



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)

MA R 041135

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

JUL 24 2003

1. Small MS4 Operator/Owner Information:

Shelly A. Leclaire, Highway Surveyor

Name

1 Front Street

Mailing Address

Milford

City/Town

508-473-1274

Telephone Number

Ma.

01757

State

Highway@MilfordMa.Com

Email (if available)

MUNICIPAL ASSISTANCE UNIT

2. Municipality Name

Town of Milford

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:

Not Applicable

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



Hand-enter Your Transmittal Number →

W 041212

Transmittal Number

Your unique Transmittal Number can be accessed online: <http://www.state.ma.us/scripts/dep/trasmfrm.stm> or call DEP's InfoLine at 617-338-2255 or 800-462-0444 (from 508, 781, and 978 area codes).

Massachusetts Department of Environmental Protection Transmittal Form for Permit Application and Payment

1. Please type or print. A separate Transmittal Form must be completed for each permit application.

2. Make your check payable to the Commonwealth of Massachusetts and mail it with a copy of this form to:
DEP, P.O. Box 4062, Boston, MA 02211.

3. Three copies of this form will be needed.

Copy 1 - the original must accompany your permit application.
Copy 2 must accompany your fee payment.
Copy 3 should be retained for your records

4. Both fee-paying and exempt applicants must mail a copy of this transmittal form to DEP, P.O. Box 4062, Boston, MA 02211

For DEP Use Only
Permit No. _____
Rec'd Date _____
Reviewer _____

A. Permit Information

BRPWM08A

NPDES Stormwater General Permit

Permit Code: 7 or 8 character code from permit instructions
Discharge from Municipal MS4

Name of Permit Category

Type of Project or Activity

B. Applicant Information – Firm or Individual

Town of Milford Highway Department

Name of Firm - Or, if party needing this approval is an individual enter name below:

Last Name of Individual

First Name of Individual

MI

1 Front Street

Street Address

Milford

MA

01757

508-473-1274

City/Town

State

Zip Code

Telephone # and extension

Shelly A. Leclaire

Highway@MilfordMa.com

Contact Person

e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Town of Milford Highway Dept

046-001-224

Name of Facility, Site or Individual

DEP Facility Number (if Known)

Federal I.D. Number (if Known)

1 Front Street

Highway@MilfordMa.com

Street Address

e-mail address (optional)

Milford,

MA

01757

City/Town

State

Zip Code

Telephone # and extension

D. Application Prepared by (if different from Section B)

Name of Firm Or Individual

Address

City/Town

State

Zip Code

Telephone # and extension

Contact Person

LSP Number (21E only)

E. Permit - Project Coordination

Is this project subject to MEPA review? ☐ yes ☒ no If yes, enter the project's EOE file

number - assigned when an Environmental Notification Form is submitted to the MEPA unit:

EOEA file number

Is an Environmental Impact Report Required? ☐ yes ☒ no

Is this application part of a larger project for which two or more DEP permits are being or will be sought? ☐ yes ☒ no

List any other DEP permits that apply to this project:

Permit Category

Date of Submission (tentative or actual)

Transmittal # if application already submitted

N/A

F. Amount Due

Special Provisions:

- ☒ Fee Exempt* (city, town or municipal housing authority) (state agency if fee is \$100 or less)
☐ Hardship Request - payment extensions according to 310 CMR 4.04(3)(c)
☐ Alternative Schedule Project (according to 310 CMR 4.05 and 4.10)

*There are no fee exemptions for 21E, regardless of applicant status

Check Number

Dollar Amount

Date

Please make check payable to the Commonwealth of Massachusetts and mail check and one copy of this form to:

DEP, P.O. Box 4062, Boston, MA 02211



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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
<u>Mill River</u> Name	<u>Approx. 6</u> Number	☒ Yes ☐ No	<u>Organics, metals</u> Specify
<u>Ivy Brook</u> Name	<u>Approx. 10</u> Number	☐ Yes ☒ No	<u>Specify</u>
<u>Huckleberry Brook</u> Name	<u>Approx. 8</u> Number	☐ Yes ☒ No	<u>Specify</u>
<u>Deer Brook</u> Name	<u>0</u> Number	☐ Yes ☐ No	<u>Specify</u>
<u>Charles River</u> Name	<u>Approx. 39</u> Number	☒ Yes ☐ No	<u>Nutrients, metals, pathogens, organic enrichment, low do</u> Specify
<u>Cedar Swamp Pond</u> Name	<u>Approx. 16</u> Number	☒ Yes ☐ No	<u>Metals, obnoxious aquatic plants</u> Specify
<u>Godfrey Brook</u> Name	<u>Approx. 28</u> Number	☐ Yes ☒ No	<u>Specify</u>
<u>O'Brien Brook</u> Name	<u>Approx. 10</u> Number	☐ Yes ☒ No	<u>Specify</u>
<u>Hospital Brook</u> Name	<u>Approx. 5</u> Number	☐ Yes ☒ No	<u>Specify</u>
<u>Stall Brook</u> Name	<u>Approx. 9</u> Number	☐ Yes ☒ No	<u>Specify</u>
<u>Louisa Lake</u> Name	<u>Approx. 5</u> Number	☐ Yes ☒ No	<u>Specify</u>
<u>Craddock Crewes Pond</u> Name	<u>Approx. 1</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>
<u>Name</u>	<u>Number</u>	☐ Yes ☐ No	<u>Specify</u>
<u>Name</u>	<u>Number</u>	☐ Yes ☐ No	<u>Specify</u>



