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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)

W035934
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:

   Donald Levesque, Director
   Name

   35 Lafayette Road
   Mailing Address

   Salisbury — City/Town
   MA — State

   978-463-0656 — Telephone Number
   pubworks@seacoast.com — Email (if available)

2. Municipality Name

   Town of Salisbury
   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:

   Mass. State highways (Rte. 95, Rte. 495, Rte. 110, Rte. 1, Rte 286 to NH border, Rte 1A to NH border), Rabbit Rd, Dept of Environmental Management (DEM) Salisbury Beach State Reservation

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:	Estimated No. of Outfalls	Listed as Impaired?	Impairment
Merrimack River (Name)	8 (Number)	☐ Yes ☒ No	(Specify)
Town Creek (Name)	7 (Number)	☐ Yes ☒ No	(Specify)
Atlantic Ocean (Name)	0 (Number)	☐ Yes ☒ No	(Specify)
Back River (Name)	0 (Number)	☐ Yes ☒ No	(Specify)
Black Rock Creek (Name)	5 (Number)	☐ Yes ☒ No	(Specify)
Black Water River (Name)	3 (Number)	☐ Yes ☒ No	(Specify)
Smallpox Brook (Name)	9 (Number)	☐ Yes ☒ No	(Specify)
Meader Brook (Name)	3 (Number)	☐ Yes ☒ No	(Specify)
Little River (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)

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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	Distribute/post nonpoint source pollution posters	Town Manager	Post in all public schools and town buildings
1b	Air stormwater message on Local Cable Channel	Town Manager	Post one message every month
1c	Obtain and distribute Auto Repair Shop Brochures	Town Manager	Distribute to all impacted local businesses
1d	Add stormwater information to Town's website	Town Manager	Update information quarterly to address seasonal concerns

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2a	Expand Citizen's Advisory Committee	Town Manager	Hold semi-annual meetings
2b	Continue waste oil collection & recycling	Public Works	Collect waste oil from residents once per month
2c	Continue paint collection program	Public Works	Collect paint from residents on a quarterly basis
2d	Implement a catch basin stenciling program	Public Works	Stencil 25% of catch basins each year
2e	Town Cleanup Day	Public Works	Hold a clean up day once per year

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
3a	Verify and map outfalls and receiving waters	Public Works	Map 25% of outfalls each year
3b	Review existing bylaws and regulations	Planning Department	Determine whether existing bylaws/regs are adequate
3c	Develop Illicit Discharge Detection & Elimination Plan	Planning Department	Make recommendations for inclusion into proposed plan
3d	Present bylaw for Town Meeting action	Planning Department	Make presentations for Town Meeting action
3e	Test outfalls with history of problems	Public Works	Test twice per year

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
4a	Review existing site inspection practices	Planning Department	Determine whether existing practices are adequate
4b	Develop/modify Site Inspection Program	Planning Department	Make recommendations for modifying existing program
4c	Review existing bylaws and regulations	Planning Department	Determine if existing bylaws & regs fulfill EPA requirements
4d	Develop/modify bylaws and present to Town Meeting	Planning Department	Propose recommendations for modifying/developing bylaw
4e	Prepare pamphlet to hand out with permit	Planning Department	Present to those applying for permit

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
5a	Review existing Site Inspection Practices	Planning Department	Determine whether existing practices are adequate
5b	Develop/modify inspection & maintenance practices	Planning Department	Make recommendations for modifying existing practices
5c	Review existing regulations	Planning Department	Determine whether existing regs. meet EPA requirements
5d	Develop/modify regs for Post-Construction Site Runoff	Planning Department	Propose recommendations for modifying/developing regs
5e	Present regulations for Town Meeting action	Planning Department	Make presentation for Town Meeting action

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
6a	Street Sweeping Program	Public Works	Selected areas at least one time per year
6b	Catch Basin Cleaning Program	Public Works	Check catch basins quarterly & clean up to twice per year
6c	Perform site visits to examine existing practices at facilities	Town Manager	Target all applicable municipal facilities
6d	Train municipal employees at each town facility	Town Manager	Target all applicable municipal facilities
6e	Perform follow-ups to ensure required practices are met	Town Manager	Target all applicable municipal facilities

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.

Neil Harrington, Town Manager
Printed Name

Neil Harrington
Signature

10/10/08
Date

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F. Storm Water Management Program TIME FRAMES

Transmittal Number W 035934

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
1a			X								X										
1b																					X
1c				X				X				X				X	X	X	X	X	X
1d			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
		(EXPAND COMMITTEE)																			
2a						X		X		X		X		X		X		X		X	
2b																					X
2c	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2d																					
2e	X				X				X				X				X				X
3a																					
3b																					
3c													(YEARS 4 & 5 ARE FOR TOWN MEETING ACTION IF REQUIRED)								
3d																					
3e					X		X		X		X		X		X		X		X		
4a																					
4b																					
4c													(YEARS 4 & 5 ARE FOR TOWN MEETING ACTION IF REQUIRED)								
4d																					
4e																					
5a																					
5b																					
5c																					
5d													(YEARS 4 & 5 ARE FOR TOWN MEETING ACTION IF REQUIRED)								
5e																					
6a	X				X				X				X				X				X
6b	X		X		X		X		X		X		X		X		X		X		X
6c																					
6d																					X
6e																					X