1119

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)

W035459
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 Grafton
   Name

   30 Providence Road
   Mailing Address

   Grafton — City/Town
   MA — State

   508-839-5335 — Telephone Number
   hammondr@town.grafton.ma.us — Email (if available)

2. Municipality Name

   Town of Grafton, Massachusetts
   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:

   Massachsusetts 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

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)

W035459
Transmittal Number

Facility ID (if known)

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: Name	No. of Outfalls Number	Listed as Impaired?	Impairment Specify
Cider Mill Pond	pending	☐ Yes ☒ No	
Fisherville Pond	pending	☐ Yes ☒ No	
Flint Pond	pending	☐ Yes ☒ No	
Hayes Pond	pending	☒ Yes ☐ No	noxious aquatic plants/ exo species
Hovey Pond	pending	☐ Yes ☒ No	
Lake Ripple	pending	☒ Yes ☐ No	noxious aquatic plants/ exo species
Pratts Pond	pending	☐ Yes ☒ No	
Silver Lake	pending	☐ Yes ☒ No	
Windle Pond	pending	☐ Yes ☒ No	
Blackstone River	pending	☒ Yes ☐ No	unknown tox/org/metal/nut/path/ solid/turb/deposits/amm/chlorine
Quinsigamond River	pending	☐ Yes ☒ No	
West River	pending	☒ Yes ☐ No	pH/organics low DO/pathogens
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	

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)

W035459
Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary

1. Public Education:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1A	Stormwater Flyer for Residents	SuAsCo & Public Works Dept.	See Attached Outline
1B	Lesson Plan for Fifth Graders	SuAsCo & Public Works Dept.	See Attached Outline
1C	Stormwater Flyer for Businesses	SuAsCo & Public Works Dept.	See Attached Outline
1D	Stormwater Media Campaign	SuAsCo & Public Works Dept.	See Attached Outline
1E	Stormwater Video	SuAsCo & Public Works Dept.	See Attached Outline
1F	Grafton-Specific Stormwater Flyers	Public Works Dept.	See Attached Outline
1G	Coordinate w/ Business, Landscapers	Public Works Dept.	See Attached Outline
1H	Stormwater Flyer for Agriculture	Public Works Dept.	See Attached Outline
1I	/Newspaper Articles	Public Works Dept.	See Attached Outline
1J	Stormwater Info on Town Website	Public Works Dept.	See Attached Outline
BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

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)

W035459
Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2A	Stormwater Traveling Display	SuAsCo & Public Works Dept.	See Attached Outline
2B	Poster Contest for Fifth Graders	SuAsCo & Public Works Dept.	See Attached Outline
2C	Photo Contest for High Schoolers	SuAsCo & Public Works Dept.	See Attached Outline
2D	Stormwater Summit Event	SuAsCo & Public Works Dept.	See Attached Outline
2E	Stormwater Super Summit Event	SuAsCo & Public Works Dept.	See Attached Outline
2F	Annual Stormwater Public Hearing	Public Works Dept.	See Attached Outline
2G	Watershed Group Involvement	Public Works Dept. & Local Groups	See Attached Outline
2H	Involve Local Children's Groups	Public Works Dept.	See Attached Outline

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
3A	Illicit Discharge Bylaw	Public Works Dept.	See Attached Outline
3B	Storm Sewer Map	Public Works Dept.	See Attached Outline
3C	Detection & Elimination Plan	Public Works Dept.	See Attached Outline
3D	Education for Public & Businesses	Public Works Dept.	See Attached Outline
3E	Education for Municipal Employees	Public Works Dept.	See Attached Outline

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
4A	Construction Site Runoff Bylaw	Public Works & Planning Depts.	See Attached Outline
4B	Erosion, Sediment, & Waste Controls	Public Works & Planning Depts.	See Attached Outline
4C	Site Plan Review Procedures	Public Works & Planning Depts.	See Attached Outline
4D	Site Inspection & Enforcement	Public Works & Planning Depts.	See Attached Outline
4E	Stormwater Hotline	Public Works Dept.	See Attached Outline

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

5A
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Post-Construction Site Runoff Bylaw	Public Works & Planning Depts.	See Attached Outline

5B
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Structural & Non-Structural BMPs	Public Works & Planning Depts.	See Attached Outline

5C
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Long-Term Operation & Maintenance	Public Works & Planning Depts.	See Attached Outline

5D
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Struct BMP Implement. Procedures	Public Works & Planning Depts.	See Attached Outline

BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

6. Municipal Good Housekeeping:

6A
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Municipal Employee Training	Public Works Dept.	See Attached Outline

6B
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Maintenance & Inspection Procedures	Public Works Dept.	See Attached Outline

6C
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Municipal Pollutant Source Reduction	Public Works Dept.	See Attached Outline

6D
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Waste Disposal Procedures	Public Works Dept.	See Attached Outline

BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

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)

W035459
Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

7A BMP ID #		
Residential & Commercial Education Specify Best Management Practice	Public Works Department Responsible Dept./Person Name	Flint Pond a priority under Measure 1 Specify Measurable Goal
7B BMP ID #		
Outfall Inspection and Testing Specify Best Management Practice	Public Works Department Responsible Dept./Person Name	Flint Pond Area Completed by Year 2 Specify Measurable Goal
7C BMP ID #		
Illicit Discharge Elimination (if found) Specify Best Management Practice	Public Works Department Responsible Dept./Person Name	Flint Pond Area Completed by Year 2 Specify Measurable Goal
7D BMP ID #		
Municipal Operations Prioritized Specify Best Management Practice	Public Works Department Responsible Dept./Person Name	Flint Pond Area Evaluated by Year 2 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.

X Russell J. Connor Jr.
Printed Name

X Russell J. Connor Jr.
Signature

9/22/03
Date

Town Administrator (per phone call 9/26/03)