

Part I: General Conditions

General Information

Name of Municipality or Organization: State:

EPA NPDES Permit Number (if applicable):

Primary MS4 Program Manager Contact Information

Name: Title:

Street Address Line 1:

Street Address Line 2:

City: State: Zip Code:

Email: Phone Number:

Fax Number:

Other Information

Stormwater Management Program (SWMP) Location (web address or physical location, if already completed):

Eligibility Determination

Endangered Species Act (ESA) Determination Complete? Eligibility Criteria (check all that apply): A B C

National Historic Preservation Act (NHPA) Determination Complete? Eligibility Criteria (check all that apply): A B C

Check the box if your municipality or organization was covered under the 2003 MS4 General Permit

MS4 Infrastructure (if covered under the 2003 permit)

Estimated Percent of Outfall Map Complete? If 100% of 2003 requirements not met, enter an estimated date of completion (MM/DD/YY):

Web address where MS4 map is published:

If outfall map is unavailable on the internet an electronic or paper copy of the outfall map must be included with NOI submission (see section V for submission options)

Regulatory Authorities (if covered under the 2003 permit)

Illicit Discharge Detection and Elimination (IDDE) Authority Adopted? <small>(Part II, III, IV or V, Subpart B.3.(b.) of 2003 permit)</small>	<input type="text" value="Yes"/>	Effective Date or Estimated Date of Adoption (MM/DD/YY):	<input type="text"/>
Construction/Erosion and Sediment Control (ESC) Authority Adopted? <small>(Part II,III,IV or V, Subpart B.4.(a.) of 2003 permit)</small>	<input type="text" value="No"/>	Effective Date or Estimated Date of Adoption (MM/DD/YY):	<input type="text" value="12/01/19"/>
Post- Construction Stormwater Management Adopted? <small>(Part II, III, IV or V, Subpart B.5.(a.) of 2003 permit)</small>	<input type="text" value="No"/>	Effective Date or Estimated Date of Adoption (MM/DD/YY):	<input type="text" value="12/01/19"/>

Notice of Intent (NOI) for coverage under Small MS4 General Permit

Part II: Summary of Receiving Waters

Please list the waterbodies to which your MS4 discharges. For each waterbody, please report the number of outfalls discharging into it and, if applicable, the segment ID and any impairments.

Massachusetts list of impaired waters: [Massachusetts 2014 List of Impaired Waters- http://www.mass.gov/eea/docs/dep/water/resources/07v5/14list2.pdf](http://www.mass.gov/eea/docs/dep/water/resources/07v5/14list2.pdf)

Waterbody that receives flow from the MS4 and segment ID if applicable	Number of outfalls into receiving water segment	Chloride	Chlorophyll-a	Dissolved Oxygen/ DO Saturation	Nitrogen	Oil & Grease/ PAH	Phosphorus	Solids/ TSS/ Turbidity	E. coli	Enterococcus	Other pollutant(s) causing impairments
Mattapoisett Harbor (MA 95-35, Cat 5)	32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fecal Coliform
Eel Pond (MA 95-61, Cat 5)	61	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fecal Coliform
Mattapoisett River (MA 95-60, Cat 4a)	36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fecal Coliform
Mattapoisett River (MA 95-36, Cat 3)	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hiller Cove (MA 95-10, Cat 4a)	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fecal Coliform
Aucoot Cove (MA 95-09, Cat 2)	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Aucoot Cove (MA 95-71, Cat 5)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fecal Coliform
Coastal1	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Coastal2	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Click to lengthen table

Notice of Intent (NOI) for coverage under Small MS4 General Permit

Part III: Stormwater Management Program Summary

Identify the Best Management Practices (BMPs) that will be employed to address each of the six Minimum Control Measures (MCMs). For municipalities/organizations whose MS4 discharges into a receiving water with an approved Total Maximum Daily Load (TMDL) and an applicable waste load allocation (WLA), identify any additional BMPs employed to specifically support the achievement of the WLA in the TMDL section at the end of part III.

