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)

1054
W035403
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:

   Pembroke Department of Public Works
   Name

   100 Center Street
   Mailing Address

   Pembroke — City/Town
   MA — State

   781-293-5620 — Telephone Number
   Email (if available)

2. Municipality Name

   Town of Pembroke
   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:

   MassHighway (State Routes 3, 53, and 139)

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.)

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
Oldham Pond (Name)	6 (Number)	☐ Yes ☒ No	(Specify)
Furnace Pond (Name)	9 (Number)	☒ Yes ☐ No	Organic enrichment/Low DO (Specify)
Great Sandy Bottom Pond (Name)	4 (Number)	☐ Yes ☒ No	(Specify)
Little Sandy Bottom Pond (Name)	4 (Number)	☐ Yes ☒ No	(Specify)
Stetson Pond (Name)	3 (Number)	☐ Yes ☒ No	(Specify)
Hobomock Pond (Name)	3 (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
1a	Air stormwater message on local cable channel	Department of Public Works	Air one new message for two weeks quarterly
1b	Distribute/post non-point source pollution posters	Department of Public Works	Post in all schools and town-owned buildings
1c	Include stormwater info in Consumer Confidence Report	Department of Public Works	Distribute CCR yearly to all residents
1d	Develop children's coloring book on Pembroke recycling	Board of Health	Distribute coloring books outside Board of Health office

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2a	Form Storm Water Advisory Committee	Department of Public Works	Hold quarterly meetings
2b	Collect household hazardous waste from residents	Board of Health	Hold household haz. waste collection day once per year
2c	Implement annual, volunteer waterways clean-up day	Department of Public Works	Hold waterways clean-up day once per year
2d	Make SWMP available for public comment/review	Department of Public Works	Post SWMP in DPW office, and Town library

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

BMP ID #		
3a		
Map outfalls and receiving waters	Department of Public Works Responsible Dept./Person Name	Complete mapping by end of fifth permit year
3b		
Develop illicit discharge detection & elimination plan	Department of Public Works Responsible Dept./Person Name	Make recommendations for proposed plan
3c		
Review existing bylaws and regulations	Dept. of Public Works/ Stormwater Advisory Comm	Determine whether existing bylaws/regs are adequate
3d		
Develop/modify general illicit discharge bylaw	Dept. of Public Works/ Stormwater Advisory Comm	If necessary, propose recommen. for bylaw updates
3e		
Present bylaw for Town meeting action	Dept. of Public Works/ Stormwater Advisory Comm	Make presentations for Town meeting action, if necessary

4. Construction Site Runoff Control:

BMP ID #		
4a		
Review existing bylaws and regulations	DPW/Planning/Zoning Responsible Dept./Person Name	Determine whether existing bylaws/regs are adequate
4b		
Develop/modify bylaws for construction site runoff	DPW/Planning/Zoning Responsible Dept./Person Name	If necessary, propose recommen. for bylaw updates
4c		
Present bylaw for Town meeting action	DPW/Planning/Zoning Responsible Dept./Person Name	Make presentations for Town meeting action, if necessary
4d		
Review existing site inspection practices	DPW/Planning/Zoning Responsible Dept./Person Name	Determine whether existing practices are adequate
4e		
Develop/modify site inspection practices	DPW/Planning/Zoning Responsible Dept./Person Name	If necessary, make recommen. for updating existing practices

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

BMP ID #		
5a		
Review existing bylaws and regulations	DPW/Planning/Zoning Responsible Dept./Person Name	Determine whether existing bylaws/regs are adequate
5b		
Develop/modify bylaws for post-construction runoff	DPW/Planning/Zoning Responsible Dept./Person Name	If necessary, propose recommen. for bylaw updates
5c		
Present bylaw for Town meeting action	DPW/Planning/Zoning Responsible Dept./Person Name	Make presentations for Town meeting action, if necessary
5d		
Review existing site inspection practices	DPW/Planning/Zoning Responsible Dept./Person Name	Determine whether existing practices are adequate
5e		
Develop/modify inspection & maintenance practices	DPW/Planning/Zoning Responsible Dept./Person Name	If necessary, make recommen. for updating existing practices

6. Municipal Good Housekeeping:

BMP ID #		
6a		
Sweep streets & clean catch basins	Department of Public Works Responsible Dept./Person Name	Sweep all Town-owned streets & clean all catch basins 1/year
6b		
Maintain filtration system at North & Indian Head Rivers	Department of Public Works Responsible Dept./Person Name	Inspect baffle tank & leaching basin & remove sediment
6c		
Train municipal employees at each facility	Department of Public Works Responsible Dept./Person Name	Target all applicable municipal facilities
6d		
Implement items in EPA env. audit report for DPW facility	Department of Public Works Responsible Dept./Person Name	Ensure action items completed & BMPs followed
6e		
Retrofit catch basins around Furnace & Oldham Ponds	Department of Public Works Responsible Dept./Person Name	Install vortex separators & new piping
BMP ID #	Specify Best Management Practice	

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.

Edwin J. Thorne — Town Admin
Printed Name

Signature — 7/22/03
Date

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F. Example 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
1a																				
1b																				
1c						X				X				X				X		
1d																				
2a																				
2b	X				X				X				X				X			
2c									X				X				X			
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