MA R041144 SP

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

BRP WM 08A NPDES Stormwater General Permit

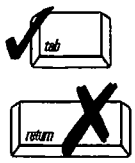
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

W040823
Transmittal Number

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:

Town of Northbridge Department of Public Works / Richard Sa...evi... Dir. DPW
Name

11 Fletcher Street, P.O. Box 88
Mailing Address

City/Town

MA 01588-0088
State

508-234-3581
Telephone Number

dpw@northbridgemass.org
Email (if available)

2. Municipality Name

Town of Northbridge
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:

State Highways

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
Arcade Pond (Name)	17 (Number)	☒ Yes ☐ No	Noxious aquatic plants (Specify)
Meadow Pond (Name)	10 (Number)	☒ Yes ☐ No	Noxious aquatic plants (Specify)
Riverdale Impoundment (Name)	1 (Number)	☒ Yes ☐ No	Priority organics, turbidity (Specify)
Blackstone River (Name)	10 (Number)	☒ Yes ☐ No	Unknown toxicity, Priority organics, Metals, Nutrients,
Mumford River (Name)	18 (Number)	☒ Yes ☐ No	Metals, pH, Organic enrichment/Low DO, Pathogens
Whitins Pond (Name)	4 (Number)	☐ Yes ☒ No	(Specify)
Carpenter Reservoir (Name)	3 (Number)	☐ Yes ☒ No	(Specify)
Swans Pond (Name)	1 (Number)	☐ Yes ☒ No	(Specify)
Stream to Carpenter Resevoir	5 (Number)	☐ Yes ☒ No	(Specify)
Stream to Blackstone River (Name)	17 (Number)	☐ Yes ☒ No	(Specify)
Union St Brook (Name)	9 (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)
(Name)	(Number)	☐ Yes ☐ No	(Specify)

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D. Stormwater Management Program Summary

1. Public Education:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1-1	Business/industry contacts	DPW	#of contacts
1-2	Community organizations	DPW	# of contacts
1-3	School contacts	DPW	# of students contacted
1-4	Stormdrain stencilling	DPW	# of drains stencilled
1-5	Household haz. waste coll.	DPW/Recycling Committee	# of pounds collected

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2-1	Volunteer stream cleanup	DPW/Conservation	# of participants
2-2	Volunteer stream monitoring	DPW/Conservation	# of volunteer hours
2-3	Stormwater video	DPW/Conservation/Cable	Complete by Jan. 1, 2005

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
3-1	Storm sewer map	DPW	Complete December 2003
3-2	Map updates	DPW	Complete 2006
3-3	Stormwater By-law	DPW/Conservation	Complete Jan. 1, 2005
3-4	Non-storm discharges	DPW	Complete Jan. 1 2005

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
4-1	Sedimentation & Erosion Control Guidebook	Building/Planning Depts	Complete Dec. 31, 2005
4-2	Erosion control bylaw	Building/Planning Depts	Complete Dec. 31, 2005
4-3	Inspection & Enforcement	Building/Planning Depts	Number of inspections

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D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
5-1	Guidebook	Building/Planning	Dec. 31, 2005
5-2	Bylaw revision	Building/Planning	Dec. 31, 2005

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
6-1	Employee Education	DPW	# of manhours trained
6-2	SPCCP Update	DPW	Complete by July 1, 2005
6-3	Motor oil recycling	DPW/Recycling Committee	# of gallons collected
6-4	Reduce winter sand use	DPW	Ave. tons per storm
6-5	Construct vehicle wash fac.	DPW/ Town Meeting	Complete by Nov. 1 2007

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D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

7-1 BMP ID #		
Stream monitoring Specify Best Management Practice	DPW/Conservation/BoH Responsible Dept./Person Name	Completion date Specify Measurable Goal
7-2 BMP ID #		
Locate MS4 discharges Specify Best Management Practice	DPW Responsible Dept./Person Name	Completion date Specify Measurable Goal
7-3 BMP ID #		
Survey agricultural activities Specify Best Management Practice	DPW/Conservation Responsible Dept./Person Name	Completion date Specify Measurable Goal
7-4 BMP ID #		
Septic system survey Specify Best Management Practice	DPW/Board of Health Responsible Dept./Person Name	Completion date 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.

William F. Williams, Town Manager
Printed Name

Signature

7-25-03
Date