For each MCM, list each existing or proposed BMP by category and provide a brief description, responsible parties/departments, measurable goals, and the year the BMP will be employed (public education and outreach BMPs also requires a target audience). **Use the drop-down menus in each table or enter your own text to override the drop down menu.**

MCM 1: Public Education and Outreach

BMP Media/Category (enter your own text to override the drop down menu)	BMP Description	Targeted Audience	Responsible Department/Parties (enter your own text to override the drop down menu)	Measurable Goal	Beginning Year of BMP Implementation
Brochures/Pamphlets		Residents	Board of Selectman		2019
Brochures/Pamphlets		Businesses, Institutions and Commercial Facilities	Board of Selectman		2019
Brochures/Pamphlets		Developers (construction)	Board of Selectman		2019
Brochures/Pamphlets		Industrial Facilities	Board of Selectman		2019
Web Page		Residents	Board of Selectman		2019
Web Page		Businesses, Institutions and Commercial Facilities	Board of Selectman		2019
Web Page		Developers (construction)	Board of Selectman		2019
Web Page		Industrial Facilities	Board of Selectman		2019

Notice of Intent (NOI) for coverage under Small MS4 General Permit

Part III: Stormwater Management Program Summary (continued)

MCM 3: Illicit Discharge Detection and Elimination (IDDE)

BMP Categorization (enter your own text to override the drop down menu)	BMP Description	Responsible Department/Parties (enter your own text to override the drop down menu)	Measurable Goal (all text can be overwritten)	Beginning Year of BMP Implementation
SSO inventory	Develop SSO inventory in accordance of permit conditions	Water Department	Complete within 1 year of effective date of permit	2019
Storm sewer system map	Create map and update during IDDE program completion	Highway Department	Update map within 2 years of effective date of permit and complete full system map 10 years after effective date of permit	2019
Written IDDE program	Create written IDDE program	Board of Selectman , Highway Department	Complete within 1 year of the effective date of permit and update as required	2019
Implement IDDE program	Implement catchment investigations according to program and permit conditions	Board of Selectman , Highway Department	Complete 10 years after effective date of permit	2023
Employee training	Train employees on IDDE implementation	Town Administrator	Train annually	2019
Conduct dry weather screening	Conduct in accordance with outfall screening procedure and permit conditions	Town Administrator, Highway Department	Complete 3 years after effective date of permit	2021
Conduct wet weather screening	Conduct in accordance with outfall screening procedure	Town Administrator, Highway Department	Complete 10 years after effective date of permit	2023
Ongoing screening	Conduct dry weather and wet weather screening (as necessary)	Town Administrator, Highway Department	Complete ongoing outfall screening upon completion of IDDE program	2019

Notice of Intent (NOI) for coverage under Small MS4 General Permit

Part III: Stormwater Management Program Summary *(continued)*

MCM 4: Construction Site Stormwater Runoff Control

BMP Categorization <small>(enter your own text to override the drop down menu or entered text)</small>	BMP Description	Responsible Department/Parties <small>(enter your own text to override the drop down menu)</small>	Measurable Goal <small>(all text can be overwritten)</small>	Beginning Year of BMP Implementation
Site inspection and enforcement of Erosion and Sediment Control (ESC) measures	Complete written procedures of site inspections and enforcement procedures	Highway Department, Planning Board, Conservation Commission	Complete within 1 year of the effective date of permit	2019
Site plan review	Complete written procedures of site plan review and begin implementation	Planning Board	Complete within 1 year of the effective date of permit	2019
Erosion and Sediment Control	Adoption of requirements for construction operators to implement a sediment and erosion control program	Highway Department, Planning Board, Conservation Commission	Complete within 1 year of the effective date of permit	2019
Waste Control	Adoption of requirements to control wastes, including but not limited to, discarded building materials, concrete truck wash out, chemicals, litter, and sanitary wastes	Highway Department, Conservation Commission, Board of Health	Complete within 1 year of the effective date of permit	2019

Notice of Intent (NOI) for coverage under Small MS4 General Permit

Part III: Stormwater Management Program Summary (continued)

MCM 5: Post-Construction Stormwater Management in New Development and Redevelopment

