1195

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

W 035834
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

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 Groveland – Board of Selectmen
   Name

   183 Main Street
   Mailing Address

   Groveland — City/Town
   MA — State

   978-374-0470 — Telephone Number
   Email (if available)

2. Municipality Name

   Town of Groveland
   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:

   Route 113 (state highway)

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

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
Merrimack River (Name)	12 (est.) (Number)	☒ Yes ☐ No	Priority organics, unionized ammonia, pathogens
Johnson's Pond (Name)	4 (Number)	☒ Yes ☐ No	Organic Enrichment/Low DO (Specify)
Argilla Brook (Name)	18 (Number)	☐ Yes ☒ No	(Specify)
Johnson's Creek (Name)	11 (Number)	☒ Yes ☐ No	Siltation (Specify)
Unnamed Stream to Merrimack (Name)	8 (est.) (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)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)

D. Stormwater Management Program Summary

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1. Public Education:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1A	Public Education Seminars	Board of Selectmen	Number per year
1B	Storm water education flyers	Board of Selectmen	Number of flyers dist. per year
1C	Storm water web page	Board of Selectmen	Number of web page visits
1D	Local cable station campaign	Board of Selectmen	Number of times shown

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2A	Comment & Q&A at seminars	Board of Selectmen	Document concerns & respond
2B	Volunteer cleanup & monitoring	Board of Selectmen	# of volunteers & accomplishments
2C	Local business partnerships	Board of Selectmen	# per year & accomplishments

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	Storm Drain System Map	Board of Selectmen	Identify & remove illicit discharges
3B	Ordinance prohibiting illicit discharges	Board of Selectmen	Adoption of ordinance
3C	Plan to detect illicit discharges	Board of Selectmen	# of illicit discharges identified

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
4A	Ordinance for erosion & sediment control at construction sites	Board of Selectmen	Adoption of ordinance

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
5A	Enforce MA DEP WPA Storm water management policy on sites >1ac.	Board of Selectmen	Adoption of Site Plan review Zoning By-Law

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
6A	Develop municipal O&M plan	Office of the Road Commissioner	# of structures/streets cleaned, amount of employee training
6B	Upgrade inadequate drainage systems	Office of the Road Commissioner	Number of upgrades per year

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.

William H. Darke
Printed Name

Signature

10-8-03
Date