MAR041153 SP

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

W041369
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

1. Small MS4 Operator/Owner Information:

   Town of Rochester
   Name

   1 Constitution Way
   Mailing Address

   Rochester — City/Town
   MA — State

   508-763-3871
   Telephone Number
   Email (if available)

2. Municipality Name

   Rochester
   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:

   _____

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
Doggett Brook (Name)	unknown (Number)	☐ Yes ☒ No	(Specify)
E. Branch Sippican River (Name)	unknown (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)

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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
1-1	Educational Flyer	Town Admin/DPW Director	flyer prepared & distributed
1-2	Annual Public Hearing	Town Admin/Selectmen	Meetins advertised and held
1-3	Posting of Maps	Highway Surveyor	Maps displayed

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2-1	Public particip. Citizen Action	Included in BMP 1-1	BOH/DPW complaint file
2-2	Stormwater Mgt. Committee	Highway Surveyor	oversite/revision of program
2-3	Annual Selectmen's Review	Highway Surveyor	meetings advertised and held
2-4	Storm Drain Stenciling	Highway Surveyor	# of catch basins stenciled
2-5	Hazardous Material Collection	Highway Surveyor	Documentation of collection

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AUG - 5 2003

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
3-1	Discharge identification	Highway Surveyor	production of maps
3-2	Drainage Network Mapping	Highway Surveyor	production of maps
3-3	Illicit Discharge Identification	Highway Surveyor/BOH Agent	Quantify illicit discharges
3-4	Illicit Discharge Enforcement	Board of Health	Illicit disc. identified/corrected
3-5	BOH Training	BOH	Meetings held

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
4-1	ConCom Bylaw Review	Conservation Commission	articles to town meeting if necessary
4-2	Subdivision Reg. Review	Planning Board	Regs changed if necessary
4-3	Zoning/Non-Zoning Bylaw Review/Change	Planning Board	Articles submitted if needed

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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
5-1	ConCom Bylaws	Conservation Commission	Articles submitted if needed
5-2	Subdivision Regs Review & Change	Planning Board	Regs changed if necessary
5-3	Zoning/Non-Zoning Bylaws Reviewed	Planning Board	Articles submitted if necessary

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
6-1	Highway Policy Guide	DPW Director	Preparation of Guide
6-2	Highway Department Training	Highway Surveyor	Completion of training
6-3	Highway Dept. Permit Filing	Highway Surveyor	Copies of permits on file

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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.

James Huntoon
Printed Name

James F. Huntoon
Signature

7/30/03
Date