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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)

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:

Name: COMMONWEALTH OF MASS.- JOANNE CIARDELLO

Mailing Address: 200 TRAPELO RD

City/Town: WALTHAM State: MASS.

Telephone Number: 781-8443600 Email (if available): JOANNE CIARDELLO STATE.MA.US

2. Municipality Name

City/Town: FERNALD DEVELOPMENTAL CENTER

3. Legal Status:

☐ Federal ☐ City/Town ☒ State ☐ Tribal ☐ Private

☐ Other public entity: Specify Public Entity

4. Other regulated MS4(s) within municipal boundaries:

N A

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: Name | Number | Listed as Impaired? | Impairment: Specify |
|---|---|---|---|
| CLEMATIS BROOKE | 1 | ☐ Yes ☒ No | |
| CHARLES RIVER | UNKNOWN | ☐ Yes ☒ No | |
| | | ☐ Yes ☐ No | |
| | | ☐ Yes ☐ No | |
| | | ☐ Yes ☐ No | |
| | | ☐ Yes ☐ No | |
| | | ☐ Yes ☐ No | |
| | | ☐ Yes ☐ No | |
| | | ☐ Yes ☐ No | |
| | | ☐ Yes ☐ No | |
| | | ☐ Yes ☐ No | |
| | | ☐ Yes ☐ No | |
| | | ☐ Yes ☐ No | |
| | | ☐ Yes ☐ No | |
| | | ☐ Yes ☐ No | |
| | | ☐ Yes ☐ No | |
| | | ☐ Yes ☐ No | |
| | | ☐ Yes ☐ No | |

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## D. Stormwater Management Program Summary

1. Public Education:

BMP ID # 1

Specify Best Management Practice: INFORMATIVE BULLETIN
Responsible Dept./Person Name: JOANNE CIARDELLO
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

2. Public Participation:

BMP ID # 2

Specify Best Management Practice: DEVELOP QUESTIONNAIRE
Responsible Dept./Person Name: JOANNE CIARDELLO
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

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

3. Illicit Discharge Detection and Elimination:

BMP ID # 3

Specify Best Management Practice: CHECK ALL OUTFALLS — Responsible Dept./Person Name: JOANNE CIARDELLO — 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

4. Construction Site Runoff Control:

BMP ID #

Specify Best Management Practice: NA — 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

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

5. Post Construction Runoff Control:

BMP ID # N A
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

6. Municipal Good Housekeeping:

BMP ID # 4
Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal

BMP ID #
TRAINING PROGRAM | JOANNE CARDELLO
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

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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 |
|---|---|---|---|
| 1 | INFORMATIONAL BULLETIN | JOANNE CIARDELLO | 10 % |
| 2 | DEVELOPE QUESTIONAIRE | JOANNE CIARDELLO | |
| 3 | CHECK ALL OUTFALLS | JOANNE CIARDELLO | 10 % |
| 4 | TRAINING PROGRAMS | JOANNE CIARDELLO | |
| | | | |

## 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.

Printed Name: JOSEPH M. Breen

Signature:

Date: 7/8/03

# *The Commonwealth of Massachusetts*

Executive Office of Health & Human Services
Department of Mental Retardation

**The Fernald Center**
200 Trapelo Road, Waltham, MA 02452-6302
Tel. (781) 894-3600 Fax (781) 398-0305

**Mitt Romney**
*Governor*

**Kerry Healey**
*Lieutenant Governor*

**Ronald Preston**
*Secretary*

**Gerald J. Morrissey, Jr.**
*Commissioner*

**Gail Gillespie**
*Regional Director*

**Joseph M. Breen**
*Acting Facility Director*

July 8, 2003

Department of Environmental Protection
P.O. Box 4062
Boston, MA 02211

Attn: Ms. Ginny Scarlett

RE: Notice of Intent
Stormwater General Permit
BRP WM 08A

Dear Ms. Scarlett:

Enclosed please find updated Form BRP WM 08A, Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems.

Please do not hesitate to call me at 781-894-3600, extension 2104 if you have any questions in this matter.

Very truly yours,

Joanne Ciardello

Joanne Ciardello
Operations Manager

Enclosure