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

W041369
Transmittal Number

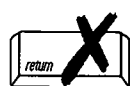
BRP WM 08A NPDES Stormwater General Permit

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:

Town of Rochester

Name

1 Constitution Way

Mailing Address

Rochester

City/Town

508-763-3871

Telephone Number

MA

State

Email (if available)

2. Municipality Name

Rochester

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:

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

MUNICIPAL ASSISTANCE UNIT
AUG - 5 2003



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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
Doggett Brook	unknown	☐ Yes ☒ No	Specify
Name	Number		
E. Branch Sippican River	unknown	☐ Yes ☒ No	Specify
Name	Number		
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:

1-1 BMP ID # Educational Flyer Specify Best Management Practice	Town Admin/DPW Director Responsible Dept./Person Name	flyer prepared & distributed Specify Measurable Goal
1-2 BMP ID # Annual Public Hearing Specify Best Management Practice	Town Admin/Selectmen Responsible Dept./Person Name	Meetings advertised and held Specify Measurable Goal
1-3 BMP ID # Posting of Maps Specify Best Management Practice	Highway Surveyor Responsible Dept./Person Name	Maps displayed 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:

2-1 BMP ID # Public particip. Citizen Action Specify Best Management Practice	Included in BMP 1-1 Responsible Dept./Person Name	BOH/DPW complaint file Specify Measurable Goal
2-2 BMP ID # Stormwater Mgt. Committee Specify Best Management Practice	Highway Surveyor Responsible Dept./Person Name	oversite/revision of program Specify Measurable Goal
2-3 BMP ID # Annual Selectmen's Review Specify Best Management Practice	Highway Surveyor Responsible Dept./Person Name	meetings advertised and held Specify Measurable Goal
2-4 BMP ID # Storm Drain Stenciling Specify Best Management Practice	Highway Surveyor Responsible Dept./Person Name	# of catch basins stenciled Specify Measurable Goal
2-5 BMP ID # Hazardous Material Collection Specify Best Management Practice	Highway Surveyor Responsible Dept./Person Name	Documentation of collection Specify Measurable Goal

0002 5 - 5 2002
ADMINISTRATIVE UNIT



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D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

3-1

BMP ID #

Discharge identification

Specify Best Management Practice

Highway Surveyor

Responsible Dept./Person Name

production of maps

Specify Measurable Goal

3-2

BMP ID #

Drainage Network Mapping

Specify Best Management Practice

Highway Surveyor

Responsible Dept./Person Name

production of maps

Specify Measurable Goal

3-3

BMP ID #

Illicit Discharge Identification

Specify Best Management Practice

Highway Surveyor/BOH Agent

Responsible Dept./Person Name

Quantify illicit discharges

Specify Measurable Goal

3-4

BMP ID #

Illicit Discharge Enforcement

Specify Best Management Practice

Board of Health

Responsible Dept./Person Name

Illicit disc. identified/corrected

Specify Measurable Goal

3-5

BMP ID #

BOH Training

Specify Best Management Practice

BOH

Responsible Dept./Person Name

Meetings held

Specify Measurable Goal

4. Construction Site Runoff Control:

4-1

BMP ID #

ConCom Bylaw Review

Specify Best Management Practice

Conservation Commission

Responsible Dept./Person Name

articles to town meeting if
necessary

4-2

BMP ID #

Subdivision Reg. Review

Specify Best Management Practice

Planning Board

Responsible Dept./Person Name

Regs changed if necessary

Specify Measurable Goal

4-3

BMP ID #

Zoning/Non-Zoning Bylaw
Review/Change

Planning Board

Responsible Dept./Person Name

Articles submitted if needed

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:

5-1

BMP ID #

ConCom Bylaws

Specify Best Management Practice

Conservation Commission

Responsible Dept./Person Name

Articles submitted if needed

Specify Measurable Goal

5-2

BMP ID #

Subdivision Regs Review &
Change

Planning Board

Responsible Dept./Person Name

Regs changed if necessary

Specify Measurable Goal

5-3

BMP ID #

Zoning/Non-Zoning Bylaws
Reviewed

Planning Board

Responsible Dept./Person Name

Articles submitted if necessary

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:

6-1

BMP ID #

Highway Policy Guide

Specify Best Management Practice

DPW Director

Responsible Dept./Person Name

Preparation of Guide

Specify Measurable Goal

6-2

BMP ID #

Highway Department Training

Specify Best Management Practice

Highway Surveyor

Responsible Dept./Person Name

Completion of training

Specify Measurable Goal

6-3

BMP ID #

Highway Dept. Permit Filing

Specify Best Management Practice

Highway Surveyor

Responsible Dept./Person Name

Copies of permits on file

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.)

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.

James Huntoon
Printed Name

Signature

James F. Huntoon

Date

7/30/03