



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

W041270

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 SOUTHBRIDGE

Name

41 ELM STREET

Mailing Address

SOUTHBRIDGE

City/Town

508 764 5405

Telephone Number

764-5403

MA

State

Email (if available)

2. Municipality Name

SOUTHBRIDGE

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:

NONE

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
QUINEBAUG RIVER	UNKNOWN	☐ Yes ☒ No	Specify
Name	Number		
HATCHET BROOK	UNKNOWN	☐ Yes ☒ No	Specify
Name	Number		
McKINSTRY BROOK	UNKNOWN	☐ Yes ☒ No	Specify
Name	Number		
NUISANCE BROOK	UNKNOWN	☐ Yes ☒ No	Specify
Name	Number		
COHASSE BROOK	UNKNMOWN	☐ Yes ☒ No	Specify
Name	Number		
CADY BROOK	UNKNOWN	☐ Yes ☒ No	Specify
Name	Number		
DEAN BROOK	UNKNOWN	☐ Yes ☒ No	Specify
Name	Number		
LEBANON BROOK	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
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
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D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

3A

BMP ID #

MAP STORM SEWER
SYSTEM

DPW

Responsible Dept./Person Name

MAP OUTFALLS

Specify Measurable Goal

3B

BMP ID #

AMMEND DRAINAGE BYLAW
Specify Best Management Practice

TOWN COUNCIL

Responsible Dept./Person Name

MODIFY EXISTING BYLAW

Specify Measurable Goal

3C

BMP ID #

INSPECT OUTFALLS
Specify Best Management Practice

HEALTH AGENT

Responsible Dept./Person Name

IDE4ANTIFY ILLICIT
DISCHARGES

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

4. Construction Site Runoff Control:

4A

BMP ID #

CONTROL EROSION &
SEDIMENTATION

TOWN COUNCIL

Responsible Dept./Person Name

ENACT NEW BYLAW

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



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D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

5A

BMP ID #

REGULATE POST
CONSTRUCTION RUNOFF

TOWN COUNCIL

Responsible Dept./Person Name

AMMEND DRASINAGE
CONTROL BYLAW

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

6. Municipal Good Housekeeping:

6A

BMP ID #

STREET SWEEPING
Specify Best Management Practice

DPW

Responsible Dept./Person Name

SWEEP STREETS
ANNUALLY

6B

BMP ID #

CATCH BASIN CLEANING
Specify Best Management Practice

DPW

Responsible Dept./Person Name

CLEAN CRITICAL BASINS
ANNUALLY

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



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D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

BMP ID #

NOT APPLICABLE

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.

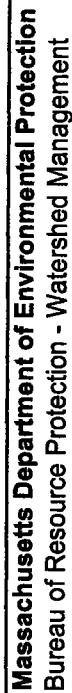
CLAYTON CARLISLE, TOWN MANAGER

Printed Name

Signature

JULY 30, 2003

Date



**BRP WM 08A NPDES Stormwater General Permit Notice of Intent
for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)
F. Storm Water Management Program TIME FRAMES**

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Facility ID (if known)

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