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Hand-enter Your Transmittal Number →

W 041003
Transmittal Number

Your unique Transmittal Number can be accessed online: <http://www.state.ma.us/scripts/dep/trasmfrm.stm> or call DEP's InfoLine at 617-338-2255 or 800-462-0444 (from 508, 781, and 978 area codes).

Massachusetts Department of Environmental Protection Transmittal Form for Permit Application and Payment

1. Please type or print. A separate Transmittal Form must be completed for each permit application.

2. Make your check payable to the Commonwealth of Massachusetts and mail it with a copy of this form to: DEP, P.O. Box 4062, Boston, MA 02211.

3. Three copies of this form will be needed.

Copy 1 - the original must accompany your permit application.
Copy 2 must accompany your fee payment.
Copy 3 should be retained for your records

4. Both fee-paying and exempt applicants must mail a copy of this transmittal form to DEP, P.O. Box 4062, Boston, MA 02211

For DEP Use Only
Permit No. _____
Rec'd Date _____
Reviewer _____

A. Permit Information

BRP WM 08A

Permit Code: 7 or 8 character code from permit instructions

Notice of Intent for Discharges from Small Municipal

Type of Project or Activity

NPDES Stormwater General Permit

Name of Permit Category

Separate Storm Sewer Systems (MS4s)

B. Applicant Information - Firm or Individual

Town of Hingham

Name of Firm - Or, if party needing this approval is an individual enter name below:

Last Name of Individual

210 Central Street

Street Address

Hingham

City/Town

Charles Cristello

Contact Person

First Name of Individual

MA

State

02043

Zip Code

781-741-1400

Telephone # and extension

MI

e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Town of Hingham

Name of Facility, Site or Individual

N/A

Street Address

Hingham

City/Town

DEP Facility Number (if Known)

e-mail address (optional)

MA

State

02043

Zip Code

Federal I.D. Number (if Known)

781-741-1400

Telephone # and extension

D. Application Prepared by (if different from Section B)

Comprehensive Environmental Incorporated

Name of Firm Or Individual

64 Dilla Street

Address

Milford

City/Town

Rebecca Balke

Contact Person

MA

State

01757

Zip Code

800-725-2550

Telephone # and extension

LSP Number (21E only)

E. Permit - Project Coordination

Is this project subject to MEPA review? yes no If yes, enter the project's EOE file number - assigned when an Environmental Notification Form is submitted to the MEPA unit: EOE file number _____

Is an Environmental Impact Report Required? yes no

Is this application part of a larger project for which two or more DEP permits are being or will be sought? yes no

List any other DEP permits that apply to this project:

Permit Category	Date of Submission (tentative or actual)	Transmittal # if application already submitted

F. Amount Due

Special Provisions:

- Fee Exempt* (city, town or municipal housing authority)(state agency if fee is \$100 or less)
- Hardship Request - payment extensions according to 310 CMR 4.04(3)(c)
- Alternative Schedule Project (according to 310 CMR 4.05 and 4.10)

*There are no fee exemptions for 21E, regardless of applicant status

Check Number

Dollar Amount

Date

Please make check payable to the Commonwealth of Massachusetts and mail check and one copy of this form to:

DEP, P.O. Box 4062, Boston, MA 02211

JUL 30 2003



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 Hingham
Name

Charles Cristello ; per 9/17/03 T.C.

210 Central Street
Mailing Address

Hingham

City/Town

MA

State

781-741-1400

Telephone Number

Email (if available)

2. Municipality Name

Town of Hingham
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

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

JUL 31 2003

MUNICIPAL ASSISTANCE UNIT



BRP WM 08A NPDES Stormwater General Permit
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

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
Confluence of Black River and Hingham Bay Tidal Flats Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Tributary to Broad Cove east of Crow Point Lane Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Mill Pond west of Rockwood Road Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Seal Cove Tidal Flats west of Button Cove Road Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Weir River Tidal Flats west of George Washington Blvd. Name	1 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens Specify _____
Weir River Tidal Flats west of Cherry Street. Name	1 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens Specify _____
Unnamed wetland east of Evergreen Lane Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Bouve Pond east of French Street Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Large unnamed wetland North of High Street Name	6 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Unnamed pond west of Carleton Street Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Tower Brook east and west of Main Street Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Tower Brook Wetland east of Leonard Street Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Weir River east of Eastgate Ln. and North of Studley Rd. Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Plymouth River Wetland south of Camelot Drive Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Cushing Pond south of Grist Mill Lane Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____



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Notice of Intent for Discharges from Small Municipal Separate
Storm Sewer Systems (MS4s)

Facility ID (if known)

