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)

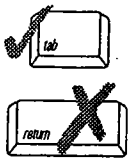
0078 12/18/03 Received

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	No. of Outfalls	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	
			☐ Yes ☐ No	

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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	INFORMATIVE BULLETIN	JOANNE CIARDELLO	

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2	DEVELOP QUESTIONNIRE	JOANNE CIARDELLO	

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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	CHECK ALL OUTFALLS	JOANNE CIARDELLO	

4. Construction Site Runoff Control:

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

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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
NA			

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
4			
	TRAINING PROGRAM	JOANNE CIARDELLO	

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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
Operations Manager

Enclosure