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

2/17/04 received 21004706
Transmittal Number

BRP WM 08A NPDES Stormwater General Permit

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

MAR042032
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:

Massasoit Community College — Contact - Rocco Richardi
Name

One Massasoit Boulevard
Mailing Address

Brockton — MA
City/Town — State

(508) 588-9100 508/588-9100 ext. 1168
Telephone Number — Email (if available)

2. Municipality Name

Brockton
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:

Town of Brockton

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

2100470b
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
Beaver Brook (Name)	7 (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
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

2100 4706
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	Article in College Newspaper	John Lebica	1 article every permit year
1B	Webpage Development	John Lebica	Webpage up and running year 2
2	Television Ad	John Lebica	Develop ad during first year of permit and continue airing at a reasonable frequency during duration of permit

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
3	Litter Reduction Program	Facilities Department	100 man-hours committed to litter removal each permit year
4	Student Make a Difference Day	John Lebica	Two (2) events per year
5	Catchbasin Stenciling	John Lebica	Contest for design of the stencil during the first permit year. 50% catchbasins stenciled during second year and 50% during the third year. Inspect 5th year to identify need to re-stencil.

21004706
Transmittal Number

Facility ID (if known)

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
6	Wastewater Discharge Inspection	John Lebica	Inspection during the 1st, 3rd, 5th years of permit. Elimination during 2nd and 4th years.
7	Dry Discharge Detection	John Lebica	Inspection during the each year of permit

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
8A	Review all construction activities and Site Plans	John Lebica	Review 100% of construction projects
8B	Inspect and Enforce Erosion and Sediment Controls	John Lebica	Weekly Inspections of construction projects

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
9	Review of Completed Construction Activities	John Lebica	Annual Inspections

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
10	Catch Basin Clean-Out	John Lebica	Inspection and clean-out once per permit year.
11	Preparation of SPPP	John Lebica	Prepare SPPP first year. Conduct Inspections Semi-annual inspections each subsequent permit year

2100 4706
Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

X –Not Applicable

Beaver Brook does not have a TMDL

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.

John T. Lebica
Printed Name

Signature

9/18/03
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 2100470

Facility ID (If known)

	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
1			X				X				X				X				X		
2							X				X				X				X		
3			X		X		X		X		X		X		X		X		X		
4				X	X			X	X			X	X			X	Xx			X	
5						X				X				X				X			
6		X								X								X			
7		X								X								X			
8																					
9																					
10					X				X				X				X				
11					X		X		X		X		X		X		X		X		

8/27/04 received

42032

For Coverage Under the NPDES General Permit for Storm Water Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

New Hampshire Department of Environmental Services

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 NPDES General Permit issued by EPA for storm water 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 of the information required on this Notice of Intent form and the separate Storm Water Management Program (SWMP) Implementation Schedule form (Excel Spreadsheet), must be completed. Please read the permit and make sure you comply with all requirements, including the requirement to develop and implement a storm water management program.**

B. Applicant Information

1. Small MS4 Operator/Owner Information:

Massasoit Community College-Contact Rocco Richardi
Name

1 Massasoit Blvd.
Mailing Address

Brockton
City/Town

Ma 02302
State and Zip Code

508-588-9100 xt. 1168
Telephone Number

rrichardi@massasoit.mass.edu
Email (if available)

2. ~~Municipality~~ Name

Brockton
City/Town

3. Legal Status:

☐ Federal ☐ City/Town ☒ State ☐ County ☐ Private

☐ Other public entity: _____
Specify Public Entity

4. Other regulated MS4(s) within municipal boundaries:

City of Brockton

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.)

For Coverage Under the NPDES General Permit
for Storm Water Discharges from
Small Municipal Separate Storm Sewer Systems (MS4s)

New Hampshire Department of Environmental Services

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?

[X] 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
Beaver Brook (Name)	7 (Number)	[ ] Yes [X] 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
Name	Number	[ ] Yes [ ] No	Specify
Name	Number	[ ] Yes [ ] No	Specify
Name	Number	[ ] Yes [ ] No	Specify
Name	Number	[ ] Yes [ ] No	Specify

D. Storm Water Management Program Summary

NOTICE OF INTENT

For Coverage Under the NPDES General Permit
for Storm Water Discharges from
Small Municipal Separate Storm Sewer Systems (MS4s)

NEW HAMPSHIRE DEPARTMENT OF Environmental Services

1. Public Education:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1A	College Newspaper Articles	Facilities/Rocco Richardi	Quarterly Articles
1B	Active Web Page	Facilities/Rocco Richardi	Web page up and running year 3
2	Television Awareness Adds	Facilities/Rocco Richardi	Second year of adds airing during length of permit

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
3	Litter Control Pr		lemented 200 man hours ~~p litter pickup~~
4	Student Awareness D		events a year
5	Recycling Program Paper and Cardboard		kly Pickup

From here on (section 2) not entered into MS4 database

D. Storm Water Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
6	Catchbasin cleaning	Facilities/Rocco Richardi	Yearly
7	Wastewater discharge inspection	Facilities/Rocco Richardi	past 5 permits inspectio done

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
8A	Review all construction Activities and Site Plans	Facilities/Rocco Richardi	Review 100% of construction projects
8B	Inspect and Enforce Erosion and Sediment Controls	Facilities/Rocco Richardi	Weekly Inspections of construction projects

D. Storm Water Management Program Summary (Cont.)

NEW HAMPSHIRE DEPARTMENT OF Environmental Services

5. Post Construction Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
9	Review of Completed Construction Activities	Facilities/Rocco Richardi	Annual Inspections

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
10	Catchbasin Clean-out	Facilities/Rocco Richardi	Inspection and clean-out once permit year
11	Preparation of SPPP	Facilities/Rocco Richardi	Prepare SPPP first year Conduct inspections Semi-annual inspections each subsequent permit year

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting Requirements of Part I.C. (Discharges to Water Quality Impaired Waters) and Part I.D. (Total Maximum Daily Load Allocations):

X-Not Applicable

BMP ID # Beaver Brook does not have a TMDL

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.

Rocco RICHARDI
Printed Name

Rocco Richardi
Signature

8/9/04
Date