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Hand-enter Your Transmittal Number

W 036113

Your unique Transmittal Number can be accessed through DEP's web site or by calling the DEP InfoLine as listed on the last page of this document

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

Instructions

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

2. Your check should be made payable to the Commonwealth of Massachusetts. Please mail your check along with a copy of this form to: DEP, P.O. Box 4062, Boston, MA 02211.

3. Three (3) 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. Application Information

DEP Permit Code (the 7 or 8 character code from first page of permit application instructions): BRPWM08A
Name of Permit Category: NPDES Stormwater General Permit NOI for Discharges from MS4s
Type of Project or Activity: Stormwater Discharge

B. Applicant Information (Firm or Individual)

Name of Firm:
Town of Hudson

Or, if party needing this approval is clearly an individual:

Individual's Last Name: First Name MI

Street Address: 1 Municipal Drive
City/Town: Hudson State: MA Zip Code: 01749 Telephone Number: (978) 562-9333 ext.
Contact: Robert LaBossiere e-mail address (optional): blabossiere@townofhudson.org

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual: Town of Hudson DEP Facility Number (if Known)
Street Address: All Streets e-mail address: (optional)
City/Town: Hudson State: MA Zip Code: 01832 Telephone Number: (978) 563-9333 ext.

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

Name of Individual or Firm: Robert LaBossiere, Assistant DPW Director
Address: 1 Municipal Drive
City/Town: Hudson State: MA Zip Code: 01749 Telephone Number: (978) 562-9333 ext.
Contact: Robert LaBossiere LSP Number (21E only)

E. Permit - Project Coordination

Is this project subject to MEPA review? [ ] yes [X] no
If yes, indicate the project's EOE A file number (assigned when an Environmental Notification Form is submitted to the MEPA unit)
EOEA # Is an Environmental Impact Report Required? [ ] yes [X] no
Is this application part of a larger project for which two or more DEP permits are being or will be sought? [ ] yes [X] no
List any other DEP permits that apply to this project:

Table with 3 columns: Permit Category, Date of Submission (tentative or actual), Transmittal Number (if application already submitted)

F. Amount Due

Special Provisions: [X] 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)

JUL 28 2003

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

Check #: 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



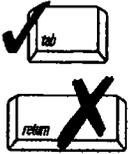
Massachusetts Department of Environmental Protection  
 Bureau of Resource Protection - Watershed Management  
**BRP WM 08A** NPDES Stormwater General Permit  
 Notice of Intent for Discharges from Small Municipal Separate  
 Storm Sewer Systems (MS4s)

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 Hudson D.P.W. Robert LaBassiere  
 Name  
 1 Municipal Drive  
 Mailing Address  
 Hudson MA  
 City/Town State  
 (978) 521-4056 blabossiere@townofhudson.org  
 Telephone Number Email (if available)

2. Municipality Name

Town of Hudson  
 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:

State Highways ( Route 495, 290 connector, Route 85 )

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)

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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**

