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Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Watershed Management

W 041143
Transmittal Number

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 Scituate
Name

600 Chief Justice Cushing Highway
Mailing Address

Scituate
City/Town

MA
State

781-545-8731
Telephone Number

Email (if available)

2. Municipality Name

Scituate
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:

None

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

JUL 31 2003
MUNICIPAL ASSISTANCE UNIT



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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
Eastern tributary to estuary of Briggs Harbor	2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Musquashicut Pond	10	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Noxious Aquatic Plants
Name	Number		Specify
Musquashicut Brook	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name	Number		
Hutters Pond	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name	Number		
Bound Brook	4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name	Number		
Tilden Brook	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name	Number		
Conihasset Brook	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name	Number		
Headwaters to Newcomb Brook	2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name	Number		
Northern Egypt Ave. Pond (Chain Ponds)	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name	Number		
Satuit Brook	9	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name	Number		
Northern tributary to Satuit Brook crossing Lawson Rd.	2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name	Number		
Scituate Harbor	9	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens
Name	Number		Specify
Big Creek	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name	Number		
Doctor's Brook	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name	Number		
Pyncheon Hill Brook	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name	Number		
First Herring Brook	4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name	Number		
Old Oaken Bucket Pond	1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Noxious Aquatic Plants, Turbidity
Name	Number		
See Attachment		<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number		



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D. Stormwater Management Program Summary

1. Public Education:

1A

BMP ID #

Develop Stormwater Section
of Town Website

Town Website Manager

Responsible Dept./Person Name

Measure number of hits twice
per year

1B

BMP ID #

Distribute Fact Sheets to
Businesses and Residences

DPW, Conservation

Responsible Dept./Person Name

Copies of the materials

Specify Measurable Goal

1C

BMP ID #

Develop a Poster Display
Regarding Stormwater Issues

DPW, Conservation

Responsible Dept./Person Name

List of display locations

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:

2A

BMP ID #

Mark Storm Drains with
Stencils During Cleaning

DPW

Responsible Dept./Person Name

10% of Storm Drains Marked
by Year 1

2B

BMP ID #

Conduct River, Stream, and
Pond Cleanups

Volunteer Groups

Responsible Dept./Person Name

Cleaner streams documented
by before and after photos

2C

BMP ID #

Establish a Stormwater
Telephone Hotline

DPW

Responsible Dept./Person Name

Record number of phone calls
to hotline, copies of articles.

2D

BMP ID #

Public Meetings to Discuss
Stormwater Issues

DPW, Conservation

Responsible Dept./Person Name

Minutes from each meeting
(annual)

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:

3A

BMP ID #

Develop Town Storm Drain
Outfall GIS Map

DPW

Responsible Dept./Person Name

Entire system mapped and
outfall locations verified

3B

BMP ID #

Develop Illicit Discharge
Detection and Elimination Plan

DPW

Responsible Dept./Person Name

30% of all outfalls will be
sampled by year 2

3C

BMP ID #

Develop Illicit Discharge
Prohibition Ordinance

DPW, BOH

Responsible Dept./Person Name

Bylaw at Town meeting by end
of year 3.

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:

4A

BMP ID #

Develop Erosion Control
Regulation

DPW

Responsible Dept./Person Name

Bylaw at Town Meeting by
End of Yr 3

4B

BMP ID #

Develop Design Standard
Guidelines for Erosion Control

DPW

Responsible Dept./Person Name

Inspection checklist and
documented inspections.

4C

BMP ID #

Procedure for Receiving Info
Submitted by the Public

DPW

Responsible Dept./Person Name

Record number of phone calls
to hotline, copies of articles.

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:

5A

BMP ID #

Develop BMP Regulation

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Bylaw at Town Meeting - Yr 3

Specify Measurable Goal

5B

BMP ID #

Develop and Implement
Inspection Program

DPW

Responsible Dept./Person Name

Copies of maintenance reports
plus inspection records.

5C

BMP ID #

Develop BMP Design
Standards

DPW

Responsible Dept./Person Name

Improved Bylaws - Yr 4

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:

6A

BMP ID #

Clean Catch Basins

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Clean all Basins - Ongoing

Specify Measurable Goal

6B

BMP ID #

Sweep Streets in Town

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Volume of sweepings
collected-report annually

6C

BMP ID #

Ensure Proper Disposal for
Hazardous Wastes

DPW, BOH

Responsible Dept./Person Name

Document quantity of wastes
collected annually

6D

BMP ID #

Develop an Inspection and
Maintenance Plan

DPW

Responsible Dept./Person Name

Written schedule, records of
inspections and maintenance

6E

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

BMP ID #

Specify Best Management Practice



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D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

7A

BMP ID #

Develop a Water Quality
Strategy for 303d Waters

DPW

Responsible Dept./Person Name

Copy of Water Quality
Strategy Plan, summary effort

7B

BMP ID #

Implement BMPs from Water
Quality Strategy

DPW

Responsible Dept./Person Name

Summary of efforts and water
quality improvements

7C

BMP ID #

Categorize Drainage System
Specify Best Management Practice

DPW

Responsible Dept./Person Name

Map of system categorization
by end of Yr 3

7D

BMP ID #

Evaluate Hydraulic Capacity in
Areas of Concern

DPW

Responsible Dept./Person Name

Report detailing results by end
of Yr 3

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.

Richard Agnew, Town Administrator

Printed Name

Signature

7.29.03

Date



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for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)
F. Example Storm Water Management Program TIME FRAMES

BMP ID #	PERMIT YEAR ONE			PERMIT YEAR TWO			PERMIT YEAR THREE			PERMIT YEAR FOUR			PERMIT YEAR FIVE			Next Permit					
	Spring 03	Summer 03	Fall 03	Winter 03-04	Spring 04	Summer 04	Fall 04	Winter 04-05	Spring 05	Summer 05	Fall 05	Winter 05-06	Spring 06	Summer 06	Fall 06		Winter 06-07	Spring 07	Summer 07	Fall 07	Winter 07-08
1A																					
1B																					
1C																					
2A																					
2B																					
2C																					
2D																					
3A																					
3B																					
3C																					
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