



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

BRP WM 08A NPDES Stormwater General Permit

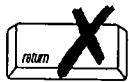
**Notice of Intent for Discharges from Small Municipal Separate
Storm Sewer Systems (MS4s)**

1013
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:

Doug Barron

Name

31 Pondside Road

Mailing Address

Longmeadow

City/Town

413-567-3400

Telephone Number

MA

State

D.P.W@Longmeadow.org

Email (if available)

2. Municipality Name

Town of Longmeadow

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:

Unknown

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
Cooley Brook Name	To be determined.	☐ Yes ☒ No	Specify _____
Wheelmeadow Brook Name	To be determined	☐ Yes ☒ No	Specify _____
Longmeadow Brook Name	To be determined	☐ Yes ☒ No	Specify _____
Intermittent to Long. Brk A Name	To be determined	☐ Yes ☒ No	Specify _____
Intermittent to Long. Brk B Name	To be determined	☐ Yes ☒ No	Specify _____
Intermittent to Long. Brk C Name	To be determined	☐ Yes ☒ No	Specify _____
Intermittent to Long. Brk D Name	To be determined	☐ Yes ☒ No	Specify _____
Intermittent to Long. Brk E Name	To be determined	☐ Yes ☒ No	Specify _____
Intermittent to Long. Brk F Name	To be determined	☐ Yes ☒ No	Specify _____
Intermittent to Long. Brk G Name	To be determined.	☐ Yes ☒ No	Specify _____
Raspberry Brook Name	To be determined	☐ 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 _____



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D. Stormwater Management Program Summary

1. Public Education:

1A

BMP ID # _____

Hazardous Waste Day

Specify Best Management Practice

Board of Health

Responsible Dept./Person Name

Give residents opportunity to
drop off hazardous waste

1B

BMP ID # _____

Pet Waste ByLaw

Specify Best Management Practice

Public Works Supt.

Responsible Dept./Person Name

Completed

Specify Measurable Goal

1C

BMP ID # _____

Longmeadow Web Site

Specify Best Management Practice

Public Works Supt.

Responsible Dept./Person Name

NPDES information on DPW
Website

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:

2A

BMP ID # _____

Stream clean up and
monitoring

Public Works Supt.

Responsible Dept./Person Name

Organize concerned residents
to walk and clean up streams.

2B

BMP ID # _____

Adopt a stream

Specify Best Management Practice

Public Works Supt.

Responsible Dept./Person Name

Organize concerned residents
to adopt streams

2C

BMP ID # _____

Stormwater Committee

Specify Best Management Practice

Board of Selectman

Responsible Dept./Person Name

Stormwater Committee
Formed

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.)

3. Illicit Discharge Detection and Elimination:

3A

BMP ID # _____

Sanitary Sewer Maintenance
Program _____

Public Works Supt.

Responsible Dept./Person Name _____

Develop plan of cleaning and
inspecting sanitary sewer

3B

BMP ID # _____

Storm Drain System Map
Specify Best Management Practice _____

Public Works Supt.

Responsible Dept./Person Name _____

Develop a storm sewer system
map and locate outfalls

3C

BMP ID # _____

Bylaw
Specify Best Management Practice _____

Planning Board

Responsible Dept./Person Name _____

Bylaw established

Specify Measurable Goal _____

3D

BMP ID # _____

Entrance Permit
Specify Best Management Practice _____

Public Works Supt.

Responsible Dept./Person Name _____

Completed

Specify Measurable Goal _____

BMP ID # _____

Specify Best Management Practice _____

Responsible Dept./Person Name _____

Specify Measurable Goal _____

4. Construction Site Runoff Control:

4A

BMP ID # _____

Storm pollution prevention
plan for construction _____

Public Works Supt.

Responsible Dept./Person Name _____

Require pollution prevention
plan for construction sites

4B

BMP ID # _____

Bylaw
Specify Best Management Practice _____

Planning Board

Responsible Dept./Person Name _____

Completed

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 _____



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D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

5A

BMP ID # _____

Bylaw _____

Specify Best Management Practice _____

Building / Planning Board _____

Responsible Dept./Person Name _____

Bylaw established _____

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 _____

6. Municipal Good Housekeeping:

6A

BMP ID # _____

Catch Basin Maintenance

Specify Best Management Practice _____

Public Works Supt. _____

Responsible Dept./Person Name _____

Organize program for cleaning
and inspecting Catch Basin's

6B

BMP ID # _____

Street Sweeping

Specify Best Management Practice _____

Public Works Supt. _____

Responsible Dept./Person Name _____

Organize program for
sweeping streets

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 _____



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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	
1A																					
1B																					
1C																					
2A																					
2B																					
2C																					
3A																					
3B																					
3C																					
3D																					
4A																					
4B																					
5A																					
6A																					
6B																					

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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.

Brian Ashe, Board of Selectman, Chairman

Printed Name

Signature

10/21/03
Date