

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)**

2/17/04
received 21004706
Transmittal Number

MA R042032
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:

Massasoit Community College

Name

One Massasoit Boulevard

Mailing Address

Brockton

City/Town

(508) 588-9100

Telephone Number

508/588-9100 ext. 1168

Contact - Rocco Richardi

MA

State

Email (if available)

2. Municipality Name

Brockton

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:

Town of Brockton

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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Notice of Intent for Discharges from Small Municipal Separate
Storm Sewer Systems (MS4s)

21004706
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
Beaver Brook	7	☐ Yes ☒ No	Specify
Name	Number		
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
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
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Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify



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Storm Sewer Systems (MS4s)

Facility ID (if known)

D. Stormwater Management Program Summary

1. Public Education:

1A

BMP ID #

Article in College Newspaper
Specify Best Management Practice

John Lebica

Responsible Dept./Person Name

1 article every permit year

Specify Measurable Goal

1B

BMP ID #

Webpage Development
Specify Best Management Practice

John Lebica

Responsible Dept./Person Name

Webpage up and running year 2

Specify Measurable Goal

2

BMP ID #

Television Ad
Specify Best Management Practice

John Lebica

Responsible Dept./Person Name

Develop ad during first year of
permit and continue airing at a
reasonable frequency during
duration of permit

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:

3

BMP ID #

Litter Reduction Program
Specify Best Management Practice

Facilities Department

Responsible Dept./Person Name

100 man-hours committed to
litter removal each permit year

4

BMP ID #

Student Make a Difference
Day

John Lebica

Responsible Dept./Person Name

Two (2) events per year

Specify Measurable Goal

5

BMP ID #

Catchbasin Stenciling
Specify Best Management Practice

John Lebica

Responsible Dept./Person Name

Contest for design of the stencil
during the first permit year. 50%
catchbasins stenciled during
second year and 50% during the
third year. Inspect 5th year to
identify need to re-stencil.

Specify Measurable Goal



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**Notice of Intent for Discharges from Small Municipal Separate
Storm Sewer Systems (MS4s)**

21004706
Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

6

BMP ID #

Wastewater Discharge
Inspection

Specify Best Management Practice

John Lebica

Responsible Dept./Person Name

Inspection during the 1st, 3rd, 5th
years of permit. Elimination
during 2nd and 4th years.

Specify Measurable Goal

7

BMP ID #

Dry Discharge Detection

Specify Best Management Practice

John Lebica

Responsible Dept./Person Name

Inspection during the each year
of permit

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:

8A

BMP ID #

Review all construction
activities and Site Plans

Specify Best Management Practice

John Lebica

Responsible Dept./Person Name

Review 100% of construction
projects

Specify Measurable Goal

8B

BMP ID #

Inspect and Enforce Erosion
and Sediment Controls

Specify Best Management Practice

John Lebica

Responsible Dept./Person Name

Weekly Inspections of
construction projects

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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Notice of Intent for Discharges from Small Municipal Separate
Storm Sewer Systems (MS4s)

2100 4706
Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

9

BMP ID #

Review of Completed
Construction Activities

Specify Best Management Practice

John Lebica

Responsible Dept./Person Name

Annual Inspections

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:

10

BMP ID #

Catch Basin Clean-Out

Specify Best Management Practice

John Lebica

Responsible Dept./Person Name

Inspection and clean-out once
per permit year.

Specify Measurable Goal

11

BMP ID #

Preparation of SPPP

Specify Best Management Practice

John Lebica

Responsible Dept./Person Name

Prepare SPPP first year.
Conduct Inspections Semi-
annual inspections each
subsequent permit year

Specify Measurable Goal

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal



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Storm Sewer Systems (MS4s)

Facility ID (if known)

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

X -Not

Applicable

Beaver Brook does not have a
TMDL

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.

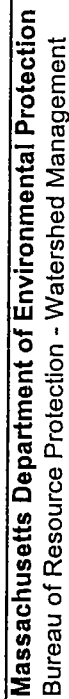
John T. Lebica

Printed Name

Signature

Date

9/18/03



**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

[illegible]

8/27/04
received

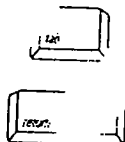
42032

For Coverage Under the NPDES General Permit
for Storm Water 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 NPDES General Permit issued by EPA for storm water 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, and 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 of the information required on this Notice of Intent form and the separate Storm Water Management Program (SWMP) Implementation Schedule form (Excel Spreadsheet), must be completed. Please read the permit and make sure you comply with all requirements, including the requirement to develop and implement a storm water management program.