C. Names of (Presently Known) Receiving Waters (continued)

<u>Crooked Meadow River east and west of Main Street</u> Name	<u>2</u> Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Nutrients, noxious aquatic plants, organic enrichment Specify
<u>Crooked Meadow River Tributary east of Tower Rd.</u> Name	<u>2</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
<u>Eel River south of Cushing St & north of Old Country Rd</u> Name	<u>7</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
<u>Eel River wetland south of Independence Lane</u> Name	<u>1</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
<u>Fulling Pond south of South Pleasant Street</u> Name	<u>1</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
<u>Accord Brook north and south of Prospect Street</u> Name	<u>3</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
<u>Unnamed wetland west of Upland Road</u> Name	<u>1</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
<u>Unnamed pond south of Industrial Park Road</u> Name	<u>2</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
<u>Old Swamp River Tributary south of Commerce Road</u> Name	<u>1</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
<u>Unnamed wetland west of Winfield Road</u> Name	<u>1</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify

D. Stormwater Management Program Summary

1. Public Education:

<u>1A</u> BMP ID #	<u>Department of Public Works (DPW)</u> Responsible Dept./Person Name	<u>Copies of Materials.</u> Specify Measurable Goal
<u>Distribute Brochures and Fact Sheets to Businesses and Residents</u> Specify Best Management Practice		
<u>1B</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Copies of Articles.</u> Specify Measurable Goal
<u>Send Out Stormwater Press Releases</u> Specify Best Management Practice		



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Notice of Intent for Discharges from Small Municipal Separate
Storm Sewer Systems (MS4s)

D. Stormwater Management Program Summary (continued)

<u>1C</u> BMP ID # <u>Develop Stormwater Section of Town Website</u> Specify Best Management Practice	<u>DPW and Town Website Manager(s)</u> Responsible Dept./Person Name	<u>Measure number of hits annually.</u> Specify Measurable Goal
<u>1D</u> BMP ID # <u>Create a Stormwater Educational Display</u> Specify Best Management Practice	<u>Conservation Commission</u> Responsible Dept./Person Name	<u>Track quantity of take home materials taken quarterly.</u> Specify Measurable Goal
<u>1E</u> BMP ID # <u>Develop and Broadcast Stormwater Presentation on Local Cable Network</u> Specify Best Management Practice	<u>DPW and Town Officials</u> Responsible Dept./Person Name	<u>Cable TV tapes of presentations. Show annually during permit term.</u> Specify Measurable Goal
<u>1F</u> BMP ID # <u>Establish a Program for Free Stormwater Video Rentals</u> Specify Best Management Practice	<u>DPW and Planning Board</u> Responsible Dept./Person Name	<u>Track video rentals annually.</u> Specify Measurable Goal

2. Public Participation:

<u>2A</u> BMP ID # <u>Establish a Stormwater Telephone Hotline</u> Specify Best Management Practice	<u>DPW and Town Website Manager(s)</u> Responsible Dept./Person Name	<u>Record number of phone calls to hotline, copies of advertisements.</u> Specify Measurable Goal
<u>2B</u> BMP ID # <u>Mark Storm Drains with Buttons or Stencils</u> Specify Best Management Practice	<u>DPW and Volunteers</u> Responsible Dept./Person Name	<u>50% of storm drains marked by year 5 with door hangers placed in associated neighborhoods.</u> Specify Measurable Goal
<u>2C</u> BMP ID # <u>Develop and Implement a Native Tree/Shrub Planting Program</u> Specify Best Management Practice	<u>DPW, Conservation Commission, and Volunteers</u> Responsible Dept./Person Name	<u>Record the number, location, and kind of tree or shrub planted.</u> Specify Measurable Goal



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Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

