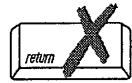
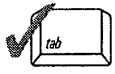


**BRP WM 08A NPDES Stormwater General Permit**  
**Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)**

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:

Town of Oxford  
Name  
325 Main Street  
Mailing Address  
Oxford MA  
City/Town State  
508-987-6006  
Telephone Number Email (if available)

2. Municipality Name

Oxford  
City/Town

3. Legal Status:

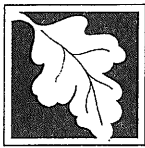
Federal       City/Town       State       Tribal       Private  
 Other public entity: \_\_\_\_\_  
Specify Public Entity

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

State Highway Maintenance Depot – Located at Exit 5 on Rte. 395

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



**BRP WM 08A NPDES Stormwater General Permit**  
**Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)**

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**B. Applicant Information (cont.)**

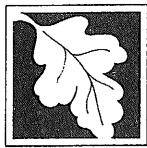
6. Based on the instructions provided in Part I of the NPDES Small MS4 General Permit, have the eligibility criteria for protection of historic properties been met?

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
Swale to unnamed wetland to golf course pond Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Outfalls to wetland to Texas Pond Name	4 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Noxious Aquatic Plants Specify
Outfalls to wetland to French River Name	8 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Metals Specify
French River Name	21 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Metals Specify
Outfalls to intermittent stream to French River Name	7 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Metals Specify
Outfall to State drainage system (400 feet south of Clover Street and Rte. 12) Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Outfall to State drainage system (End of Harvard Street off of Old Worcester Road) Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Outfall to State drainage system (Industrial Park West at Rte. 12) Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Outfall to State drainage system (Norwood Court at Rte 12) Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Swale to piped outfall to unnamed pond to French River Name	1 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Metals Specify



**BRP WM 08A** NPDES Stormwater General Permit

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

Facility ID (if known)

**C. Names of (Presently Known) Receiving Waters (cont.)**

Outfall to swale to intermittent stream to wetland to Little River in the Town of Charlton Name	1 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Metals Specify
Carbuncle Pond Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Wellington Brook Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Swales to wetland to Wellington Brook Name	4 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Outfalls to intermittent streams to wetland to Wellington Brook Name	4 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Little River Name	1 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Metals Specify
Swale to intermittent stream to wetland to Little River Name	3 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Metals Specify
Hudson Pond Name	1 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Noxious Aquatic Plants Specify
Outfalls to intermittent stream to Hudson Pond Name	1 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Noxious Aquatic Plants Specify
Outfalls to intermittent stream to Eames Pond Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Swales to McKinstry Pond Name	2 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Noxious Aquatic Plants Specify
Outfalls to McKinstry Pond Name	2 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Noxious Aquatic Plants Specify
Outfall to unnamed pond to swale to wetland to McKinstry Pond Name	1 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Noxious Aquatic Plants Specify
Outfall to Barren Hollow Stream Name	4 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Outfalls to wetland to Lowes Pond Name	5 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Noxious Aquatic Plants Specify
Lowes Pond Name	3 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Noxious Aquatic Plants Specify
Lowes Brook Name	5 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify



**BRP WM 08A NPDES Stormwater General Permit**

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

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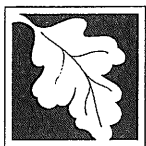
**C. Names of (Presently Known) Receiving Waters (cont.)**

<u>Swales to Lowes Brook</u> Name	<u>3</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Outfalls to wetland to Lowes Brook</u> Name	<u>8</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Swale to intermittent stream to Buffumville Lake in the Town of Charlton</u> Name	<u>1</u> Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Noxious Aquatic Plants</u> Specify
<u>Outfall to unnamed wetland (Federal Hill Road near the airport by pole #54)</u> Name	<u>1</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Outfall to unnamed wetland (Linwood Street at Colony Avenue)</u> Name	<u>1</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Outfall to unnamed wetland (Industrial Park East on Town Forest Road at cul-de-sac)</u> Name	<u>1</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Outfalls to intermittent streams to Robinson Pond</u> Name	<u>3</u> Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Noxious Aquatic Plants</u> Specify

**D. Stormwater Management Program Summary**

1. Public Education:

<u>1A</u> BMP ID #	<u>Develop Stormwater Section of Town Website</u> Specify Best Management Practice	<u>Highway Department and Town Website Manager(s)</u> Responsible Dept./Person Name	<u>Measure number of hits annually.</u> Specify Measurable Goal
<u>1B</u> BMP ID #	<u>Develop and Broadcast Stormwater Presentation on Local Cable Network</u> Specify Best Management Practice	<u>Highway Department and Conservation Commission</u> Responsible Dept./Person Name	<u>Cable TV tapes of shows.</u> Specify Measurable Goal
<u>1C</u> BMP ID #	<u>Distribute Brochures and Fact Sheets to Businesses and Residents</u> Specify Best Management Practice	<u>Highway Department and Conservation Commission</u> Responsible Dept./Person Name	<u>Number of articles and copies of materials.</u> Specify Measurable Goal



