



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)**

1223

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:

Town of Stow Highway Department

Name

*Bruce Fletcher - Civil Superintendent of Streets*

P.O. Box 23

Mailing Address

Stow

City/Town

MA 01775

State

978-897-8071

Telephone Number

selectmen@ci.stow.ma.us

Email (if available)

2. Municipality Name

Town of Stow

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. Firefighting Academy; MassDEM State Forest; US Fish and Wildlife reserve

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



**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) \_\_\_\_\_

**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
Minister's Pond Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Heath Hen Meadow Brook Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Elizabeth Brook Name	6 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Assabet River Name	5 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Lake Boon Name	1 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Phosphorus Specify _____
U-10-67 tributary to Elizabeth Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____



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)

**D. Stormwater Management Program Summary**

1. Public Education:

1-1 BMP ID # Storm water flyer to residents Specify Best Management Practice	SuAsCo & Selectmen Responsible Dept./Person Name	flyer distributed to 75% of residents, consider results <i>Measurable Goal</i>
2-1 BMP ID # Lesson plan for 5 <sup>th</sup> -graders Specify Best Management Practice	SuAsCo & Selectmen Responsible Dept./Person Name	develop & distribute & taught in 1 or more 5 <sup>th</sup> grade classes <i>Measurable Goal</i>
3-1 BMP ID # Flyer to Businesses Specify Best Management Practice	SuAsCo & Selectmen Responsible Dept./Person Name	distribute to at least 50% of businesses, 1/2 display logo <i>Measurable Goal</i>
4-1 BMP ID # Media Campaign Specify Best Management Practice	SuAsCo & Selectmen Responsible Dept./Person Name	info packet to media, 4 press releases issued <i>Measurable Goal</i>
5-1 BMP ID # Storm water video Specify Best Management Practice	SuAsCo & Selectmen Responsible Dept./Person Name	show video at public meeting, & air on cable station <i>Measurable Goal</i>

2. Public Participation:

1-2 BMP ID # Traveling Display Specify Best Management Practice	SuAsCo & Selectmen Responsible Dept./Person Name	display circulated for 3 months & posted in 3 public places <i>Measurable Goal</i>
2-2 BMP ID # Poster contest for 5 <sup>th</sup> graders Specify Best Management Practice	SuAsCo & Selectmen Responsible Dept./Person Name	Poster contest held, receipts judged and displayed <i>Measurable Goal</i>
3-2 BMP ID # Photo Contest for High School Specify Best Management Practice	SuAsCo & Selectmen Responsible Dept./Person Name	Photo contest held, receipts judged and displayed <i>Measurable Goal</i>
4-2 BMP ID # Stormwater Summit Special Specify Best Management Practice	SuAsCo & Selectmen Responsible Dept./Person Name	Advertise and hold multi-town Stormwater Summit <i>Measurable Goal</i>
5-2 BMP ID # Participate in Super Summit, assess public awareness	SuAsCo & Selectmen Responsible Dept./Person Name	Self-test distributed to 75% of residents, consider results <i>Measurable Goal</i>



**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) \_\_\_\_\_

**D. Stormwater Management Program Summary (Cont.)**

**3. Illicit Discharge Detection and Elimination:**

1-3 BMP ID # Provide written instructions to cb cleaning contractors in RFP	<u>Highway Department</u> Responsible Dept./Person Name	<u>Illicit connection ID written plan issued to contractors</u> <i>Measurable Goal</i>
2-3 BMP ID # Develop a map of drainage systems and outfalls	<u>Highway Department</u> Responsible Dept./Person Name	<u>map completed</u> Specify Measurable Goal
3-3 BMP ID # Bylaw making non-storm water discharges & dumping illegal	<u>Planning Board</u> Responsible Dept./Person Name	<u>bylaw presented to Town Meeting</u>
4-3 BMP ID # Outfall screening & plan for public reporting	<u>Highway Dept. &amp; Board of Health</u>	<u>Publish where to report &amp; test outfall waters</u>
5-3 BMP ID # Household Hazardous Waste Collection Days	<u>Board of Health</u> Responsible Dept./Person Name	<u>Included in annual budget for Town Meeting</u>

**4. Construction Site Runoff Control:**

1-4 Bylaw covering runoff & waste on 1-5 acre construction sites	<u>Planning Board &amp; Cons Com</u> Responsible Dept./Person Name	<u>subcommittee established to review existing laws and regs</u>
2-4 BMP ID # Ensure site plan reviews consider water quality	<u>same as above</u> Responsible Dept./Person Name	<u>Site plan review procedure in place</u>
3-4 BMP ID # Develop means to consider reports received from public	<u>same as above</u> Responsible Dept./Person Name	<u>Written procedure in place</u> Specify Measurable Goal
4-4 BMP ID # Same as 1-4 Specify Best Management Practice	<u>same as above</u> Responsible Dept./Person Name	<u>subcommittee drafts bylaw and presents to Planning Bd.</u>
5-4 BMP ID # Same as 1-4 Specify Best Management Practice	<u>same as above</u> Responsible Dept./Person Name	<u>Bylaw presented to TM for approval</u>