| Receiving Water:                              | No. of Outfalls        | Listed as Impaired?   | Impairment  |
|---|------------------------|---|---|
| <u>Assabet River</u><br>Name                  | <u>12+/-</u><br>Number | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Metals, Nutrients, Organics/ Low DO, Pathogens</u> |
| <u>Danforth Brook</u><br>Name                 | <u>6+/-</u><br>Number  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Specify</u>  |
| <u>Tannery Brook</u><br>Name                  | <u>2+/-</u><br>Number  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Specify</u>  |
| <u>Fort Meadow Brook</u><br>Name              | <u>3+/-</u><br>Number  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Specify</u>  |
| <u>Hog Brook</u><br>Name                      | <u>3+/-</u><br>Number  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Specify</u>  |
| <u>Lake Boon</u><br>Name                      | <u>4+/-</u><br>Number  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Metals, Noxious Aquatic Plants</u>                 |
| <u>Fort Meadow Reservoir</u><br>Name          | <u>4+/-</u><br>Number  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Nutrients</u><br><u>Specify</u>                    |
| <u>(1)Tributary to Assabet River</u><br>Name  | <u>6+/-</u><br>Number  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Specify</u>  |
| <u>(2)Tributary to Assabet River</u><br>Name  | <u>6+/-</u><br>Number  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Specify</u>  |
| <u>(3)Tributary to Assabet River</u><br>Name  | <u>2+/-</u><br>Number  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Specify</u>  |
| <u>(4)Tributary to Assabet River</u><br>Name  | <u>2+/-</u><br>Number  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Specify</u>  |
| <u>(5)Tributary to Assabet River</u><br>Name  | <u>3+/-</u><br>Number  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Specify</u>  |
| <u>(6)Tributary to Assabet River</u><br>Name  | <u>1+/-</u><br>Number  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Specify</u>  |
| <u>(7)Tributary to Assabet River</u><br>Name  | <u>4+/-</u><br>Number  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Specify</u>  |
| <u>(8)Tributary to Assabet River</u><br>Name  | <u>4+/-</u><br>Number  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Specify</u>  |
| <u>(9)Tributary to Assabet River</u><br>Name  | <u>3+/-</u><br>Number  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Specify</u>  |
| <u>(10)Tributary to Assabet River</u><br>Name | <u>3+/-</u><br>Number  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Specify</u>  |
| <u>(11)Tributary to Assabet River</u><br>Name | <u>5+/-</u><br>Number  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Specify</u>  |



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

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:                                 | No. of Outfalls | Listed as Impaired?   | Impairment    |
|--|-----------------|---|---------------|
| (1) Tributary to Fort Meadow Brook               | 2+ Number       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Specify _____ |
| (2) Tributary to Fort Meadow Brook               | 3 Number        | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Specify _____ |
| (3) Tributary to Fort Meadow Brook               | 2+ Number       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Specify _____ |
| (4) Tributary to Fort Meadow Brook               | 1 Number        | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Specify _____ |
| (1) Tributary to Danforth Brook                  | 4+ Number       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Specify _____ |
| (2) Tributary to Danforth Brook                  | 2+ Number       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Specify _____ |
| (3) Tributary to Danforth Brook                  | 3+ Number       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Specify _____ |
| (4) Tributary to Danforth Brook                  | 6+ Number       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Specify _____ |
| (1) Tributary to Hog Brook<br>Name               | 2+ Number       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Specify _____ |
| (2) Tributary to Hog Brook<br>Name               | 2+ Number       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Specify _____ |
| Tributary to Lake Boon<br>Name                   | 3+ Number       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Specify _____ |
| Tributary to Stearns Mill Pond (Sudbury)<br>Name | 1 Number        | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Specify _____ |
| Name   | Number          | <input type="checkbox"/> Yes <input type="checkbox"/> No            | Specify _____ |
| Name   | Number          | <input type="checkbox"/> Yes <input type="checkbox"/> No            | Specify _____ |
| Name   | Number          | <input type="checkbox"/> Yes <input type="checkbox"/> No            | Specify _____ |
| Name   | Number          | <input type="checkbox"/> Yes <input type="checkbox"/> No            | Specify _____ |
| Name   | Number          | <input type="checkbox"/> Yes <input type="checkbox"/> No            | Specify _____ |
| Name   | Number          | <input type="checkbox"/> Yes <input type="checkbox"/> No            | Specify _____ |



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

\_\_\_\_\_  
Transmittal Number

\_\_\_\_\_  
Facility ID (if known)