<u>3A</u> <u>BMP ID #</u> <u>Hold Annual Household Hazardous Waste Collections</u> <u>Specify Best Management Practice</u>	<u>DPW</u> <u>Responsible Dept./Person Name</u>	<u>Document quantity of wastes collected annually.</u> <u>Specify Measurable Goal</u>
<u>3B</u> <u>BMP ID #</u> <u>Develop Primary Town Storm Drain System Map</u> <u>Specify Best Management Practice</u>	<u>DPW</u> <u>Responsible Dept./Person Name</u>	<u>70% of system mapped on GIS.</u> <u>Specify Measurable Goal</u>
<u>3C</u> <u>BMP ID #</u> <u>Complete Mapping of Stormwater Outfalls</u> <u>Specify Best Management Practice</u>	<u>DPW</u> <u>Responsible Dept./Person Name</u>	<u>All outfalls mapped by year 4.</u> <u>Specify Measurable Goal</u>
<u>3D</u> <u>BMP ID #</u> <u>Evaluate Stormwater Discharges to Historic Places</u> <u>Specify Best Management Practice</u>	<u>DPW, Conservation Commission, and Contractor</u> <u>Responsible Dept./Person Name</u>	<u>Final list of historic places in Hingham. Results of evaluation.</u> <u>Specify Measurable Goal</u>
<u>3E</u> <u>BMP ID #</u> <u>Develop Illicit Discharge Prohibition Bylaw</u> <u>Specify Best Management Practice</u>	<u>Board of Health</u> <u>Responsible Dept./Person Name</u>	<u>Obtain authorization to control inputs to the municipal drainage system. Bylaw at Town meeting by end of year 2.</u> <u>Specify Measurable Goal</u>
<u>3F</u> <u>BMP ID #</u> <u>Develop Illicit Discharge Detection and Elimination Plan and Implement Activities</u> <u>Specify Best Management Practice</u>	<u>DPW and Board of Health</u> <u>Responsible Dept./Person Name</u>	<u>All outfalls examined by year 4. Sources traced and results documented within one year of discovery.</u> <u>Specify Measurable Goal</u>
<u>3G</u> <u>BMP ID #</u> <u>Incorporate Information on Illicit Discharges into Public Education and Outreach Topics</u> <u>Specify Best Management Practice</u>	<u>DPW and Board of Health</u> <u>Responsible Dept./Person Name</u>	<u>Copies of materials.</u> <u>Specify Measurable Goal</u>



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Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

D. Stormwater Management Program Summary (Cont.)

3H

BMP ID #

Setup and Advertise a Hotline for Illicit Discharges

Specify Best Management Practice

DPW, Fire Department, and Board of Health

Responsible Dept./Person Name

Log of complaints and actions taken.

Specify Measurable Goal

4. Construction Site Runoff Control:

4A

BMP ID #

Develop Erosion Control Bylaw

Specify Best Management Practice

Planning Board

Responsible Dept./Person Name

Bylaw at Town meeting by end of year 2.

Specify Measurable Goal

4B

BMP ID #

Establish a Procedure for the Receipt of Information Submitted by the Public

Specify Best Management Practice

Planning Board and DPW

Responsible Dept./Person Name

Record number of phone calls to hotline, copies of articles.

Specify Measurable Goal

4C

BMP ID #

Conduct Inspections for Erosion Controls

Specify Best Management Practice

Planning Board, DPW, and Consultant

Responsible Dept./Person Name

Inspection checklist and documented inspections.

Specify Measurable Goal

5. Post Construction Runoff Control:

5A

BMP ID #

Develop BMP Bylaw

Specify Best Management Practice

Planning Board

Responsible Dept./Person Name

Bylaw at Town meeting by end of year 2.

Specify Measurable Goal

5B

BMP ID #

Develop and Implement Inspection Program

Specify Best Management Practice

Planning Board, DPW, Building Inspector, and Consultant

Responsible Dept./Person Name

Copies of maintenance reports received annually, plus records of inspections completed and results.

Specify Measurable Goal

6. Municipal Good Housekeeping:

6A

BMP ID #

Clean Catch Basins

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Clean all catch basins.

Specify Measurable Goal



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Notice of Intent for Discharges from Small Municipal Separate
Storm Sewer Systems (MS4s)

D. Stormwater Management Program Summary (Cont.)

<p><u>6B</u> BMP ID # <u>Sweep Streets in Town</u> Specify Best Management Practice</p>	<p><u>DPW</u> Responsible Dept./Person Name</p>	<p>Priority plan of sweepings based on water quality impact. Volume of sweepings collected.</p>
<p><u>6C</u> BMP ID # <u>Develop an Inspection and Maintenance Plan</u> Specify Best Management Practice</p>	<p><u>DPW</u> Responsible Dept./Person Name</p>	<p>Written schedule. Records of inspections and maintenance.</p>
<p><u>6D</u> BMP ID # <u>Continue Existing Pollution Prevention and Good Housekeeping Practices at the DPW Facility</u> Specify Best Management Practice</p>	<p><u>DPW</u> Responsible Dept./Person Name</p>	<p>Ensure existing practices are continued.</p>
<p><u>6E</u> BMP ID # <u>Ensure Proper Cleaning of Vehicle Leaks at the DPW Facility</u> Specify Best Management Practice</p>	<p><u>DPW</u> Responsible Dept./Person Name</p>	<p>No significant vehicle leak stains at the facility.</p>
<p><u>6F</u> BMP ID # <u>Rinse Vehicles Indoors at the DPW Facility</u> Specify Best Management Practice</p>	<p><u>DPW</u> Responsible Dept./Person Name</p>	<p>Record of memo.</p>
<p><u>6G</u> BMP ID # <u>Divert Stormwater Runoff Away From the White Building at the DPW Facility</u> Specify Best Management Practice</p>	<p><u>DPW</u> Responsible Dept./Person Name</p>	<p>Record of before and after photos.</p>
<p><u>6H</u> BMP ID # <u>Ensure Covered Storage for Salt Materials at the DPW Stockyard</u> Specify Best Management Practice</p>	<p><u>DPW</u> Responsible Dept./Person Name</p>	<p>All salt is covered.</p>
<p><u>6I</u> BMP ID # <u>Improve Covering and Evaluate BMPs for the Sand/Salt Pile at the DPW Stockyard</u> Specify Best Management Practice</p>	<p><u>DPW</u> Responsible Dept./Person Name</p>	<p>No rain contact with pile. No significant runoff contact with pile.</p>