B. Applicant Information

1. Small MS4 Operator/Owner Information:

Massasoit Community College-Contact Rocco Richardi

Name

1 Massasoit Blvd.

Mailing Address

Brockton

City/Town

508-588-9100 xt. 1168

Telephone Number

Ma 02302

State and Zip Code

rrichardi@massasoit.mass.edu

Email (if available)

2. Municipality Name

Brockton

City/Town

3. Legal Status:

☐ Federal

☐ City/Town

☒ State

☐ County

☐ Private

☐ Other public entity:

Specify Public Entity

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

City of Brockton

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.)

NOTICE OF INTENT

**For Coverage Under the NPDES General Permit
for Storm Water Discharges from
Small Municipal Separate Storm Sewer Systems (MS4s)**



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
<u>Beaver Brook</u>	<u>7</u>	☐ 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 _____
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 _____
Name _____	Number _____	☐ Yes ☐ No	Specify _____
Name _____	Number _____	☐ Yes ☐ No	Specify _____

D. Storm Water Management Program Summary

For Coverage Under the NPDES General Permit
for Storm Water Discharges from
Small Municipal Separate Storm Sewer Systems (MS4s)



1. Public Education:

<u>1A</u>		
BMP ID #		
College Newspaper Articles Facilities/Rocco Richardi Quarterly Articles		
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>1B</u>		
BMP ID #		
Active Web Page	Facilities/Rocco Richardi Web page up and running	
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>2</u>		
BMP ID #		
Television Awareness Adds Facilities/Rocco Richardi Second year of adds		
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>BMP ID #</u>		
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>BMP ID #</u>		
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

2. Public Participation:

<u>3</u>		
BMP ID #		
Litter Control Program		
Specify Best Management Practice		
<u>4</u>		
BMP ID #		
Student Awareness Day		
Specify Best Management Practice		
<u>5</u>		
BMP ID #		
Recycling Program		
Specify Best Management Practice		
Paper and cardboard		
BMP ID #		
Specify Best Management Practice		
<u>BMP ID #</u>		
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

From here on
(section 2)
not entered into
MS4 database

plemented 200 man hours
of litter pickup

events a year

kly Pickup

feasurable Goal

D. Storm Water Management Program Summary (Cont.)

NOTICE OF INTENT

For Coverage Under the NPDES General Permit for Storm Water Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)



3. Illicit Discharge Detection and Elimination:

6

BMP ID #

Catchbasin cleaning

Specify Best Management Practice

Facilities/Rocco Richardi

Yearly

Responsible Dept./Person Name

Specify Measurable Goal

7

BMP ID #

Wastewater discharge

Specify Best Management Practice

Facilities/Rocco Richardi

past 5 permits inspection done

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:

8A

BMP ID #

Review all construction

Specify Best Management Practice

Facilities/Rocco Richardi

Review 100% of construction projects

Responsible Dept./Person Name

Specify Measurable Goal

8B

BMP ID #

Inspect and Enforce Erosion and Sediment Controls

Specify Best Management Practice

Facilities/Rocco Richardi

Weekly Inspections of construction projects

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

D. Storm Water Management Program Summary (Cont.)

**For Coverage Under the NPDES General Permit
for Storm Water Discharges from
Small Municipal Separate Storm Sewer Systems (MS4s)**



5. Post Construction Runoff Control:

9

BMP ID #
**Review of Completed
Construction Activities**

Facilities/Rocco Richardi

Annual Inspections

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:

10

BMP ID #

Catchbasin Clean-out

Facilities/Rocco Richardi

**Inspection and clean-out
once permit year**

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

11

BMP ID #

Preparation of SPPP

Facilities/Rocco Richardi

Prepare SPPP first year

Specify Best Management Practice

Responsible Dept./Person Name

**Conduct inspections Semi-
annual inspections each
subsequent permit year**

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

D. Stormwater Management Program Summary (cont.)

**For Coverage Under the NPDES General Permit
for Storm Water Discharges from
Small Municipal Separate Storm Sewer Systems (MS4s)**



7. BMPs for Meeting Requirements of Part I.C. (Discharges to Water Quality Impaired Waters) and Part I.D. (Total Maximum Daily Load Allocations):

X-Not Applicable

BMP ID # Beaver Brook does not have a TMDL

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
BMP ID # _____		

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.

Rocco RICHARDI
Printed Name
Rocco Richardi
Signature

8/9/04
Date