**D. Stormwater Management Program Summary**

1. Public Education:

1-1

BMP ID #

See Attached

Specify Best Management Practice

\_\_\_\_\_  
Responsible Dept./Person Name

\_\_\_\_\_  
Specify Measurable Goal

2-1

BMP ID #

See Attached

Specify Best Management Practice

\_\_\_\_\_  
Responsible Dept./Person Name

\_\_\_\_\_  
Specify Measurable Goal

3-1

BMP ID #

See Attached

Specify Best Management Practice

\_\_\_\_\_  
Responsible Dept./Person Name

\_\_\_\_\_  
Specify Measurable Goal

4-1

BMP ID #

See Attached

Specify Best Management Practice

\_\_\_\_\_  
Responsible Dept./Person Name

\_\_\_\_\_  
Specify Measurable Goal

5-1

BMP ID #

See Attached

Specify Best Management Practice

\_\_\_\_\_  
Responsible Dept./Person Name

\_\_\_\_\_  
Specify Measurable Goal

2. Public Participation:

1-2

BMP ID #

See Attached

Specify Best Management Practice

\_\_\_\_\_  
Responsible Dept./Person Name

\_\_\_\_\_  
Specify Measurable Goal

2-2

BMP ID #

See Attached

Specify Best Management Practice

\_\_\_\_\_  
Responsible Dept./Person Name

\_\_\_\_\_  
Specify Measurable Goal

3-2

BMP ID #

See Attached

Specify Best Management Practice

\_\_\_\_\_  
Responsible Dept./Person Name

\_\_\_\_\_  
Specify Measurable Goal

4-2

BMP ID #

See Attached

Specify Best Management Practice

\_\_\_\_\_  
Responsible Dept./Person Name

\_\_\_\_\_  
Specify Measurable Goal

5-2

BMP ID #

See Attached

Specify Best Management Practice

\_\_\_\_\_  
Responsible Dept./Person Name

\_\_\_\_\_  
Specify Measurable Goal

**SuAsCo Storm Water Community Assistance Program**

**Planning Year Product**

**January 31, 2003**

**Information For Completing NOI Form BRP WM 08A**

## **Information For Completing NOI Form BRP WM 08A**

*The numbering system used below identifies public education and outreach control measure BMPs by the permit year # and #1. The numbering system used below identifies public involvement and participation control measure BMPs by permit year # and #2. If you have adopted a different numbering system you may change this system accordingly.*

*Please follow the instructions for completion in italics below.*

### **Storm Water Management Program (SWMP) Summary**

*1) To complete the Public Education and Public Participation sections of the Storm Water Management Program Summary of the NOI Form BRP WM 08A, simply copy the material below from the file "NOI#1,2" and insert it into the appropriate sections of your NOI Form.*

*2) Under responsible party for each BMP, you **must** replace the word "municipality" with the name of the person or department in your municipality who will make sure that the control measure is implemented.*

### **Public Education and Outreach**

*BMP # (year - control measure): Best Management Practice; Responsible Parties; Measurable Goals*

**BMP 1-1: Storm Water Flyer to Community Residents; SuAsCo Watershed Community Council and Hudson Department of Public Works; flyer distributed to a minimum of 75% of residents, and compiled and considered municipal and multi-watershed-wide "survey" results**

**BMP 2-1: Storm Water Lesson Plan for Fifth Grade Students; SuAsCo Watershed Community Council and Hudson School Department; develop and distribute lesson plan to implement at the Grade 5 level, and lesson plan is taught in one or more Grade 5 classrooms in the community**

**BMP 3-1: Storm Water Flyer to Community Businesses; SuAsCo Watershed Community Council and Hudson Department of Public Works; flyer distributed to a minimum of 50% of businesses in municipality, and storm water logo displayed by half of the businesses receiving the flyer**

**BMP 4-1: Storm Water Media Campaign; SuAsCo Watershed Community Council and Hudson Department of Public Works; media information packet delivered to the local media, and 4 press releases generated and issued to local media and major media outlets**

BMP 5-1: Storm Water Video; SuAsCo Watershed Community Council and Hudson department of Public Works; show storm water video at a minimum of one public meeting, and air storm water video at least once on local cable station