**BRP WM 08A NPDES Stormwater General Permit**  
**Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)**

Facility ID (if known)

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

<u>1D</u> BMP ID #		
<u>Develop Stormwater Management Video</u> Specify Best Management Practice	<u>Highway Department and Conservation Commission</u> Responsible Dept./Person Name	<u>Number of rentals.</u> Specify Measurable Goal

<u>1E</u> BMP ID #		
<u>Develop a Poster Display Regarding Stormwater Issues</u> Specify Best Management Practice	<u>Highway Department and Conservation Commission</u> Responsible Dept./Person Name	<u>List of display locations.</u> Specify Measurable Goal

2. Public Participation:

<u>2A</u> BMP ID #		
<u>Mark Storm Drains with Buttons or Stencils</u> Specify Best Management Practice	<u>Highway Department, Conservation Commission, and Volunteers</u> Responsible Dept./Person Name	<u>50 % of storm drains marked by year 5 with door hangers placed in associated neighborhoods.</u> Specify Measurable Goal

<u>2B</u> BMP ID #		
<u>Establish a Storm Water Telephone Hotline</u> Specify Best Management Practice	<u>Highway Department and Town Website Manager(s)</u> Responsible Dept./Person Name	<u>Record number of phone calls to hotline, copies of articles.</u> Specify Measurable Goal

<u>2C</u> BMP ID #		
<u>Conduct River, Stream, and Pond Cleanups</u> Specify Best Management Practice	<u>Highway Department, Conservation Commission, and Volunteers</u> Responsible Dept./Person Name	<u>Cleaner streams as documented by before and after photographs.</u> Specify Measurable Goal

<u>2D</u> BMP ID #		
<u>Establish a Native Tree and Shrub Planting Program</u> Specify Best Management Practice	<u>Highway Department, Conservation Commission, and Volunteers</u> Responsible Dept./Person Name	<u>Record the number, location and kind of tree or shrub planted.</u> Specify Measurable Goal

<u>2E</u> BMP ID #		
<u>Establish a Classroom Education Program</u> Specify Best Management Practice	<u>Conservation Commission</u> Responsible Dept./Person Name	<u>Classroom education program implemented by year 5.</u> Specify Measurable Goal

<u>2F</u> BMP ID #		
<u>Prepare Press Releases</u> Specify Best Management Practice	<u>Highway Department and Conservation Commission</u> Responsible Dept./Person Name	<u>Copies of press articles.</u> Specify Measurable Goal



**BRP WM 08A NPDES Stormwater General Permit**  
**Notice of Intent for Discharges from Small Municipal Separate**  
**Storm Sewer Systems (MS4s)**

Facility ID (if known)

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

3. Illicit Discharge Detection and Elimination:

<u>3A</u> BMP ID # Develop Town Storm Drain Outfall Map Specify Best Management Practice	Highway Department, Planner/Engineer, Outside Resources (possibly Worcester Polytech) Responsible Dept./Person Name	All outfalls mapped by year 5. Specify Measurable Goal
<u>3B</u> BMP ID # Develop Illicit Discharge Prohibition Ordinance Specify Best Management Practice	Planning Board and Board of Health Responsible Dept./Person Name	Obtain authorization to control inputs to the municipal drainage system. Bylaw at Town meeting by end of year 2. Specify Measurable Goal
<u>3C</u> BMP ID # Develop Illicit Discharge Detection and Elimination Plan and Implement Activities Specify Best Management Practice	Highway Department, Planning Board, and Board of Health Responsible Dept./Person Name	All outfalls examined by year 4. Sources traced and conclusion documented within one year of discovery. Specify Measurable Goal
<u>3D</u> BMP ID # Incorporate Information on Illicit Discharges into Public Education and Outreach Topics Specify Best Management Practice	Board of Health Responsible Dept./Person Name	Copies of materials. Specify Measurable Goal
<u>3E</u> BMP ID # Identify Department to Take Stormwater Calls Specify Best Management Practice	Highway Department and Board of Health Responsible Dept./Person Name	Log of complaints and actions taken. Specify Measurable Goal

4. Construction Site Runoff Control:

<u>4A</u> BMP ID # Develop Erosion Control Regulation Specify Best Management Practice	Planning Board, Board of Health, and Conservation Commission Responsible Dept./Person Name	Bylaw at Town meeting by end of year 3. Specify Measurable Goal
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**BRP WM 08A** NPDES Stormwater General Permit  
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Facility ID (if known)

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

<u>4B</u> BMP ID #	<u>Planning Board, Highway Department, and Consultant</u> Responsible Dept./Person Name	<u>Inspection checklist and documented inspections.</u> Specify Measurable Goal
<u>Conduct Inspections for Erosion Controls</u> Specify Best Management Practice		
<u>4C</u> BMP ID #	<u>Planning Board and Highway Department</u> Responsible Dept./Person Name	<u>Record number of phone calls to hotline, copies of advertisements.</u> Specify Measurable Goal
<u>Identify Department to Take Stormwater Calls</u> Specify Best Management Practice		

