



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)

1054
W035403
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:

Pembroke Department of Public Works

Name

100 Center Street

Mailing Address

Pembroke

City/Town

781-293-5620

Telephone Number

MA

State

Email (if available)

2. Municipality Name

Town of Pembroke

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:

MassHighway (State Routes 3, 53, and 139)

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
Oldham Pond Name	6 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Furnace Pond Name	9 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Organic enrichment/Low DO Specify
Great Sandy Bottom Pond Name	4 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Little Sandy Bottom Pond Name	4 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Stetson Pond Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Hobomock Pond Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
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Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify



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D. Stormwater Management Program Summary

1. Public Education:

1a

BMP ID #

Air stormwater message on
local cable channel

Department of Public Works
Responsible Dept./Person Name

Air one new message for two
weeks quarterly

1b

BMP ID #

Distribute/post non-point
source pollution posters

Department of Public Works
Responsible Dept./Person Name

Post in all schools and town-
owned buildings

1c

BMP ID #

Include stormwater info in
Consumer Confidence Report

Department of Public Works
Responsible Dept./Person Name

Distribute CCR yearly to all
residents

1d

BMP ID #

Develop children's coloring
book on Pembroke recycling

Board of Health
Responsible Dept./Person Name

Distribute coloring books
outside Board of Health office

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

2. Public Participation:

2a

BMP ID #

Form Storm Water Advisory
Committee

Department of Public Works
Responsible Dept./Person Name

Hold quarterly meetings
Specify Measurable Goal

2b

BMP ID #

Collect household hazardous
waste from residents

Board of Health
Responsible Dept./Person Name

Hold household haz. waste
collection day once per year

2c

BMP ID #

Implement annual, volunteer
waterways clean-up day

Department of Public Works
Responsible Dept./Person Name

Hold waterways clean-up day
once per year

2d

BMP ID #

Make SWMP available for
public comment/review

Department of Public Works
Responsible Dept./Person Name

Post SWMP in DPW office,
and Town library

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:

3a

BMP ID #

Map outfalls and receiving
waters

Department of Public Works
Responsible Dept./Person Name

Complete mapping by end of
fifth permit year

3b

BMP ID #

Develop illicit discharge
detection & elimination plan

Department of Public Works
Responsible Dept./Person Name

Make recommendations for
proposed plan

3c

BMP ID #

Review existing bylaws and
regulations

Dept. of Public Works/
Stormwater Advisory Comm

Determine whether existing
bylaws/regs are adequate

3d

BMP ID #

Develop/modify general illicit
discharge bylaw

Dept. of Public Works/
Stormwater Advisory Comm

If necessary, propose
recommen. for bylaw updates

3e

BMP ID #

Present bylaw for Town
meeting action

Dept. of Public Works/
Stormwater Advisory Comm

Make presentations for Town
meeting action, if necessary

4. Construction Site Runoff Control:

4a

BMP ID #

Review existing bylaws and
regulations

DPW/Planning/Zoning
Responsible Dept./Person Name

Determine whether existing
bylaws/regs are adequate

4b

BMP ID #

Develop/modify bylaws for
construction site runoff

DPW/Planning/Zoning
Responsible Dept./Person Name

If necessary, propose
recommen. for bylaw updates

4c

BMP ID #

Present bylaw for Town
meeting action

DPW/Planning/Zoning
Responsible Dept./Person Name

Make presentations for Town
meeting action, if necessary

4d

BMP ID #

Review existing site inspection
practices

DPW/Planning/Zoning
Responsible Dept./Person Name

Determine whether existing
practices are adequate

4e

BMP ID #

Develop/modify site inspection
practices

DPW/Planning/Zoning
Responsible Dept./Person Name

If necessary, make recommen.
for updating existing practices



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D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

5a

BMP ID #

Review existing bylaws and
regulations

DPW/Planning/Zoning

Responsible Dept./Person Name

Determine whether existing
bylaws/regs are adequate

5b

BMP ID #

Develop/modify bylaws for
post-construction runoff

DPW/Planning/Zoning

Responsible Dept./Person Name

If necessary, propose
recommen. for bylaw updates

5c

BMP ID #

Present bylaw for Town
meeting action

DPW/Planning/Zoning

Responsible Dept./Person Name

Make presentations for Town
meeting action, if necessary

5d

BMP ID #

Review existing site inspection
practices

DPW/Planning/Zoning

Responsible Dept./Person Name

Determine whether existing
practices are adequate

5e

BMP ID #

Develop/modify inspection &
maintenance practices

DPW/Planning/Zoning

Responsible Dept./Person Name

If necessary, make recommen.
for updating existing practices

6. Municipal Good Housekeeping:

6a

BMP ID #

Sweep streets & clean catch
basins

Department of Public Works

Responsible Dept./Person Name

Sweep all Town-owned streets
& clean all catch basins 1/year

6b

BMP ID #

Maintain filtration system at
North & Indian Head Rivers

Department of Public Works

Responsible Dept./Person Name

Inspect baffle tank & leaching
basin & remove sediment

6c

BMP ID #

Train municipal employees at
each facility

Department of Public Works

Responsible Dept./Person Name

Target all applicable municipal
facilities

6d

BMP ID #

Implement items in EPA env.
audit report for DPW facility

Department of Public Works

Responsible Dept./Person Name

Ensure action items completed
& BMPs followed

6e

BMP ID #

Retrofit catch basins around
Furnace & Oldham Ponds

Department of Public Works

Responsible Dept./Person Name

Install vortex separators & new
piping

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.

Edwin J. Thorne

Printed Name

Signature

Town Admin

7/22/02

Date