### **Public Involvement and Participation**

*BMP #: Best Management Practice; Responsible Parties; Measurable Goals*

BMP 1-2: Storm Water Traveling Display; SuAsCo Watershed Community Council and Hudson Department of Public Works; storm water display circulates around the community for a minimum of 3 months in permit year #1, and storm water display is posted at a minimum of 3 different public locations in the community in permit year #1, and storm water display is also used in future permit years for posting in public places or at storm water events

BMP 2-2: Storm Water Poster Contest for Fifth Grade Students; SuAsCo Watershed Community Council and Hudson School Department; poster contest is held and entries are received, judged and displayed

BMP 3-2: Storm Water Photo Contest for High School Students; SuAsCo Watershed Community Council and Hudson School Department; photo contest is held and entries are received, judged and displayed

BMP 4-2: Storm Water Summit Special Event; SuAsCo Watershed Community Council and Hudson Department of Public Works; hold local or multi-community Storm Water Summit and advertise to encourage community attendance

BMP 5-2: Participate in SuAsCo Storm Water Super Summit and Conduct an Evaluation and Assessment of Public Awareness of Storm Water; SuAsCo Watershed Community Council and Hudson Department of Public Works; municipal participation in the Storm Water Super Summit, and Storm Water Self Test distributed to a minimum of 75% of residents, and compiled and considered municipal and multi-watershed-wide "self test" results

### **SWMP Time Frames Chart**

*Fill in time frame chart as noted below.*

### **Public Education and Outreach**

BMP 1-1: straight line from Fall 03 through Winter 03-04

BMP 2-1: x for Spring 04 and x for Fall 04

BMP 3-1: straight line from Fall 05 through Winter 05-06

BMP 4-1: straight line from Spring 06 through Winter 06-07

BMP 5-1: straight line from Spring 07 through Winter 07-08

**Public Involvement and Participation**

BMP 1-2: straight line from Fall 03 through Winter 03-04

BMP 2-2: straight line for Fall 04 through Winter 04-05

BMP 3-2: straight line from Fall 05 through Winter 05-06

BMP 4-2: straight line from Fall 06 through Winter 06-07

BMP 5-2: straight line from Spring 07 through Winter 07-08



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**D. Stormwater Management Program Summary (Cont.)**

**3. Illicit Discharge Detection and Elimination:**

|  |  |  |
|--|--|--|
| <u>1-3</u><br>BMP ID #   |  |  |
| <u>Map Outfall Locations</u><br>Specify Best Management Practice         | <u>DPW/ Bob LaBossiere</u><br>Responsible Dept./Person Name        | <u>Incorporate into GIS System</u><br>Specify Measurable Goal      |
| <u>2-3</u><br>BMP ID #   |  |  |
| <u>Database of exist. structures</u><br>Specify Best Management Practice | <u>DPW/ Bob LaBossiere</u><br>Responsible Dept./Person Name        | <u>Rating system for maintenane and replacement</u>                |
| <u>3-3</u><br>BMP ID #   |  |  |
| <u>Develop and Implement a Stormwater Ordinance</u>                      | <u>Town of Hudson/ All Boards</u><br>Responsible Dept./Person Name | <u>Have an ordinance adopted within the next 12 months</u>         |
| <u>4-3</u><br>BMP ID #   |  |  |
| <u>Inform Public, employees, businesses of illicit discharges</u>        | <u>DPW/ Bob LaBossiere</u><br>Responsible Dept./Person Name        | <u>To inform people about what exactly is an illicit discharge</u> |
| <u>5-3</u><br>BMP ID #   |  |  |
| <u>Develop and Implement an illicit discharge plan</u>                   | <u>DPW/ Bob LaBossiere</u><br>Responsible Dept./Person Name        | <u>Have a plan in place within 12 months of the ordinance</u>      |

