

MAR041128



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

W035393

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:

City of Marlborough DPW

Name

135 Neil Street

Mailing Address

Marlborough

City/Town

508-624-6910 ext. 7200

Telephone Number

Ronald M. LaFreniere
Commissioner
DPW JUL 24 2003

MUNICIPAL ASSISTANCE UNIT

MA

State

mjosephson@ci.marlborough.ma.us

Email (if available)

2. Municipality Name

City of Marlborough

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
<u>Assabet River</u> Name	<u>to be deter.</u> Number	☒ Yes ☐ No	<u>Nutrients/pathogens/metals</u> Specify
<u>Wachusett Aqueduct</u> Name	<u>to be deter.</u> Number	☐ Yes ☒ No	<u>Specify</u>
<u>Sudbury Reservoir</u> Name	<u>to be deter.</u> Number	☐ Yes ☒ No	<u>Specify</u>
<u>Fort Meadow Reservoir</u> Name	<u>to be deter.</u> Number	☒ Yes ☐ No	<u>Nutrients</u> Specify
<u>Hop Brook</u> Name	<u>to be deter.</u> Number	☒ Yes ☐ No	<u>Nutrients/pathogens/plants</u> Specify
<u>Hager Pond</u> Name	<u>to be deter.</u> Number	☒ Yes ☐ No	<u>Nutrients/pathogens/plants</u> Specify
<u>Unnamed trib - Hager outlet</u> Name	<u>to be deter.</u> Number	☒ Yes ☐ No	<u>Nutrients/orgs./solids/plants</u> Specify
<u>Millham Reservoir</u> Name	<u>to be deter.</u> Number	☐ Yes ☒ No	<u>Specify</u>
<u>Lake Williams</u> Name	<u>to be deter.</u> Number	☐ Yes ☒ No	<u>Specify</u>
<u>Flagg Brook</u> Name	<u>to be deter.</u> Number	☐ Yes ☒ No	<u>Specify</u>
<u>Sheep Fall Brook</u> Name	<u>to be deter.</u> Number	☐ Yes ☒ No	<u>Specify</u>
<u>North Branch Brook</u> Name	<u>to be deter.</u> Number	☐ Yes ☒ No	<u>Specify</u>
<u>Millham Brook</u> Name	<u>to be deter.</u> Number	☐ Yes ☒ No	<u>Specify</u>
<u>Mowry Brook</u> Name	<u>to be deter.</u> Number	☐ Yes ☒ No	<u>Specify</u>
<u>Broad Meadow Brook</u> Name	<u>to be deter.</u> Number	☐ Yes ☒ No	<u>Specify</u>
<u>Muddy Pond</u> Name	<u>to be deter.</u> Number	☐ Yes ☒ No	<u>Specify</u>
<u>Howe Pond</u> Name	<u>to be deter.</u> Number	☐ Yes ☒ No	<u>Specify</u>
<u>Unnamed trib. to Wachusett</u> Name	<u>to be deter.</u> Number	☐ Yes ☒ No	<u>Specify</u>

D. Stormwater Management Program Summary



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Facility ID (if known) _____

