MAR042026 AH

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

W 041170
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

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

Bruce Gordon - contact

1. Small MS4 Operator/Owner Information:

   Northampton Veterans Administration Medical Center
   Name

   421 North Main Street
   Mailing Address

   Leeds — MA 01053
   City/Town — State

   (413) 584-4040 — Email (if available)
   Telephone Number

2. Municipality Name

   Veterans Administration
   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:

   NA

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

JUL 29 2003

MUNICIPAL ASSISTANCE UNIT

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
Mill River (Name)	Unknown (Number)	☐ Yes ☒ No	None (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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Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify

D. Stormwater Management Program Summary

1. Public Education:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1.31	Public education materials	FMS	Distribute brochure
1.32	Training Program	FMS	Present at 2 training sessions
1.33	Storm Drain Stenciling Program	FMS	Develop & implement program

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2.31	"Clean the Stream" Program	FMS	Develop & implement program
2.32	Partner with Northampton	FMS	Form partnership
2.33	Call Center/Suggestion Box	FMS	Set up designated line or rop box and inform public

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
3.41	Storm Drain Map	FMS	Complete facility map
3.42	Stormwater Policy	FMS	Develop & implement policy
3.43	Illicit Discharge Detection	FMS	Develop & implement policy
3.44	Illicit Discharhe Elimination	FMS	Correct illicit discharges detected by BMP 3.43
3.45	Education Program	FMS	Develop & distribute fliers

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
4.21	Regulatory Controls	FMS	Develop erosion & sediment control contract specifications
4.22	Review & Site Inspection Procedures	FMS	Develop and implement site inspection guidelines
4.23	Enforcement Procedures	FMS	Develop sanctions for violators
4.24	Procedures for Handling Public Comment	FMS	Develop & implement procedure for public comment

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
5.31	Structural Stormwater Controls	FMS	Develop contract specifications for structural controls
5.32	Stormwater Policy	FMS	Develop & Implement Policy
5.33	Planning Strategies	FMS	Update planning criteria

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
6.31	Employee Training Program	FMS	Maintain employee training program
6.32	Recycling Program	FMS	Monitor and maintain recycling program
6.33	Catch Basin Cleaning Program	FMS	Track cleaning quantities
6.34	Street Sweeping Program	FMS	Track sweeping quantities

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

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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.

DAVID LAWSON
Printed Name

David Lawson
Signature

7/28/03
Date

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

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F. VAMC Stormwater Management Program TIME FRAMES

Transmittal Number W 041128

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
1.31																					
1.32																					
1.33																					
2.31																					
2.32																					
2.33																					
3.41																					
3.42																					
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4.24																					
5.31																					
5.32																					
5.33																					
6.31																					
6.32																					
6.33																					
6.34																					

Represents the VAMC's measurable goals and target dates

Represents policy implementation and potential corrective or enforcement actions

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DAVID LAWSON, FACILITIES MANAGER
Printed Name

David Lawson
Signature

7/28/03
Date

BRUCE A. GORDON, Director, Northampton VAMC
Printed Name

Bruce A Gordon
Signature

5.20.04
Date

7. BMPs for Meeting TMDL:

BMP ID #

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DAVID LAWSON, FACILITIES MANAGER
Printed Name

David Lawson
Signature

7/28/03
Date

BRUCE A. GORDON, Director, Northampton VAMC
Printed Name

Bruce A Gordon
Signature

5.20.04
Date