



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)**

W 035904
Transmittal Number

Facility ID (if known)

MAR 04/016

AH

Important:
When filling out
forms on the
computer, use
only the tab key
to move your
cursor - do not
use the return
key.



A. Instructions

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 Northampton

Name

125 Locust Street

Mailing Address

Northampton

City/Town

413-587-1570

Telephone Number

MA

State

dpw@nohodpw.org

Email (if available)

2. Municipality Name

City of Northampton

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, VA Medical Center at Northampton, Hampshire County Holding Facility, Hampshire County Long-Term Care Facility

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
MUNICIPAL ASSISTANCE UNIT



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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
Mill River Name	47 Number	☐ Yes ☒ No	not assessed Specify
Mill River Diversion Name	8 Number	☐ Yes ☒ No	not assessed Specify
Lower Meadow Brook to Mill River Diversion Name	1 Number	☐ Yes ☒ No	not assessed Specify
Ice Pond Brook to Mill River Diversion Name	1 Number	☐ Yes ☒ No	not assessed Specify
Elm St. Brook to Mill River Name	21 Number	☐ Yes ☒ No	not assessed Specify
Tributary to Mill River Name	2 Number	☐ Yes ☒ No	not assessed Specify
Sandy Hill Brook to Mill River Name	11 Number	☐ Yes ☒ No	not assessed Specify
Tributary to Mill River (Riverside Dr.) Name	2 Number	☐ Yes ☒ No	not assessed Specify
Deer Brook to Mill River Name	4 Number	☐ Yes ☒ No	not assessed Specify
Tributary to Mill River (Ryan Rd.) Name	2 Number	☐ Yes ☒ No	not assessed Specify
Look Park Diversion to Mill River Name	2 Number	☐ Yes ☒ No	not assessed Specify
Roberts Meadow Brook to Mill River Name	3 Number	☐ Yes ☒ No	not assessed Specify
Old Mill River Name	11 Number	☐ Yes ☒ No	not assessed Specify
Tributary to Old Mill River (Industrial Park) Name	2 Number	☐ Yes ☒ No	not assessed Specify
Connecticut River Name	1 Number	☒ Yes ☐ No	Priority Organics, Pathogens Specify
Tributary to Connecticut River (Damon Rd.) Name	1 Number	☐ Yes ☒ No	not assessed Specify
Wetland Tributary to Connecticut River Name	2 Number	☐ Yes ☒ No	not assessed Specify
King St. Brook to CT River Name	7 Number	☐ Yes ☒ No	not assessed Specify



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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
Tributary to King St. Brook	7	☐ Yes ☒ No	not assessed
Name	Number		Specify
Pine Brook to Connecticut River	4	☐ Yes ☒ No	not assessed
Name	Number		Specify
Broad Brook to CT River	2	☐ Yes ☒ No	not assessed
Name	Number		Specify
Wetland Tributary to CT River Oxbow	8	☐ Yes ☒ No	not assessed
Name	Number		Specify
Bassett Brook	8	☐ Yes ☒ No	not assessed
Name	Number		Specify
Parsons Brook	12	☐ Yes ☒ No	not assessed
Name	Number		Specify
West Branch Manhan River	1	☐ Yes ☒ No	not assessed
Name	Number		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
Name	Number	☐ Yes ☐ No	Specify



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D. Stormwater Management Program Summary

1. Public Education:

1.1 BMP ID # Educational Brochure Specify Best Management Practice	DPW Responsible Dept./Person Name	Brochure Distributed to City Residents
1.2 BMP ID # Stormwater Educational Information on DPW Web Site	DPW Responsible Dept./Person Name	Information on DPW Website Specify Measurable Goal
1.3 BMP ID # Educational Outreach to Community/School Groups	DPW Responsible Dept./Person Name	# of Classrooms/Community Groups using material
1.4 BMP ID # Tributary Signage Specify Best Management Practice	DPW Responsible Dept./Person Name	# Signs Installed Specify Measurable Goal
1.5 BMP ID # Targeted Educational Material Specify Best Management Practice	DPW Responsible Dept./Person Name	# of Signs or Educational Material Distributed

2. Public Participation:

2.1 BMP ID # Public Advisory Committee Specify Best Management Practice	DPW Responsible Dept./Person Name	# Meetings Specify Measurable Goal
2.2 BMP ID # Volunteer Water Quality Monitoring	DPW Responsible Dept./Person Name	# Samples Specify Measurable Goal
2.3 BMP ID # Storm Drain Labels Specify Best Management Practice	DPW Responsible Dept./Person Name	# Drains Labeled Specify Measurable Goal
2.4 BMP ID # Community Clean-Ups Specify Best Management Practice	DPW Responsible Dept./Person Name	# Clean-Ups 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:

3.1

BMP ID #

Storm Sewer System Map

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Map Complete

Specify Measurable Goal

3.2

BMP ID #

Legal Prohibition &
Enforcement

DPW

Responsible Dept./Person Name

Illicit Discharge & Connection
Ordinance Adopted

3.3

BMP ID #

Illicit Discharge Detection and
Elimination

DPW

Responsible Dept./Person Name

Plan Complete / # Identified
and Eliminated

3.4

BMP ID #

Targeted Educational
Outreach

DPW

Responsible Dept./Person Name

Educational Materials
Distributed

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

4. Construction Site Runoff Control:

4.1

BMP ID #

Erosion & Sediment Control
Ordinance

DPW

Responsible Dept./Person Name

Ordinance Adopted

Specify Measurable Goal

4.2

BMP ID #

Stormwater Site Plan Reviews
Specify Best Management Practice

DPW

Responsible Dept./Person Name

Reviews Completed

Specify Measurable Goal

4.3

BMP ID #

Site Inspections

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Inspections Completed

Specify Measurable Goal

4.4

BMP ID #

Construction Site Public
Participation

DPW

Responsible Dept./Person Name

Public Submittals

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:

5.1

BMP ID #

BMP Strategies Developed
Specify Best Management Practice

DPW

Responsible Dept./Person Name

BMP Strategy Developed/City
Regulations updated

5.2

BMP ID #

Runoff Control Performance
Standards

DPW

Responsible Dept./Person Name

Design Manual or Ordinance
Adopted

5.3

BMP ID #

Structural BMP Inspection &
Maintenance

DPW

Responsible Dept./Person Name

Inspections / Maintenance
Orders

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:

6.1

BMP ID #

Drainage System Operation &
Maintenance Program

DPW

Responsible Dept./Person Name

Maintenance Activities
Documented

6.2

BMP ID #

Employee Training
Specify Best Management Practice

DPW

Responsible Dept./Person Name

Employees Trained
Specify Measurable Goal

6.3

BMP ID #

Pollution Prevention BMPs
Specify Best Management Practice

DPW

Responsible Dept./Person Name

Priority List Developed /
BMPs Implemented

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



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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.

Mary Clare Higgins

Printed Name

Signature

7/28/03
Date



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F. Storm Water Management Program TIME FRAMES

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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	
1.1																					
1.2																					
1.3																					
1.4																					
1.5			X							X								X			
2.1			X		X		X		X		X		X		X		X		X		
2.2																					
2.3																					
2.4																					
3.1																					
3.2																					
3.3																					
3.4					X				X				X				X				
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5.1																					
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5.3																					
6.1																					
6.2																					
6.3									X					X				X			