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
<u>Pond w of Broad Meadow Br</u> Name	<u>to be deter,</u> Number	☐ Yes ☒ No	<u>Specify</u>
<u>Pond s of Boston Post Rd</u> Name	<u>to be deter.</u> Number	☐ Yes ☒ No	<u>Specify</u>
<u>Pond n of Hemenway St</u> Name	<u>to be deter.</u> Number	☐ Yes ☒ No	<u>Specify</u>
<u>Pond n of East WWTF</u> Name	<u>to be deter.</u> Number	☐ Yes ☒ No	<u>Specify</u>
<u>Pond w of Sudbury St</u> Name	<u>to be deter.</u> Number	☐ Yes ☒ No	<u>Specify</u>
<u>Muddy Pond trib. to Assabet</u> Name	<u>to be deter.</u> Number	☐ Yes ☒ No	<u>Specify</u>
<u>Trib. to Assabet</u> Name	<u>to be deter.</u> Number	☐ Yes ☒ No	<u>Specify</u>
<u>Angelica Brook trib.</u> Name	<u>to be deter.</u> Number	☐ Yes ☒ No	<u>Specify</u>
<u>Trib. to North Branch Brook</u> Name	<u>to be deter.</u> Number	☐ Yes ☒ No	<u>Specify</u>
<u>Trib. to South Branch Brook</u> Name	<u>to be deter.</u> Number	☐ Yes ☒ No	<u>Specify</u>
<u>Trib. to Broad Meadow Brook</u> Name	<u>to be deter.</u> Number	☐ Yes ☒ No	<u>Specify</u>
<u>Trib. to Cranberry Bog</u> Name	<u>to be deter.</u> Number	☐ Yes ☒ No	<u>Specify</u>
<u>Trib. to Stearns Millpond</u> Name	<u>to be deter.</u> Number	☐ Yes ☒ No	<u>Specify</u>
<u>Trib. to Carding Millpond</u> Name	<u>to be deter.</u> Number	☐ Yes ☒ No	<u>Specify</u>
<u>Name</u>	<u>Number</u>	☐ Yes ☐ No	<u>Specify</u>
<u>Name</u>	<u>Number</u>	☐ Yes ☐ No	<u>Specify</u>
<u>Name</u>	<u>Number</u>	☐ Yes ☐ No	<u>Specify</u>
<u>Name</u>	<u>Number</u>	☐ Yes ☐ No	<u>Specify</u>

D. Stormwater Management Program Summary



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Storm Sewer Systems (MS4s)

Facility ID (if known)

1. Public Education:

1-1

BMP ID #

Informational Brochures

Specify Best Management Practice

Conservation / Priscilla Ryder

Responsible Dept./Person Name

Distribute City-wide annually

Specify Measurable Goal

1-2

BMP ID #

Storm Drain Stenciling

Specify Best Management Practice

Conservation / Priscilla Ryder

Responsible Dept./Person Name

Stencil 1/4 of drains per year

Specify Measurable Goal

1-3

BMP ID #

Cable TV Program

Specify Best Management Practice

DPW / Patrick Clancy

Responsible Dept./Person Name

Tape / air once annually

Specify Measurable Goal

1-4

BMP ID #

Student Education

Specify Best Management Practice

DPW / Patrick Clancy

Responsible Dept./Person Name

Speak to Middle School class

Specify Measurable Goal

1-5

BMP ID #

Web Site Posting

Specify Best Management Practice

IS / Jeanne Bunting

Responsible Dept./Person Name

Post storm water information
on City web site

2. Public Participation:

2-1

BMP ID #

Volunteers for stenciling

Specify Best Management Practice

Conservation / Priscilla Ryder

Responsible Dept./Person Name

Volunteers to install stencils

Specify Measurable Goal

2-2

BMP ID #

Household haz. waste coll. day

Specify Best Management Practice

Emerg. Mgmt. / Don Cusson

Responsible Dept./Person Name

Hold HHWCD annually

Specify Measurable Goal

2-3

BMP ID #

Storm Water Management

Advisory Committee

DPW / Patrick Clancy

Responsible Dept./Person Name

Form SWMAC

Specify Measurable Goal

2-4

BMP ID #

Public Hearings

Specify Best Management Practice

DPW / Patrick Clancy

Responsible Dept./Person Name

Hold public hearing on SWP

Specify Measurable Goal

2-5

BMP ID #

Stream Team

Specify Best Management Practice

Conservation / Priscilla Ryder

Responsible Dept./Person Name

Form Stream Team

Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)



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Transmittal Number _____

Facility ID (if known) _____

1. Public Education:

1-6

BMP ID # _____

Annual Compliance Report

Specify Best Management Practice

DPW / Patrick Clancy

Responsible Dept./Person Name

Prepare annual report

Specify Measurable Goal

1-7

BMP ID # _____

Annual Reporting Reminder

Specify Best Management Practice

Conservation / Priscilla Ryder

Responsible Dept./Person Name

Notices to non-res. properties

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

2. Public Participation:

2-6

BMP ID # _____

Clean-up Day

Specify Best Management Practice

DPW / Patrick Clancy

Responsible Dept./Person Name

Sponsor Clean-Up Day

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

D. Stormwater Management Program Summary (Cont.)



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3. Illicit Discharge Detection and Elimination:

