



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

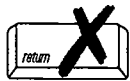
Facility ID (if known)

REC'D 3/6/04 - MAR 04 11 32

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:

DAVID D'AMICO, DIRECTOR, DEPT OF PUBLIC SERVICES

Name

155 VILLAGE ST.

Mailing Address

MEDWAY

City/Town

508-533-3275

Telephone Number

MA

State

ddamico@townofmedway.org

Email (if available)

2. Municipality Name

TOWN OF MEDWAY

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:

CHARLES RIVER POLLUTION CONTROL DISTRICT (CRPCD)

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
CHARLES RIVER Name	6 Number	☐ Yes ☒ No	Specify
CHICKEN BROOK Name	4 Number	☒ Yes ☐ No	NON SOURCE POINT Specify
HOPPIN BROOK Name	3 Number	☒ Yes ☐ No	AXTON-CROSS, HOLLISTON
BLACK SWAMP Name	5 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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Name	Number	☐ Yes ☐ No	Specify



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D. Stormwater Management Program Summary

1. Public Education:

1 BMP ID # NEWSPAPER ARTICLES Specify Best Management Practice	DPS/ DAVID D'AMICO Responsible Dept./Person Name	RAISE PUBLIC AWARENESS Specify Measurable Goal
2 BMP ID # PUBLIC MEETINGS Specify Best Management Practice	BOH/BILL FISHER Responsible Dept./Person Name	CHOATE POND/CHICKEN BROOK CLEAN UP
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:

BMP ID # NONE AT THIS TIME 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
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D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

<u>3</u> BMP ID # WEEKLY TESTING Specify Best Management Practice	<u>DPS/DAVID D'AMICO</u> Responsible Dept./Person Name	<u>MAINTAIN LOW ECOLI LEVELS</u>
<u>4</u> BMP ID # 319 GRANT APPLICATION Specify Best Management Practice	<u>BOH/BILL FISHER & DPS/DAVID D'AMICO</u>	<u>WATER PURIFICATION PROJECT</u>
<u>5</u> BMP ID # MAINTAIN STORM SEWER SYSTEM MAP W/OUTFALLS	<u>DPS/DAVID D'AMICO</u> Responsible Dept./Person Name	<u>STORM SEWER SYSTEM MAP MAINTAINED</u>
<u>6</u> BMP ID # REGULATE STORMWATER MGT & EROSION CONTROL	<u>DPS/DAVID D'AMICO & TA/GREG BALUKONIS</u>	<u>REGULATIONS PASSED</u> Specify Measurable Goal
<u> </u> BMP ID # Specify Best Management Practice	<u> </u> Responsible Dept./Person Name	<u> </u> Specify Measurable Goal

4. Construction Site Runoff Control:

<u>7</u> BMP ID # SILT FENCING, HAY BALES Specify Best Management Practice	<u>BLDG INSPECTOR/BOB SPERONI</u>	<u>NO RUNOFF INTO STORMWATER SYSTEM</u>
<u>8</u> BMP ID # PUBLIC WAY CLEANUP Specify Best Management Practice	<u>DPS/DAVID D'AMICO</u> Responsible Dept./Person Name	<u>INSURE NO SILT ON THE ROAD ADJACENT TO AREA</u>
<u> </u> BMP ID # REGULATE PER BMP #6 Specify Best Management Practice	<u> </u> Responsible Dept./Person Name	<u> </u> Specify Measurable Goal
<u> </u> BMP ID # Specify Best Management Practice	<u> </u> Responsible Dept./Person Name	<u> </u> Specify Measurable Goal
<u> </u> BMP ID # Specify Best Management Practice	<u> </u> Responsible Dept./Person Name	<u> </u> Specify Measurable Goal



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D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

BMP ID # REGULATE PER BMP #6		
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

6. Municipal Good Housekeeping:

9 BMP ID # WASH DOWN AREA	DPS/DAVID D'AMICO	HOLDING TANKS
Specify Best Management Practice	Responsible Dept./Person Name	INSPECTED & CLEANED
10 BMP ID # SALT SHED	DPS/DAVID D'AMICO	COVERED & COFFER
Specify Best Management Practice	Responsible Dept./Person Name	DAMED
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.)

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.

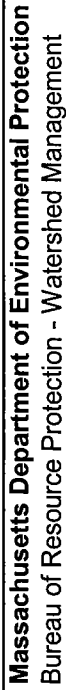
GREG BALUKONIS, TOWN ADMINISTRATOR

Printed Name

Signature

JULY 29, 2003

Date



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F. Storm Water Management Program TIME FRAMES**

[illegible]