Hobbs Brook(Cambridge<br>Reservoir)<br>Name | TBD<br>Number   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Specify _____                                    |
| Juniper Hill Brook<br>Name                  | TBD<br>Number   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Specify _____                                    |
| Johnson Brook<br>Name                       | TBD<br>Number   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Specify _____                                    |
| Kiln Brook<br>Name                          | TBD<br>Number   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Category 4a<br>Specify _____                     |
| Lexington Reservoir<br>Name                 | 1<br>Number     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Specify _____                                    |
| Long Meadows Brook<br>Name                  | TBD<br>Number   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Category 4a<br>Specify _____                     |
| Mill Brook<br>Name                          | TBD<br>Number   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Specify _____                                    |
| Munroe Brook<br>Name                        | TBD<br>Number   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Specify _____                                    |
| North Lexington Brook<br>Name               | TBD<br>Number   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Specify _____                                    |
| Reeds Brook<br>Name                         | TBD<br>Number   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Specify _____                                    |



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Facility ID (if known) \_\_\_\_\_

**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                   |
|------------------------------|-----------------|---------------------------------------------------------------------|------------------------------|
| Shaker Glen Brook<br>Name    | TBD<br>Number   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Specify _____                |
| Sickle Brook<br>Name         | TBD<br>Number   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Specify _____                |
| Simonds Farley Brook<br>Name | TBD<br>Number   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Specify _____                |
| Vine Brook-Lower<br>Name     | TBD<br>Number   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Category 4a<br>Specify _____ |
| Vine Brook-Upper<br>Name     | TBD<br>Number   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Specify _____                |
| Whipple Brook<br>Name        | TBD<br>Number   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Specify _____                |
| Willard Brook<br>Name        | TBD<br>Number   | <input type="checkbox"/> Yes <input checked="" 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:

1A

BMP ID # \_\_\_\_\_

Classroom Education

Specify Best Management Practice \_\_\_\_\_

School Department

Responsible Dept./Person Name \_\_\_\_\_

Environmental Stewardships

Specify Measurable Goal \_\_\_\_\_

1B

BMP ID # \_\_\_\_\_

Town Stormwater Webpage

Specify Best Management Practice \_\_\_\_\_

MIS & Eng./ Derek Fullerton

Responsible Dept./Person Name \_\_\_\_\_

Develop & Publish Webpage

Specify Measurable Goal \_\_\_\_\_

1C

BMP ID # \_\_\_\_\_

Hazardous Waste Collect Day

Specify Best Management Practice \_\_\_\_\_

Health Dept/Beverly Anderson

Responsible Dept./Person Name \_\_\_\_\_

Collection days 6 times per yr.