**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) \_\_\_\_\_

**D. Stormwater Management Program Summary (Cont.)**

5. Post Construction Runoff Control:

<u>1-5</u> BMP ID #	<u>Develop a program to address runoff from new developments</u>	<u>Planning Bd &amp; Cons Com jointly</u>	<u>Appoint a committee to study existing control, make proposal</u>
<u>2-5</u> BMP ID #	<u>Same</u> Specify Best Management Practice	<u>Same as above</u> Responsible Dept./Person Name	<u>Preliminary report from committee to Joint boards</u>
<u>3-5</u> BMP ID #	<u>Develop BMP strategies appropriate to Stow</u>	<u>same as above</u> Responsible Dept./Person Name	<u>Stow-appropriate structural BMP list presented &amp; distribud</u>
<u>4-5</u> BMP ID #	<u>Regulatory changes to address runoff</u>	<u>same as above</u> Responsible Dept./Person Name	<u>proposed bylaw and rule changes proposed by committ</u>
<u>5-5</u> BMP ID #	<u>Long-term maintenance of BMPs</u>	<u>Board of Selectmen</u> Responsible Dept./Person Name	<u>Town departments adopt plan</u> Specify Measurable Goal

6. Municipal Good Housekeeping:

<u>1-6</u> BMP ID #	<u>Pollution prevention plan for maintenance operations</u>	<u>Highway Department</u> Responsible Dept./Person Name	<u>Official adoption, posting &amp; train with accepted techniques</u>
<u>2-6</u> BMP ID #	<u>Develop inspection procedures of structural BMPs</u>	<u>Highway Department</u> Responsible Dept./Person Name	<u>Plan written and implemented</u> Specify Measurable Goal
<u>3-6</u> BMP ID #	<u>Formalize pollution controls for streets, lots, and yards</u>	<u>Highway Department</u> Responsible Dept./Person Name	<u>Plan written and implemented of annual catch basin cleaning</u>
<u>4-6</u> BMP ID #	<u>Year-round sweeping program</u> Specify Best Management Practice	<u>Highway Department</u> Responsible Dept./Person Name	<u>Plan written &amp; documentation of year-round street sweeping</u>
<u>5-6</u> BMP ID #	<u>Pollution prevention from ball field runoff</u>	<u>Recreation Comm</u> Responsible Dept./Person Name	<u>Include requirement in RFP to meet DEP standards</u>



**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) \_\_\_\_\_

**D. Stormwater Management Program Summary (cont.)**

7. BMPs for Meeting TMDL:

1-7 BMP ID # Install structural BMP at outfalls to Lake Boon	Highway Dept. Responsible Dept./Person Name	Survey and ID any outfalls to Lake Boon
2-7 BMP ID # Same Specify Best Management Practice	same Responsible Dept./Person Name	propose schedule of funding for structural BMPs
3-7 BMP ID # same Specify Best Management Practice	same Responsible Dept./Person Name	Install at least 1/3 of required BMPs
4-7 BMP ID # same Specify Best Management Practice	same Responsible Dept./Person Name	Install at least 2/3 of required BMPs
5-7 BMP ID # same Specify Best Management Practice	same Responsible Dept./Person Name	Complete installation of required BMPs

**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.

William Wrigley, Town Administrator

Printed Name

*William Wrigley*  
Signature

7/11/03  
Date



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)**

**F. Storm Water Management Program TIME FRAMES**

BMP ID #	PERMIT YEAR ONE		PERMIT YEAR TWO		PERMIT YEAR THREE		PERMIT YEAR FOUR			PERMIT YEAR FIVE			Next Permit											
	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			
1-1																								
2-1						X																		
3-1																								
4-1																								
5-1																								
1-2																								
2-2																								
3-2																								
4-2																								
5-2																								
1-3						X																		
2-3																								
3-3																								
4-3																								
5-3																								
1-4																								
2-4																								
3-4																								
4-4																								
5-4																								
1-5																								
2-5																								
3-5																								
4-5																								
5-5																								
1-6																								
2-6																								
3-6																								
4-6																								
5-6																								
1-7																								
2-7																								
3-7																								
4-7																								
5-7																								

Transmittal Number

Facility ID (if known)

Page 1 of 1