BRP WM 08A NPDES Stormwater General Permit
Notice of Intent for Discharges from Small Municipal Separate
Storm Sewer Systems (MS4s)

Facility ID (if known)

D. Stormwater Management Program Summary (cont.)

<u>6J</u> BMP ID # Construct Berms at the DPW Stockyard to Contain Earth Materials Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Berms constructed. Before and after photos.</u> Specify Measurable Goal
<u>6K</u> BMP ID # Disconnect Floor Drains and Prohibit Vehicle Washing at the Tree and Park Barn Facility Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Floor drains disconnected as shown by closure records. Record of memo.</u> Specify Measurable Goal
<u>6L</u> BMP ID # Prevent Stormwater Contact with Vehicle Leaks and Maintenance Areas at the Recycling Facility Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>No significant vehicle leak stains at the site.</u> Specify Measurable Goal
<u>6M</u> BMP ID # Store Batteries Under Cover at the Recycling Facility Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>No uncovered outdoor storage of batteries.</u> Specify Measurable Goal
<u>6N</u> BMP ID # Comply with DEP Policy for Vehicle Washing at the Recycling Facility Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Record of memo.</u> Specify Measurable Goal
<u>6O</u> BMP ID # Prevent Stormwater Discharges from Recycling Bales and Loading/Unloading Areas at the Recycling Facility Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>No contact with plastic bales and no stormwater discharges from the unloading area.</u> Specify Measurable Goal
<u>6P</u> BMP ID # Conduct a Feasibility Study For the Trash Trailer Bays at the Transfer Station Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	<u>Copy of the feasibility study report. Plans or sketches.</u> Specify Measurable Goal



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Notice of Intent for Discharges from Small Municipal Separate
Storm Sewer Systems (MS4s)

D. Stormwater Management Program Summary (cont.)

<u>6Q</u> BMP ID # Continue Existing Pollution Prevention and Good Housekeeping Practices at the Bus Depot Specify Best Management Practice	<u>School Department and Contractor</u> Responsible Dept./Person Name	<u>Ensure existing practices are continued.</u> Specify Measurable Goal
<u>6R</u> BMP ID # Modify Downspout Discharges at the Fueling Station Specify Best Management Practice	<u>School Department and DPW</u> Responsible Dept./Person Name	<u>Downspout discharges modified as shown by before and after photos.</u> Specify Measurable Goal
<u>6S</u> BMP ID # Install a Spill Kit at the Fueling Station Specify Best Management Practice	<u>School Department</u> Responsible Dept./Person Name	<u>Spill kit installed. Record of memo.</u> Specify Measurable Goal
<u>6T</u> BMP ID # Ensure Compliance for Floor Drain Systems in the Bus Depot Building Specify Best Management Practice	<u>School Department</u> Responsible Dept./Person Name	<u>Record of inspections and changes to floor drain systems, if any.</u> Specify Measurable Goal
<u>6U</u> BMP ID # Continue Existing Facility Practices at the Town Hall and Building #104 Specify Best Management Practice	<u>Police Department and Department of Public Works</u> Responsible Dept./Person Name	<u>Ensure existing practices are continued.</u> Specify Measurable Goal
<u>6V</u> BMP ID # Ensure Compliance for Floor Drains at the North Fire Station Specify Best Management Practice	<u>Fire Department</u> Responsible Dept./Person Name	<u>Sketches or inspection memos.</u> Specify Measurable Goal
<u>6W</u> BMP ID # Ensure Compliance for Floor Drains and Vehicle Washing Activities at the Central Fire Station Specify Best Management Practice	<u>Fire Department</u> Responsible Dept./Person Name	<u>Sketches or inspection memos. Record of memo.</u> Specify Measurable Goal



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Storm Sewer Systems (MS4s)

Facility ID (if known)

D. Stormwater Management Program Summary (cont.)

6X

BMP ID #

Evaluate Alternative Vehicle
Washing Options at the
Hingham Light Plant

Specify Best Management Practice

Light Plant

Responsible Dept./Person Name

New method for handling
vehicle wash water at the site
by the end of year 2.