5. Post Construction Runoff Control:

<u>5A</u> BMP ID #	<u>Planning Board and Selectmen</u> Responsible Dept./Person Name	<u>Bylaw at Town meeting by end of year 2.</u> Specify Measurable Goal
<u>Develop BMP Regulation</u> Specify Best Management Practice		
<u>5B</u> BMP ID #	<u>Planning Board, Highway Department, and Consultant</u> Responsible Dept./Person Name	<u>Retain copies of maintenance reports received annually, plus records of inspections completed and results.</u> Specify Measurable Goal
<u>Develop and Implement Inspection Program</u> Specify Best Management Practice		

6. Municipal Good Housekeeping:

<u>6A</u> BMP ID #	<u>Highway Department</u> Responsible Dept./Person Name	<u>Clean all catch basins.</u> Specify Measurable Goal
<u>Clean Catch Basins</u> Specify Best Management Practice		
<u>6B</u> BMP ID #	<u>Highway Department</u> Responsible Dept./Person Name	<u>Priority plan of sweeping based on water quality impact. Volume of sweepings collected.</u> Specify Measurable Goal
<u>Sweep Streets in Town</u> Specify Best Management Practice		
<u>6C</u> BMP ID #	<u>Highway Department</u> Responsible Dept./Person Name	<u>Written schedule and records of inspections and maintenance.</u> Specify Measurable Goal
<u>Develop an Inspection and Maintenance Plan</u> Specify Best Management Practice		



**BRP WM 08A** NPDES Stormwater General Permit  
Notice of Intent for Discharges from Small Municipal Separate  
Storm Sewer Systems (MS4s)

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

6D

BMP ID #

Continue Existing Pollution  
Prevention and Good  
Housekeeping Practices at the  
Highway Garage  
Specify Best Management Practice

Highway Department  
Responsible Dept./Person Name

Ensure existing practices are  
continued.  
Specify Measurable Goal

6E

BMP ID #

Evaluate Alternative Vehicle  
Washing Options at the  
Highway Garage  
Specify Best Management Practice

Highway Department and  
Consultant  
Responsible Dept./Person Name

New method for handling  
vehicle wash water at the site  
by the end of year 2.  
Specify Measurable Goal

6F

BMP ID #

Evaluate Pollution Prevention  
BMPs for the Fueling Station at  
the Highway Garage  
Specify Best Management Practice

Highway Department and  
Consultant  
Responsible Dept./Person Name

As-built sketches or plans and  
photos.  
Specify Measurable Goal

6G

BMP ID #

Evaluate Municipal Facilities  
Throughout Town for Potential  
Stormwater Impacts  
Specify Best Management Practice

Highway Department and  
Consultant  
Responsible Dept./Person Name

As-built sketches or plans and  
photos.  
Specify Measurable Goal

6H

BMP ID #

Ensure Proper Waste Disposal  
in Town for Hazardous and  
Special Wastes  
Specify Best Management Practice

Highway Department and  
Board of Health  
Responsible Dept./Person Name

Document quantity of wastes  
collected annually.  
Specify Measurable Goal

6I

BMP ID #

Ensure Water Quality  
Improvements are Considered  
for Flood Projects.  
Specify Best Management Practice

Highway Department  
Responsible Dept./Person Name

Records of Flood Control  
Projects  
Specify Measurable Goal

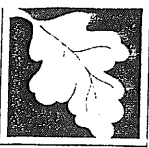
6J

BMP ID #

Conduct Town Employee  
Stormwater Training  
Specify Best Management Practice

Town Administrator, Highway  
Department, Police and Fire  
Departments, and Consultant  
Responsible Dept./Person Name

Attendance sheet and copy of  
program.  
Specify Measurable Goal



**BRP WM 08A** NPDES Stormwater General Permit  
Notice of Intent for Discharges from Small Municipal Separate  
Storm Sewer Systems (MS4s)

Facility ID (if known)

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

7. BMPs for Meeting TMDL:

7A

BMP ID #

Develop a Water Quality  
Strategy for 303d Waters  
Specify Best Management Practice

Town Engineer & Consultant  
Responsible Dept./Person Name

Summary of existing pollution  
prevention efforts, future  
needs, and responsible  
parties. Copy of surface water  
quality strategic plan.

Specify Measurable Goal

7B

BMP ID #

Implement BMPs from Water  
Quality Strategy  
Specify Best Management Practice

Town Engineer, Consultant, &  
Town Departments (to be  
determined)  
Responsible Dept./Person Name

Photographs, logs, and BMP  
descriptions for completed  
efforts and water quality  
improvements.

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.

Dennis A. Power, Town Manager

Printed Name

*Dennis A. Power*  
Signature

30 Jul 03  
Date