2009

W 041327
Transmittal Number

Facility ID (if known)

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)

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:

   VA Boston Healthcare System - Brockton Campus
   Name

   940 Belmont Street
   Mailing Address

   Brockton — City/Town
   MA — State

   (508) 583-4500 — Telephone Number
   Email (if available)

2. Municipality Name

   VA Boston Healthcare System - Brockton Campus
   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

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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
West Meadow Brook (Name)	1 (Number)	☐ Yes ☒ No	None (Specify)
West Coweeset Brook (Name)	1 (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
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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	Public Education Materials	ENGINEERING/PETER LOPES	Distribute brochure

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2	Call Center/Suggestion Box	ENGINEERING/PETER LOPES	Set up designated line or drop off box and inform public

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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	Storm Drain Map	ENGINEERING/PETER LOPES	Complete facility map

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
4	Regulatory Controls	ENGINEERING/PETER LOPES	Develop erosion & sediment control contract specifications

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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	Structural Stormwater Controls	ENGINEERING/PETER LOPES	Develop contract specifications for structural

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
6	Employee Training Program	ENGINEERING/PETER LOPES	Maintain employee training program

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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
7	Determine if pollutants needing TMDL are discharged	ENGINEERING/PETER LOPES	Inventory source areas and materials/outfall testing

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.

MICHAEL M. LAWSON, VA Boston Healthcare System Director
Printed Name

Signature

9/30/04
Date

3009

DEPARTMENT OF VETERANS AFFAIRS
VA BOSTON HEALTHCARE SYSTEM
SAFETY/INDUSTRIAL HYGIENE OFFICE (138S)
940 BELMONT STREET, BROCKTON MA 02301
508-583-4500 X1158/FAX #508-895-0138

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DATE: 30 Sept 04
TO: MA DEP, Ms Puleo
SENDER: VA BHS, Lelay Epley
SUBJECT: Permit for Brockton
#PAGES TO FOLLOW: 6
COMMENTS:

617 918 2064