BMP Categorization (enter your own text to override the drop down menu or entered text)	BMP Description	Responsible Department/Parties (enter your own text to override the drop down menu)	Measurable Goal (all text can be overwritten)	Beginning Year of BMP Implementation
As-built plans for on-site stormwater control	The procedures to require submission of as-built drawings and ensure long term operation and maintenance will be a part of the SWMP	Planning Board, Conservation Commission, Building Department	Require submission of as-built plans for completed projects	2019
Target properties to reduce impervious areas	Identify at least 5 permittee-owned properties that could be modified or retrofitted with BMPs to reduce impervious areas and update annually	Regional organization to collaborate with other municipalities	Complete 4 years after effective date of permit and report annually on retrofitted properties	2021
Allow green infrastructure	Develop a report assessing existing local regulations to determine the feasibility of making green infrastructure practices allowable when appropriate site conditions exist	Town Administrator	Complete 4 years after effective date of permit and implement recommendations of report	2021
Street design and parking lot guidelines	Develop a report assessing requirements that affect the creation of impervious cover. The assessment will help determine if changes to design standards for streets and parking lots can be modified to support low impact design options.	Planning Board	Complete 4 years after effective date of permit and implement recommendations of report	2021

Notice of Intent (NOI) for coverage under Small MS4 General Permit

Part III: Stormwater Management Program Summary (continued)

MCM 6: Municipal Good Housekeeping and Pollution Prevention

BMP Categorization <small>(enter your own text to override the drop down menu or entered text)</small>	BMP Description	Responsible Department/Parties <small>(enter your own text to override the drop down menu)</small>	Measurable Goal <small>(all text can be overwritten)</small>	Beginning Year of BMP Implementation
O&M procedures	Create written O&M procedures including all requirements contained in 2.3.7.a.ii for parks and open spaces, buildings and facilities, and vehicles and equipment	All Town Departments	Complete and implement 2 years after effective date of permit	2020
Inventory all permittee-owned parks and open spaces, buildings and facilities, and vehicles and equipment	Create inventory	All Town Departments	Complete 2 years after effective date of permit and implement annually	2020
Infrastructure O&M	Establish and implement program for repair and rehabilitation of MS4 infrastructure	All Town Departments	Complete 2 years after effective date of permit	2020
Stormwater Pollution Prevention Plan (SWPPP)	Create SWPPPs for maintenance garages, transfer stations, and other waste-handling facilities	All Town Departments	Complete and implement 2 years after effective date of permit	2020
Catch basin cleaning	Establish schedule for catch basin cleaning such that each catch basin is no more than 50% full and clean catch basins on that schedule	Highway Department	Clean catch basins on established schedule and report number of catch basins cleaned and volume of material moved annually	2019
Street sweeping program	Sweep all streets and permittee-owned parking lots in accordance with permit conditions	Highway Department	Sweep all streets and permittee-owned parking lots once per year in the spring	2019
Road salt use optimization program	Establish and implement a program to minimize the use of road salt	Highway Department	Implement salt use optimization during deicing season	2019

Part IV: Notes and additional information

Use the space below to indicate the part(s) of 2.2.1 and 2.2.2 that you have identified as not applicable to your MS4 because you do not discharge to the impaired water body or a tributary to an impaired water body due to nitrogen or phosphorus. Provide all supporting documentation below or attach additional documents if necessary. Also, provide any additional information about your MS4 program below.

Click to add text

Part V: 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.

Name:

Title:

Signature:

Date:

[To be signed according to Appendix B, Subparagraph B.11, Standard Conditions]

Note: When prompted during signing, save the document under a new file name

NOI Submission

Please submit the form electronically via email using the "Submit by Email" button below or send in a CD with your completed NOI. You may also print and submit via mail using the address below if you choose not to submit electronically. The outfall map required in Part I of the NOI (if applicable) can be submitted electronically as an email attachment OR as a paper copy.

Permittees that choose to submit their NOI electronically by email or by mailing a CD with the completed NOI form to EPA, will be able to download a partially filled Year 1 Annual Report at a later date from EPA. (40 CFR 122.22)

Submit by email using this button. Or, send an email with attachments to: stormwater.reports@epa.gov

Save NOI for your records

EPA Submittal Address:

United States Environmental Protection Agency
 5 Post Office Square - Suite 100
 Mail Code - OEP06-1
 Boston, Massachusetts 02109-3912
 ATTN: Newton Tedder

State Submittal Address:

Massachusetts Department of Environmental Protection
 One Winter Street - 5th Floor
 Boston, MA 02108
 ATTN: Fred Civian