Specify Measurable Goal \_\_\_\_\_

1D

BMP ID # \_\_\_\_\_

Educational Pamphlets

Specify Best Management Practice \_\_\_\_\_

Water Dep't/ Ralph Pecora

Responsible Dept./Person Name \_\_\_\_\_

Pamphlets issued w/ water bills

Specify Measurable Goal \_\_\_\_\_

BMP ID # \_\_\_\_\_

Specify Best Management Practice \_\_\_\_\_

Responsible Dept./Person Name \_\_\_\_\_

Specify Measurable Goal \_\_\_\_\_

2. Public Participation:

2A

BMP ID # \_\_\_\_\_

Watershed Cleanup Day

Specify Best Management Practice \_\_\_\_\_

Conservation/ Karen Mullins

Responsible Dept./Person Name \_\_\_\_\_

Yearly Wetlands Cleaning Day

Specify Measurable Goal \_\_\_\_\_

2B

BMP ID # \_\_\_\_\_

Water Quality Monitoring

Specify Best Management Practice \_\_\_\_\_

Health Dept/Beverly Anderson

Responsible Dept./Person Name \_\_\_\_\_

Collecting water quality data

Specify Measurable Goal \_\_\_\_\_

2C

BMP ID # \_\_\_\_\_

Brook Abutter Questionnaire

Specify Best Management Practice \_\_\_\_\_

Conservation/ Karen Mullins

Responsible Dept./Person Name \_\_\_\_\_

Brook Quality Survey

Response \_\_\_\_\_

2D

BMP ID # \_\_\_\_\_

Septic System Management

Specify Best Management Practice \_\_\_\_\_

Health Dept/Beverly Anderson

Responsible Dept./Person Name \_\_\_\_\_

Enforce Compliance w/ Title V

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.)**

3. Illicit Discharge Detection and Elimination:

3A

BMP ID # \_\_\_\_\_

Mapping Stormwater Outfalls

Specify Best Management Practice

Engineering/ Derek Fullerton

Responsible Dept./Person Name

Survey Locate Outfalls

Specify Measurable Goal

3B

BMP ID # \_\_\_\_\_

DPW Employee Training

Specify Best Management Practice

Public Works/ Wayne Brooks

Responsible Dept./Person Name

Illicit Connection Education

Specify Measurable Goal

3C

BMP ID # \_\_\_\_\_

Stormwater Ordinance

Specify Best Management Practice

Planning Dept/Glenn Garber

Conservation/ Karen Mullins

Establish Local Ordinance

Specify Measurable Goal

3D

BMP ID # \_\_\_\_\_

Illicit Discharge Management  
System

Public Works/ Derek Fullerton

Responsible Dept./Person Name

Database System to document  
illicit discharges.

3E

BMP ID # \_\_\_\_\_

Illicit discharge detection &  
Elimination

Public Works/ Wayne Brooks

Responsible Dept./Person Name

Detection & Elimination

Specify Measurable Goal

4. Construction Site Runoff Control:

4A

BMP ID # \_\_\_\_\_

Runoff Control

Specify Best Management Practice

Bldg. & Planning Dept/ Steve  
Frederickson, Glenn Garber

Institute in Stormwater  
Ordinance

4B

BMP ID # \_\_\_\_\_

Staff Inspectional Training

Specify Best Management Practice

Building & Eng. Dept/ Steve  
Frederickson, Derek Fullerton

Train for Construction Site  
Inspections

4C

BMP ID # \_\_\_\_\_

Inspection/Reporting

Specify Best Management Practice

Building & Eng. Dept/ Steve  
Frederickson, Derek Fullerton

Perform Inspections

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:

5A

BMP ID # \_\_\_\_\_

Inventory Construction  
Violations

Building Dep't/Steve  
Frederickson

Identify Reoccurring Violations  
Specify Measurable Goal

5B

BMP ID # \_\_\_\_\_

Develop BMP's List  
Specify Best Management Practice

Bldg. & Eng. Dept./Steve  
Frederickson, Derek Fullerton

Make Available to Contractors  
Specify Measurable Goal

5C

BMP ID # \_\_\_\_\_

Post Construction Runoff  
Control

Planning Dep't/Glenn Garber  
Bldg Dep't/Steve Frederickson

Institute into stormwater  
ordinance to control w/ BMP's

5D

BMP ID # \_\_\_\_\_

Runoff Operation and  
Maintenance Plans

Planning Dep't/Glenn Garber  
Bldg Dep't/Steve Frederickson

Requirement for Subdivision  
or Building Permit Approval

BMP ID # \_\_\_\_\_

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

6. Municipal Good Housekeeping:

6A

BMP ID # \_\_\_\_\_

Employee Training  
Specify Best Management Practice

Public Works/ Wayne Brooks  
Responsible Dept./Person Name

Pollution Prevention  
Specify Measurable Goal

6B

BMP ID # \_\_\_\_\_

Municipal Pollution Prevention  
Plan

Public Works/ Wayne Brooks  
Responsible Dept./Person Name

BMP's, Street Cleaning, Road  
Salt Application/Control

6C

BMP ID # \_\_\_\_\_

Vehicle Washing  
Specify Best Management Practice

Public Works/ Don Adams  
Responsible Dept./Person Name

Reduce Discharge to Storm  
Drains

6D

BMP ID # \_\_\_\_\_

Used Oil Recycling  
Specify Best Management Practice

Health Dept/Beverly Anderson  
Responsible Dept./Person Name

Oil Collection Dropoff Facility  
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.

Richard J. White, Town Manager

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