Specify Measurable Goal

6Y

BMP ID #

Use IPM Program for
Application of Pesticides in
Town

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Copy of IPM Program.

Specify Measurable Goal

6Z

BMP ID #

Use Licensed Applicators for
Fertilizers and Pesticides in
Town

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Record quantities of fertilizers
and pesticides purchased
annually.

Specify Measurable Goal

6AA

BMP ID #

Calibrate Salt Spreading
Equipment

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Record quantity of salt
purchased annually.

Specify Measurable Goal

6AB

BMP ID #

Use Low Salt Applications at
Designated Areas

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Document application rate in
Accord Pond watershed
compared to other
watersheds.

Specify Measurable Goal

6AC

BMP ID #

Ensure Proper Waste Disposal
in Town for Hazardous and
Special Wastes

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Document quantity of wastes
collected annually.

Specify Measurable Goal

6AD

BMP ID #

Ensure Compliance for Snow
Disposal in Town

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Utilize designated snow
disposal location.

Specify Measurable Goal

6AE

BMP ID #

Ensure Water Quality
Improvements are Considered
for Flood Projects.

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Records of Flood Control
Projects.

Specify Measurable Goal



BRP WM 08A NPDES Stormwater General Permit
Notice of Intent for Discharges from Small Municipal Separate
Storm Sewer Systems (MS4s)

Facility ID (if known)

D. Stormwater Management Program Summary (cont.)

6AF

BMP ID #

Conduct Town Employee
Stormwater Training
Specify Best Management Practice

Town Administrator,
Department of Public Works,
Sewer Department, Police and
Fire Departments, and
Consultant
Responsible Dept./Person Name

Attendance sheet and copy of
program.
Specify Measurable Goal

7. BMPs for Meeting TMDL:

7A

BMP ID #

Develop a Water Quality
Strategy for 303d Waters
Specify Best Management Practice

DPW, Conservation
Commission, and Consultant
Responsible Dept./Person Name

Summary of pollution
prevention efforts, future
needs, and responsible
parties. Copy of Surface Water
Quality Strategic Plan.
Specify Measurable Goal

7B

BMP ID #

Implement BMPs from Water
Quality Strategy
Specify Best Management Practice

DPW, Conservation
Commission, and Consultant
Responsible Dept./Person Name

Photographs, logs, and BMP
descriptions for completed
efforts and water quality
improvements.
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.

Charles Cristello
Printed Name

Town Administrator

Signature

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

BMP ID #	PERMIT YEAR ONE		PERMIT YEAR TWO		PERMIT YEAR THREE		PERMIT YEAR FOUR		PERMIT YEAR FIVE		Next Permit											
	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	
1A			△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△
1B			△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△
1C			△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△
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1F			△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△
2A			△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△
2B			△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△
2C			△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△
3A			△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△
3B			△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△
3C			△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△
3D			△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△
3E			△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△
3F			△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△
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3H			△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△
4A			△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△
4B			△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△
4C			△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△
5A			△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△
5B			△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△
6A			△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△
6B			△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△
6C			△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△
6D			△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△
6E			△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△
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6G			△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△
6H			△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△
6I			△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△
6J			△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△
6K			△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△
6L			△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△
6M			△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△
6N			△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△	△

Program
Established
Completed February 2003

Transmittal Number W041003
Facility ID (if known)
Page ___ of ___



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 W041003
Facility ID (if known)
Page _____ of _____

BMP ID #	PERMIT YEAR ONE		PERMIT YEAR TWO		PERMIT YEAR THREE		PERMIT YEAR FOUR		PERMIT YEAR FIVE		Next Permit			
	Spring 03	Summer 03	Spring 04	Summer 04	Spring 05	Summer 05	Spring 06	Summer 06	Spring 07	Summer 07		Spring 07	Summer 07	Winter 07-08
60														
6P														
6Q														
6R														
6S														
6T														
6U														
6V														
6W														
6X														
6Y	Ongoing													
6Z	Ongoing													
6AA	Ongoing													
6AB	Ongoing													
6AC	Program Established													
6AD	Ongoing													
6AE														
6AF														
7A														
7B														