



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

W 041170

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:

Northampton Veterans Administration Medical Center

Name

421 North Main Street

Mailing Address

Leeds

City/Town

(413) 584-4040

Telephone Number

MA

01053

State

Email (if available)

Bruce Gordon - contact

2. Municipality Name

Veterans Administration

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:

NA

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 29 2003

MUNICIPAL ASSISTANCE UNIT

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
Mill River	Unknown	☐ Yes ☒ No	None
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
Name	Number	☐ Yes ☐ No	Specify
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Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify

D. Stormwater Management Program Summary



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1. Public Education:

1.31

BMP ID #

Public education materials

Specify Best Management Practice

FMS

Responsible Dept./Person Name

Distribute brochure

Specify Measurable Goal

1.32

BMP ID #

Training Program

Specify Best Management Practice

FMS

Responsible Dept./Person Name

Present at 2 training sessions

Specify Measurable Goal

1.33

BMP ID #

Storm Drain Stenciling
Program

FMS

Responsible Dept./Person Name

Develop & implement program

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:

2.31

BMP ID #

"Clean the Stream" Program

Specify Best Management Practice

FMS

Responsible Dept./Person Name

Develop & implement program

Specify Measurable Goal

2.32

BMP ID #

Partner with Northampton

Specify Best Management Practice

FMS

Responsible Dept./Person Name

Form partnership

Specify Measurable Goal

2.33

BMP ID #

Call Center/Suggestion Box

Specify Best Management Practice

FMS

Responsible Dept./Person Name

Set up designated line or rop
box and inform public

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:

3.41

BMP ID #

Storm Drain Map

Specify Best Management Practice

FMS

Responsible Dept./Person Name

Complete facility map

Specify Measurable Goal

3.42

BMP ID #

Stormwater Policy

Specify Best Management Practice

FMS

Responsible Dept./Person Name

Develop & implement policy

Specify Measurable Goal

3.43

BMP ID #

Illicit Discharge Detection

Specify Best Management Practice

FMS

Responsible Dept./Person Name

Develop & implement policy

Specify Measurable Goal

3.44

BMP ID #

Illicit Discharge Elimination

Specify Best Management Practice

FMS

Responsible Dept./Person Name

Correct illicit discharges
detected by BMP 3.43

3.45

BMP ID #

Education Program

Specify Best Management Practice

FMS

Responsible Dept./Person Name

Develop & distribute fliers

Specify Measurable Goal

4. Construction Site Runoff Control:

4.21

BMP ID #

Regulatory Controls

Specify Best Management Practice

FMS

Responsible Dept./Person Name

Develop erosion & sediment
control contract specifications

4.22

BMP ID #

Review & Site Inspection
Procedures

FMS

Responsible Dept./Person Name

Develop and implement site
inspection guidelines

4.23

BMP ID #

Enforcement Procedures

Specify Best Management Practice

FMS

Responsible Dept./Person Name

Develop sanctions for violators

Specify Measurable Goal

4.24

BMP ID #

Procedures for Handling Public
Comment

FMS

Responsible Dept./Person Name

Develop & implement
procedure for public comment

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

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5. Post Construction Runoff Control:

5.31

BMP ID #

Structural Stormwater Controls

Specify Best Management Practice

FMS

Responsible Dept./Person Name

Develop contract specifications
for structural controls

5.32

BMP ID #

Stormwater Policy

Specify Best Management Practice

FMS

Responsible Dept./Person Name

Develop & Implement Policy

Specify Measurable Goal

5.33

BMP ID #

Planning Strategies

Specify Best Management Practice

FMS

Responsible Dept./Person Name

Update planning criteria

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:

6.31

BMP ID #

Employee Training Program

Specify Best Management Practice

FMS

Responsible Dept./Person Name

Maintain employee training
program

6.32

BMP ID #

Recycling Program

Specify Best Management Practice

FMS

Responsible Dept./Person Name

Monitor and maintain recycling
program

6.33

BMP ID #

Catch Basin Cleaning Program

Specify Best Management Practice

FMS

Responsible Dept./Person Name

Track cleaning quantities

Specify Measurable Goal

6.34

BMP ID #

Street Sweeping Program

Specify Best Management Practice

FMS

Responsible Dept./Person Name

Track sweeping quantities

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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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

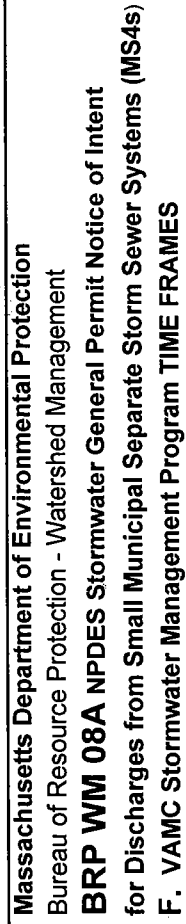
Specify Measurable Goal

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.

DAVID LAUFSON
Printed Name
Signature

7/28/03
Date

[illegible]



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DAVID LAWSON, FACILITIES MANAGER

Printed Name

Signature

7/28/03

Date

BRUCE A. GORDON, Director, Northampton VAMC

Printed Name

Signature

5.20.04

Date



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DAVID LAWSON, FACILITIES MANAGER

Printed Name

David Lawson

Signature

7/28/03

Date

BRUCE A. GORDON, Director, Northampton VAMC

Printed Name

Bruce A Gordon

Signature

5.20.04

Date