



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)**

1021
W035569

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 Southampton

Name

8 East Street

Mailing Address

Southampton

MA

City/Town

State

(413) 529-0106

Telephone Number

Email (if available)

2. Municipality Name

Town of Southampton

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

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
Pequot Pond and tributary wetlands Name	To be determined Number	☒ Yes ☐ No	Nutrients; Organic Enrichment/Low DO; Noxious aquatic plants; exotic species Specify
Isolated Pond Name	To be determined 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:

1A

BMP ID #

Classroom Education	Highway Department (HD)/ Water Department/ School	Presentation on water cycle to 3 rd & 4 th graders, Years 2,4. HD or Water Dept. will present water quality/cons. info. to one class, every other year, Years 2, 4.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>1B</u>		
BMP ID #		
Educational Displays	HD	Post educational display in Town Hall, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>1C</u>		
BMP ID #		
Newspaper press releases	HD	2 per year in local newspaper, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>1D</u>		
BMP ID #		
Local Cable Access	HD	Post bulletins 2 per year on local cable access channel, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>1E</u>		
BMP ID #		
Informational Pamphlets/Notices	HD	Mail with Drinking Water Quality Report, 1 per year, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>1F</u>		
BMP ID #		
Informational Gadgets	HD	Magnets, Year 1.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>1G</u>		
BMP ID #		
Environmental Grants	BOH/HD/ConCom	Give out grants to students for environmental volunteerism/essays, Years 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

2. Public Participation:

2A

BMP ID #

Adopt-a-Road/Adopt-a-Stream	HD/Boy Scouts/ Local Schools	Support interested groups by providing tools and disposing of trash, Years 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>2B</u>		
BMP ID #		
Community Hotline	HD	Publicize hotline number, Years 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>2C</u>		
BMP ID #		
Storm Drain Stenciling	HD	Work with volunteers to stencil 50 storm drains each year in urbanized area, Years 1- 5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal



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Facility ID (if known)

2D

BMP ID #

Watershed Committee

ConCom

Work with Hampden Ponds Association,
Year 1-5.

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

3A

BMP ID #

Mapping Stormwater Outfalls

HD

Develop map of stormwater outfalls in
urbanized area, Year 1. Field inspect / verify
25%, Year 2-5.

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

3B

BMP ID #

Develop Illicit Discharge Plan

HD

Evaluate Year 1. Draft plan Year 2, Propose
for adoption by Year 3, Implement Year 3-5.

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

3C

BMP ID #

Non-Stormwater Discharge/ Illicit
Connection By-law

HD

Evaluate Year 1. Draft by-law Year 2,
Propose for adoption by Year 3, Implement
Year 3-5.

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

3D

BMP ID #

Illegal Dumping

HD

Maintain signage in water supply areas, Year
1-5. Cleanup of illegally dumped trash as
needed, Year 1-5.

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

3E

BMP ID #

Failing Septic Systems

BOH/HD

Keep records of maintained septic systems
(BOH). Inform BOH of failing septic systems
(HD), Year 1-5.

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

4. Construction Site Runoff Control:

4A

BMP ID #

Construction Runoff By-law

HD/Planning Bd/ConCom

Evaluate Year 1. Draft by-law Year 2,
Propose for adoption by Year 3, Implement
Year 3-5.

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

4B

BMP ID #

Plan Review

Planning Bd/ConCom/HD/ BOH/
Building Inspector

Enforcement under adopted by-law, Year 3-
5.

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

4C

BMP ID #

Inspection / Reporting

HD/Planning Bd

Enforcement under adopted by-law, Year 3-
5.

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:

5A

BMP ID #

Post Construction Runoff By-law	HD/PlanningBd/ConCom	Evaluate Year 1. Draft by-law Year 2, Propose for adoption by Year 3, Implement Year 3-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

5B

BMP ID #

Construction Site Plan Review	HD/PlanningBd/ConCom/ BOH/ Building Inspector	Enforcement under adopted by-law, Year 3- 5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

5C

BMP ID #

Stormwater System Maintenance Plan	HD/PlanningBd/ConCom	Enforcement under adopted by-law, Year 3- 5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

6. Municipal Good Housekeeping:

6A

BMP ID #

Municipal Maintenance Activity Program	HD	Evaluate and Draft additional policies as necessary, Year 1. Comply, Year 2-5
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

6B

BMP ID #

Training of all Municipal Employees	HD	Initial Good Housekeeping training, Year 1. Annual refresher, Year 2-5
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

6C

BMP ID #

Catch Basin Cleaning Program	HD	Clean all catch basins in urbanized area each year, Year 1-5
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

6D

BMP ID #

Street Sweeping	HD	Sweep all streets in urbanized area twice per year, Year 1-5
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

6E

BMP ID #

Used Oil Recycling	HD	Collection and recycling, Years 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

6F

BMP ID #

Hazardous Waste Collection	HD	Annual event collecting household hazardous waste, Year 1-5
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:

7A

BMP ID #

See Section 7 of the attached narrative,
Appendix A

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.

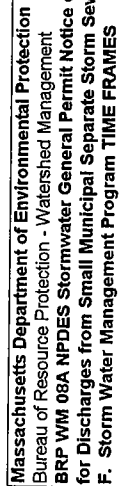
Printed Name

Signature

Kenneth J. MAHO
Kenneth J. MAHO

Date

7/1/03



Facility ID (If known)

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