**4. Construction Site Runoff Control:**

|   |  |  |
|---|--|--|
| <u>1-4</u><br>BMP ID #                                  |  |  |
| <u>Sediment &amp; Erosion Control Ordinance</u>         | <u>Town of Hudson/ All Boards</u><br>Responsible Dept./Person Name | <u>Have an ordinance approved within the next 12 months</u>          |
| <u>2-4</u><br>BMP ID #                                  |  |  |
| <u>Develop procedures for site plan review</u>          | <u>Town of Hudson/ All Boards</u><br>Responsible Dept./Person Name | <u>All construction activities to submitt plan prior to approval</u> |
| <u>3-4</u><br>BMP ID #                                  |  |  |
| <u>Procedures for site inspections and enforcement</u>  | <u>Town of Hudson/ All Boards</u><br>Responsible Dept./Person Name | <u>Perform and document inspections immediately</u>                  |
| <u>4-4</u><br>BMP ID #                                  |  |  |
| <u>Sanctions to ensure compliance</u>                   | <u>Town of Hudson/ All Boards</u><br>Responsible Dept./Person Name | <u>To establish fines and penalties for non-compliance</u>           |
| <u>5-4</u><br>BMP ID #                                  |  |  |
| <u>Require control of waste from construction sites</u> | <u>Building Dept./ Jeff Wood</u><br>Responsible Dept./Person Name  | <u>Develop a Management Plan aimed at recycling</u>                  |



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Facility ID (if known) \_\_\_\_\_

**D. Stormwater Management Program Summary (cont.)**

7. BMPs for Meeting TMDL:

|  |   |  |
|--|---|--|
| <u>1-7</u><br>BMP ID #   | <u>DPW/ Bob LaBossiere</u><br>Responsible Dept./Person Name | <u>To install CB's and eliminate<br/>point source discharge</u>      |
| <u>Install of leaching catch basins<br/>using a 319 grant(Lake Boon)</u> |   |  |
| BMP ID #   | <u>Board of Health</u><br>Responsible Dept./Person Name     | <u>To encourage inspection and<br/>replacement of septic systems</u> |
| <u>Educational Pamphlets</u><br>Specify Best Management Practice         |   |  |
| BMP ID #   |   |  |
| <u>Specify Best Management Practice</u>                                  | <u>Responsible Dept./Person Name</u>                        | <u>Specify Measurable Goal</u>                                       |
| BMP ID #   |   |  |
| <u>Specify Best Management Practice</u>                                  | <u>Responsible Dept./Person Name</u>                        | <u>Specify Measurable Goal</u>                                       |
| BMP ID #   |   |  |
| <u>Specify Best Management Practice</u>                                  | <u>Responsible Dept./Person Name</u>                        | <u>Specify Measurable Goal</u>                                       |