3-1

BMP ID #

GIS Mapping

Specify Best Management Practice

DPW / Patrick Clancy

Responsible Dept./Person Name

Map City drainage system

Specify Measurable Goal

3-2

BMP ID #

Ordinance Review

Specify Best Management Practice

DPW / Patrick Clancy

Responsible Dept./Person Name

Review applicable ordinances

Specify Measurable Goal

3-3

BMP ID #

Protocol Development

Specify Best Management Practice

DPW / Patrick Clancy

Responsible Dept./Person Name

Develop protocol for IDDE

Specify Measurable Goal

3-4

BMP ID #

Ordinance modifications

Specify Best Management Practice

DPW / Patrick Clancy

Responsible Dept./Person Name

Consolidated ordinance

Specify Measurable Goal

3-5

BMP ID #

StreamTeam Inspections

Specify Best Management Practice

Conservation / Priscilla Ryder

Responsible Dept./Person Name

Inspect City's streams/outfalls

Specify Measurable Goal

4. Construction Site Runoff Control:

4-1

BMP ID #

Regulation reviews

Specify Best Management Practice

DPW / Patrick Clancy

Responsible Dept./Person Name

Review applicable regulations

Specify Measurable Goal

4-2

BMP ID #

Sampling / testing

Specify Best Management Practice

DPW / Patrick Clancy

Responsible Dept./Person Name

Sample/test to est. baseline

Specify Measurable Goal

4-3

BMP ID #

Storm Water Mgmt. Policy

Specify Best Management Practice

DPW / Patrick Clancy

Responsible Dept./Person Name

Adopt DEP policy

Specify Measurable Goal

4-4

BMP ID #

Resampling / retesting

Specify Best Management Practice

DPW / Patrick Clancy

Responsible Dept./Person Name

Resample/retest discharges

Specify Measurable Goal

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

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3. Illicit Discharge Detection and Elimination:

3-6

BMP ID #

Ill. Dis. Notice/Enforcement

Specify Best Management Practice

DPW / Patrick Clancy

Responsible Dept./Person Name

Disconnect w/in 6 mos.

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

4. Construction Site Runoff Control:

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

D. Stormwater Management Program Summary (Cont.)



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5. Post Construction Runoff Control:

5-1

BMP ID #

Regulation reviews

Specify Best Management Practice

DPW / Patrick Clancy

Responsible Dept./Person Name

Review applicable regulations

Specify Measurable Goal

5-2

BMP ID #

Sampling / testing

Specify Best Management Practice

DPW / Patrick Clancy

Responsible Dept./Person Name

Sample/test to est. baseline

Specify Measurable Goal

5-3

BMP ID #

Storm Water Mgmt. Policy

Specify Best Management Practice

DPW / Patrick Clancy

Responsible Dept./Person Name

Adopt DEP policy

Specify Measurable Goal

5-4

BMP ID #

Resampling / retesting

Specify Best Management Practice

DPW / Patrick Clancy

Responsible Dept./Person Name

Resample/retest discharges

Specify Measurable Goal

5-5

BMP ID #

Annual Reporting

Specify Best Management Practice

Conservation / Priscilla Ryder

Responsible Dept./Person Name

Achieve reporting compliance

Specify Measurable Goal

6. Municipal Good Housekeeping:

6-1

BMP ID #

Street Sweeping

Specify Best Management Practice

DPW / Sandra Waterman

Responsible Dept./Person Name

Sweep all streets annually

Specify Measurable Goal

6-2

BMP ID #

Catch Basin Cleaning

Specify Best Management Practice

DPW / Sandra Waterman

Responsible Dept./Person Name

Clean 1/2 CBs annually

Specify Measurable Goal

6-3

BMP ID #

Employee Training

Specify Best Management Practice

DPW / Patrick Clancy

Responsible Dept./Person Name

Train DPW employees

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

D. Stormwater Management Program Summary (cont.)



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Transmittal Number _____

Facility ID (if known) _____

5. Post Construction Runoff Control:

5-6

BMP ID # _____

Random Inspections

Specify Best Management Practice _____

Conservation / Priscilla Ryder

Responsible Dept./Person Name _____

Inspect 10 facilities

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:

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 _____

BMP ID # _____

Specify Best Management Practice _____

D. Stormwater Management Program Summary (cont.)



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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.

Mayor William J. Mauro, Jr.

Printed Name

Signature

7-22-03

Date