REC'D 3/6/04 - MAR041132

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:

   DAVID D'AMICO, DIRECTOR, DEPT OF PUBLIC SERVICES
   Name

   155 VILLAGE ST.
   Mailing Address

   MEDWAY — City/Town
   MA — State

   508-533-3275 — Telephone Number
   ddamico@townofmedway.org — Email (if available)

2. Municipality Name

   TOWN OF MEDWAY
   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:

   CHARLES RIVER POLLUTION CONTROL DISTRICT (CRPCD)

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

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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
CHARLES RIVER (Name)	6 (Number)	☐ Yes ☒ No	(Specify)
CHICKEN BROOK (Name)	4 (Number)	☒ Yes ☐ No	NON SOURCE POINT (Specify)
HOPPIN BROOK (Name)	3 (Number)	☒ Yes ☐ No	AXTON-CROSS, HOLLISTON
BLACK SWAMP (Name)	5 (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)

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D. Stormwater Management Program Summary

1. Public Education:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1	NEWSPAPER ARTICLES	DPS/ DAVID D'AMICO	RAISE PUBLIC AWARENESS
2	PUBLIC MEETINGS	BOH/BILL FISHER	CHOATE POND/CHICKEN BROOK CLEAN UP

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
	NONE AT THIS TIME		

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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
3	WEEKLY TESTING	DPS/DAVID D'AMICO	MAINTAIN LOW ECOLI LEVELS
4	319 GRANT APPLICATION	BOH/BILL FISHER & DPS/DAVID D'AMICO	WATER PURIFICATION PROJECT
5	MAINTAIN STORM SEWER SYSTEM MAP W/OUTFALLS	DPS/DAVID D'AMICO	STORM SEWER SYSTEM MAP MAINTAINED
6	REGULATE STORMWATER MGT & EROSION CONTROL	DPS/DAVID D'AMICO & TA/GREG BALUKONIS	REGULATIONS PASSED

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
7	SILT FENCING, HAY BALES	BLDG INSPECTOR/BOB SPERONI	NO RUNOFF INTO STORMWATER SYSTEM
8	PUBLIC WAY CLEANUP	DPS/DAVID D'AMICO	INSURE NO SILT ON THE ROAD ADJACENT TO AREA
	REGULATE PER BMP #6		

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D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
	REGULATE PER BMP #6		

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
9	WASH DOWN AREA	DPS/DAVID D'AMICO	HOLDING TANKS INSPECTED & CLEANED
10	SALT SHED	DPS/DAVID D'AMICO	COVERED & COFFER DAMED

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.

GREG BALUKONIS, TOWN ADMINISTRATOR
Printed Name

Signature

JULY 29,2003
Date

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F. Storm Water Management Program TIME FRAMES

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	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																					
2								X				X				X				X	
3		X				X				X				X				X			
4		X																			
5																					
6							X		X												
7																					
8																					
9	X		X		X		X		X		X		X		X		X		X		
10																					