**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.

Paul W. Blazar  
Printed Name *Executive Assistant*

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 |  |  |  |
| 1-1      |                 |           |                 |              |                   |           |         |                  |           |           |                  |              |           |             |           |         |              |           |           |         |              |  |  |  |
| 2-1      |                 |           |                 |              | X                 |           |         |                  |           |           |                  |              |           |             |           |         |              |           |           |         |              |  |  |  |
| 3-1      |                 |           |                 |              |                   |           |         |                  |           |           |                  |              |           |             |           |         |              |           |           |         |              |  |  |  |
| 4-1      |                 |           |                 |              |                   |           |         |                  |           |           |                  |              |           |             |           |         |              |           |           |         |              |  |  |  |
| 5-1      |                 |           |                 |              |                   |           |         |                  |           |           |                  |              |           |             |           |         |              |           |           |         |              |  |  |  |
| 1-2      |                 |           |                 |              |                   |           |         |                  |           |           |                  |              |           |             |           |         |              |           |           |         |              |  |  |  |
| 2-2      |                 |           |                 |              |                   |           |         |                  |           |           |                  |              |           |             |           |         |              |           |           |         |              |  |  |  |
| 3-2      |                 |           |                 |              |                   |           |         |                  |           |           |                  |              |           |             |           |         |              |           |           |         |              |  |  |  |
| 4-2      |                 |           |                 |              |                   |           |         |                  |           |           |                  |              |           |             |           |         |              |           |           |         |              |  |  |  |
| 5-2      |                 |           |                 |              |                   |           |         |                  |           |           |                  |              |           |             |           |         |              |           |           |         |              |  |  |  |
| 1-3      |                 |           |                 |              |                   |           |         |                  |           |           |                  |              |           |             |           |         |              |           |           |         |              |  |  |  |
| 2-3      |                 |           |                 |              |                   |           |         |                  |           |           |                  |              |           |             |           |         |              |           |           |         |              |  |  |  |
| 3-3      |                 |           |                 |              |                   |           |         |                  |           |           |                  |              |           |             |           |         |              |           |           |         |              |  |  |  |
| 4-3      |                 |           |                 |              |                   | X         |         |                  |           |           |                  |              |           |             |           |         |              |           |           |         |              |  |  |  |
| 5-3      |                 |           |                 |              |                   |           |         |                  |           |           |                  |              |           |             |           |         |              |           |           |         |              |  |  |  |
| 1-4      |                 |           |                 |              |                   |           |         |                  |           |           |                  |              |           |             |           |         |              |           |           |         |              |  |  |  |
| 2-4      |                 |           |                 |              |                   |           |         |                  |           |           |                  |              |           |             |           |         |              |           |           |         |              |  |  |  |
| 3-4      |                 |           |                 |              |                   |           |         |                  |           |           |                  |              |           |             |           |         |              |           |           |         |              |  |  |  |
| 4-4      |                 |           |                 |              |                   |           |         |                  |           |           |                  |              |           |             |           |         |              |           |           |         |              |  |  |  |
| 5-4      |                 |           |                 |              |                   |           |         |                  |           |           |                  |              |           |             |           |         |              |           |           |         |              |  |  |  |
| 1-5      |                 |           |                 |              |                   |           |         |                  |           |           |                  |              |           |             |           |         |              |           |           |         |              |  |  |  |
| 2-5      |                 |           |                 |              |                   |           |         |                  |           |           |                  |              |           |             |           |         |              |           |           |         |              |  |  |  |
| 3-5      |                 |           |                 |              |                   |           |         |                  |           |           |                  |              |           |             |           |         |              |           |           |         |              |  |  |  |
| 1-6      |                 |           |                 |              |                   |           |         |                  |           |           |                  |              |           |             |           |         |              |           |           |         |              |  |  |  |
| 2-6      |                 |           |                 |              |                   |           |         |                  |           |           |                  |              |           |             |           |         |              |           |           |         |              |  |  |  |
| 3-6      |                 |           |                 |              |                   |           |         |                  |           |           |                  |              |           |             |           |         |              |           |           |         |              |  |  |  |
| 4-6      |                 |           |                 |              |                   |           |         |                  |           |           |                  |              |           |             |           |         |              |           |           |         |              |  |  |  |
| 5-6      | X               |           |                 |              |                   |           |         |                  |           |           |                  |              |           |             |           |         |              |           |           |         |              |  |  |  |
| 1-7      |                 |           |                 |              |                   |           |         |                  |           |           |                  |              |           |             |           |         |              |           |           |         |              |  |  |  |
| 2-7      |                 |           |                 |              |                   |           |         |                  |           |           |                  |              |           |             |           |         |              |           |           |         |              |  |  |  |



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)

Transmittal Number \_\_\_\_\_

Facility ID (if known) \_\_\_\_\_

**D. Stormwater Management Program Summary (cont.)**

7. BMPs for Meeting TMDL:

1-7

BMP ID # \_\_\_\_\_

Install of leaching catch basins  
 using a 319 grant(Lake Boon)

DPW/ Bob LaBossiere  
 Responsible Dept./Person Name

To install CB's and eliminate  
 point source discharge

BMP ID # \_\_\_\_\_

Educational Pamphlets  
 Specify Best Management Practice

Board of Health  
 Responsible Dept./Person Name

To encourage inspection and  
 replacement of septic systems

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.

Carl J. Leebur  
 Printed Name

Carl J. Leebur  
 Signature

10/6/03  
 Date