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)

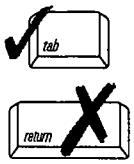
2002

W040406
Transmittal Number

51206
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:

Worcester State College
Name

486 Chandler Street
Mailing Address

Worcester — City/Town
MA — State

508-929-8099 — Telephone Number
rdaniels@worcester.edu — Email (if available)

2. Municipality Name

Worcester State College
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

AUG - 6 2003
MUNICIPAL ASSISTANCE UNIT

B. Applicant Information (cont.)

3. Illicit Discharge Detection and Elimination:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
300	Storm Water System Map	Robert Daniels/ Bill Jarvi	Complete
301	Dye Testing of Storm Drains	Robert Daniels	Begin Spring 04, continue through Fall of 2005
302	Dry Weather Inspections	Robert Daniels	Begin Fall of 2004
303	Determine Sources of Non Storm Water discharges	Robert Daniels	Begin Spring 2005
304	Develop Plan for Detecting and Addressing Illicit	Robert Daniels	Begin Spring 2005

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
400	Develop Construction Run-off Plan (CRP)	Robert Daniels	Plan developed by Winter 05
401	Implement (CRP)	Robert Daniels	Implementation Spring 05

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
500	Develop appendix to CRP	Robert Daniels	Developed by Winter 05
501	Implement Appendix to CRP	Robert Daniels	Implement Spring 05

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
600	Training for Facilities Personnel	Robert Daniels	Training done in Winter 04

D. Stormwater Management Program Summary (cont.)

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7. BMPs for Meeting TMDL:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
N/A			

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.

Sandra K. Olson – Director of Facilities
Printed Name

Sandra K. Olson
Signature

4/05/2004
Date

7. BMPs for Meeting TMDL:

NA
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.

Robert Daniels, Jr.
Printed Name

Robert P. Daniels, Jr.
Signature

7/30/03
Date

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)

F. Storm Water Management Program TIME FRAMES

Transmittal Number W040406

Facility ID (if known) 51206

	PERMIT YEAR ONE			PERMIT YEAR TWO				PERMIT YEAR THREE				PERMIT YEAR FOUR				PERMIT YEAR FIVE				
BMP ID #	Spring 03	Summer 03	Fall 03	Winter 03-04	Spring 04	Summer 04	Fall 04	Winter 04-05	Spring 05	Summer 05	Fall 05	Winter 05-06	Spring 06	Summer 06	Fall 06	Winter 06-07	Spring 07	Summer 07	Fall 07	Winter 07-08	Next Permit
100																					
200																					
300																					
400																					
401																					
500																					
501																					
600																					

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: Name	No. of Outfalls: Number	Listed as Impaired?	Impairment: Specify
Moore Brooke	3	☐ Yes ☒ No	
Patch Reservior	1	☐ Yes ☒ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	

D. Stormwater Management Program Summary

1. Public Education:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
100	Educational Materials	Robert Daniels	Distribution by Fall 03

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
200	Storm drain stenciling	Robert Daniels	Stencil drains by Fall 04

D. Stormwater Management Program Summary (Cont.)

WORCESTER
State College

Date	April 5, 2004
Number of pages including cover sheet	2

FACSIMILE

TO:	ANN HERRICK
Name of Firm	EPA
Phone	
Fax Phone	617-918-1505

FROM:	**SANDRA OLSON** ***WORCESTER STATE COLLEGE*** *486 CHANDLER STREET* *WORCESTER, MA 01602-2597* *FACILITIES*
E-Mail	
Phone	(508) 929-8025
Fax Phone	(508) 929-8180

REMARKS: ☐ Urgent ☐ For your review ☐ Reply ASAP ☐ Please Comment

FAXING OVER THE FOLLOWING INFORMATION BRP WM 08A

If there is any problem receiving this transmission. Please call (508) 929-8025
Thank - you