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Facility ID (if known)

D. Stormwater Management Program Summary

1. Public Education:

PE1

BMP ID #

See attached

Specify Best Management Practice

Highway, Shelly A. Leclaire See attached

Responsible Dept./Person Name

Specify Measurable Goal

PE2

BMP ID #

"

"

"

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

PE3

BMP ID #

"

"

"

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

PE4

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:

PP1

BMP ID #

See attached

Specify Best Management Practice

Highway, Shelly A. Leclaire See attached

Responsible Dept./Person Name

Specify Measurable Goal

PP2

BMP ID #

"

"

"

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

PP3

BMP ID #

"

"

"

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

PP4

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:

IDD1

BMP ID #

See attached

Specify Best Management Practice

Highway, Shelly A. Leclaire

Responsible Dept./Person Name

See attached

Specify Measurable Goal

IDD2

BMP ID #

"

Specify Best Management Practice

"

Responsible Dept./Person Name

"

Specify Measurable Goal

IDD3

BMP ID #

"

Specify Best Management Practice

"

Responsible Dept./Person Name

"

Specify Measurable Goal

IDD4

BMP ID #

"

Specify Best Management Practice

"

Responsible Dept./Person Name

"

Specify Measurable Goal

IDD5

BMP ID #

"

Specify Best Management Practice

"

Responsible Dept./Person Name

"

Specify Measurable Goal

4. Construction Site Runoff Control:

CR1

BMP ID #

See attached

Specify Best Management Practice

Highway, Shelly A. Leclaire

Responsible Dept./Person Name

See attached

Specify Measurable Goal

CR2

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



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D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

PCR1

BMP ID #

See attached

Specify Best Management Practice

Highway, Shelly A. Leclaire

Responsible Dept./Person Name

See attached

Specify Measurable Goal

PCR2

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:

MGH1

BMP ID #

See attached

Specify Best Management Practice

Highway, Shelly A. Leclaire

Responsible Dept./Person Name

See attached

Specify Measurable Goal

MGH2

BMP ID #

"

Specify Best Management Practice

"

Responsible Dept./Person Name

"

Specify Measurable Goal

MGH3

BMP ID #

"

Specify Best Management Practice

"

Responsible Dept./Person Name

"

Specify Measurable Goal

MGH4

BMP ID #

"

Specify Best Management Practice

"

Responsible Dept./Person Name

"

Specify Measurable Goal

MGH5

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:

1

BMP ID # To Be Determined	To Be Determined	To Be Determined
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.

Dino B. DeBartolomeis, Senior Member and Acting Chairman of the Milford Board

Printed Name _____ of Selectmen

Signature _____

7/28/03

Date

JUL 30 2003
MUNICIPAL ASSISTANCE UNIT



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D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

<u>1.</u>		
BMP ID #		
<u>To be determined</u>	<u>To be determined</u>	<u>To be determined</u>
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.

Shelly A. Leclaire

Printed Name

Shelly A. Leclaire

Signature

6/27/03
Date

PUBLIC EDUCATION

BMP/ACTIVITY

ID	BMP/ACTIVITY	MEASURABLE GOAL/TIMELINE
PE1	Inform general public of role in storm water management, of difference between sewer and storm water system, encourage reporting of illicit dumping in system, and identify steps to pollution prevention by residents.	Develop brochures in Permit Year 1; produce and mail to all residents by end of Permit Year 2; Goal of reduction in pollutants in catch basins, observed by catch basin cleaning crews.
PE2	Inform businesses/industry of role in pollution prevention, with focus on material storage and handling, good housekeeping, waste disposal, and discussion of impacts of poor practice on water quality.	Develop brochure in Permit Year1; produce and mail to all businesses by end of Permit Year 2. Goal of reduction in pollutants in catch basins, observed by catch basin cleaning crews.
PE3	Outreach for local students, civic groups	Organize and implement a round of presentations to local schools and at least one civic group, focused on storm water pollution and prevention.
PE4	Organize a group of materials regarding storm water pollution and water quality, to be made available at local library. Sources of information will include EPA, DEP, NEMO, etc.	Obtain an initial group of materials in Permit Year 1; add to collection in subsequent Permit Years.

