



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

MAR 04 10 25 AH

W041099
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:

BOARD OF SELECTMEN

240 SPRINGFIELD STREET

Mailing Address

WILBRAHAM

City/Town

413-596-2805

Telephone Number

MA

State

Email (if available)

2. Municipality Name

TOWN OF WILBRAHAM

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

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

[illegible]

es ☐ No **JUL 9 1 2005** Specify
Specify
MUNICIPAL ASSISTANCE UNIT
BRP W



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D. Stormwater Management Program Summary

1. Public Education:

1			
BMP ID #			
Stormwater Website	Antonio Pagan/MIS	Create links on Town website	
Specify Best Management Practice	Responsible Dept./Person Name	dedicated to stormwater	
2			
BMP ID #			
Public Access Television	Caroline Cunningham/Public	Broadcast videos on	
Specify Best Management Practice	Access	stormwater quality	
3			
BMP ID #			
Stormwater Education in	Bill Fogarty/Selectmen's Office	Provide stormwater literature	
Schools	Responsible Dept./Person Name	to schools.	
4			
BMP ID #			
Annual Stormwater Report	Stormwater Committee	Make stormwater report	
Specify Best Management Practice	Responsible Dept./Person Name	available to public	
5			
BMP ID #			
Importance of Septic System	Board of Health, Lorri McCool	Display septic system	
Maintenance	Responsible Dept./Person Name	maintenance literature	

2. Public Participation:

6			
BMP ID #			
Earth Day	Marna Huber/DPW	Stormwater cleanup activities	
Specify Best Management Practice	Responsible Dept./Person Name	on Earth Day	
7			
BMP ID #			
Stormwater Committee	Board of Selectmen	Stormwater Committee formed	
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.)

3. Illicit Discharge Detection and Elimination:

8

BMP ID #

Bylaw

Specify Best Management Practice

John Pearsall/Planning Board

Responsible Dept./Person Name

Bylaw established

Specify Measurable Goal

9

BMP ID #

Map Drainage System

Specify Best Management Practice

Tonya Basch/DPW

Responsible Dept./Person Name

Completed Map

Specify Measurable Goal

10

BMP ID #

Detect and Response Plan

Specify Best Management Practice

Tonya Basch/DPW

Responsible Dept./Person Name

Completed Plan

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

4. Construction Site Runoff Control:

11

BMP ID #

Bylaw

Specify Best Management Practice

John Pearsall/Planning Board

Responsible Dept./Person Name

Bylaw established

Specify Measurable Goal

12

BMP ID #

Site Plan Approval for greater
then 1 acre

Building/DPW/Planning Board

Responsible Dept./Person Name

Process in place

Specify Measurable Goal

13

BMP ID #

Establish permitting process
for small construction

Building/DPW/Planning Board

Responsible Dept./Person Name

Process in place

Specify Measurable Goal

14

BMP ID #

Inspections and Penalties

Specify Best Management Practice

Building/DPW/Planning Board

Responsible Dept./Person Name

Procedure in place

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:

15		
BMP ID #		
Subdivision Regulations	John Pearsall/Planning Board	ESC Plan requirement and
Specify Best Management Practice	Responsible Dept./Person Name	stormwater management
16		
BMP ID #		
Tracking, Inspection and	Building/DPW/Planning Board	Process in place
Penalties Plan	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:

17		
BMP ID #		
Clean Catch Basins	Frank Shea/DPW	Documentation
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
18		
BMP ID #		
Sweep Street	Frank Shea/DPW	Documentation
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
19		
BMP ID #		
Paint Shed	Marna Huber/DPW	Documentation
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
20		
BMP ID #		
Reduce Sand/Salt	Frank Shea/DPW	Documentation
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
21		
BMP ID #		
Spill Prevention and Control	Ron Lavoie/DPW	Plan completed
Plan	Responsible Dept./Person Name	Specify Measurable Goal
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.

David Barry, Board of Selectmen, Chairman

Printed Name

David Barry

Signature

7/28/03

Date



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F. Storm Water Management Program TIME FRAMES

BMP ID #	PERMIT YEAR ONE			Winter 03-04	PERMIT YEAR TWO			Winter 04-05	PERMIT YEAR THREE			Winter 05-06	PERMIT YEAR FOUR			Winter 06-07	PERMIT YEAR FIVE			Next Permit
	Spring 03	Summer 03	Fall 03		Spring 04	Summer 04	Fall 04		Spring 05	Summer 05	Fall 05		Spring 06	Summer 06	Fall 06		Spring 07	Summer 07	Fall 07	
1				X																
2																				
3																				
4					X					X					X					
5																				
6						X				X										
7			X											X						
8																				
9																				
10																				
11																				
12																				
13																				
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16																				
17																				
18																				
19																				
20			X			X						X						X		
21																				

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