PUBLIC PARTICIPATION

BMP/ACTIVITY		MEASURABLE GOAL/TIMELINE
ID	BMP/ACTIVITY	
PP1	Seek volunteers for community cleanup, focusing on outfall areas, local water bodies. Present brief overview of pollution prevention and safety procedures prior to cleanup.	Volunteer groups formed for annual cleanups as needed; cleanups reducing amount of debris/dumping along waterways and pollution potential.
PP2	Continue to offer recycling of scrap metal and used motor oil.	Permit Year 1-5; Goal of significant amounts of material collected, reducing potential for releases of oil to storm water system.
PP3	Continue semi-annual hazardous waste pickup days.	Permit Year 1-5; Goal of significant amounts of material collected, reducing potential for releases of materials to storm water system.
PP4	Hold public meetings for new regulations/bylaws.	Input received and regulations/bylaws finalized/implemented by end of Permit Year 1.

ILLICIT DISCHARGE DETECTION AND ELIMINATION

BMP/ACTIVITY		MEASURABLE GOAL/TIMELINE
ID	BMP/ACTIVITY	
IDD1	Develop a storm sewer map (Required Element)	Seek Town Meeting funding in Permit Year 1 and complete map in Permit Year 2.
IDD2	Develop and implement a plan to detect and eliminate illicit discharges: identify problem areas, remove/correct illicit discharges (Required Element).	Conduct outfall sampling at outfalls in Permit Year 2; Identify potential problem areas in report based on sampling; Number of illicit discharges to be removed in Permit Year 3,4,5 as goal.
IDD3	Document illicit discharge work with annual report (Required Element).	Report prepared annually and submitted to DEP/EPA (Permit Year 2-5).
IDD4	Organize storm water drain stenciling for areas contributing to Town's ponds. Extend program to local brooks, as economically feasible. Target known storm drain dumping areas. Coordinate with local groups for labor.	Percentage of Town storm drains stenciled in each Permit Year. Reduction in pollutants observed by catch basin cleaning crews (Permit Year 2, additions in following years (summer).
IDD5	Establish a regulation prohibiting non-storm water discharges at Town level.	Regulation developed and implemented by end of Permit Year 2.

CONSTRUCTION SITE RUNOFF CONTROL

BMP/ACTIVITY		MEASURABLE GOAL/TIMELINE
BMP/ACTIVITY ID	BMP/ACTIVITY	
CR1	Develop and establish regulatory mechanism for implementation of erosion/sediment controls, control of construction wastes, including menu of BMP's.	Regulations adopted by end of Permit Year 2. Percent compliance in future Permit Years.
CR2	Establish mechanism for site plan review for water quality impacts, site inspections, procedures for review of materials from proposed developers.	Procedures in place by end of Permit Year 2. Number of plans reviewed in Permit Year.

POST-CONSTRUCTION RUNOFF CONTROL

BMP/ACTIVITY		MEASURABLE GOAL/TIMELINE
BMP/ACTIVITY ID	BMP/ACTIVITY	
PCR1	Establish regulatory mechanism for BMP development, implementation.	Regulation adopted by end of Permit Year 2. Percentage compliance in following Permit Years.
PCR2	Establish regulatory mechanism for BMP operation/maintenance, including identification of responsible parties, obligations. Use existing detention basin policy for expansion.	Regulation development and adoption in Permit Year 2. Inspection and maintenance performed, with inspection reports to Town. Percentage compliance and improved function of BMP's, improved water quality.

MUNICIPAL GOOD HOUSEKEEPING

BMP/ACTIVITY

BMP/ACTIVITY ID	BMP/ACTIVITY	MEASURABLE GOAL/TIMELINE
MGH1	Continue street sweeping.	Reduction in road sand/salt washing into catch basins and water bodies (Permit Year 1-5, spring, summer).
MGH2	Continue catch basin cleaning, with focus on key areas.	Improved catch basin function and reduction of downstream accumulation of sediments, pollutants in waterbodies. (Permit Year 1-5 (summer).
MGH3	Continue formal listing of regular maintenance activities, schedule, procedure, and roster for involved employees.	Staff following requirements, with increased function of system due to better maintenance.
MGH4	Continue recycling and waste disposal program for municipal operations.	Quantity of materials recycled and reduction in pollutants reaching storm water system in following Permit Years.
MGH5	Continue proper waste disposal procedures for wastes from operations/maintenance, as well as daily use materials. Train employees in good housekeeping/pollution prevention and require logs be kept of material disposal.	Records kept of material use/disposal, reduction in potential for releases due to training.
MGH6	Identify, inspect, and maintain Town owned BMP's storm water structures.	Inspection and maintenance of structures, records kept of activities, improved function of storm water system.