



Massachusetts Department of Environmental Protection

Bureau of Resource Protection - Watershed Management

MAR041060

AH

BRP WM 08A NPDES Stormwater General Permit

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

W 041143

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:

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 Specify
Name	Number		
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
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
Scituate Harbor	9	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens Specify
Name	Number		
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 Specify
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:

<u>1A</u> BMP ID #	<u>Town Website Manager</u> Responsible Dept./Person Name	<u>Measure number of hits twice per year</u>
<u>Develop Stormwater Section of Town Website</u>		
<u>1B</u> BMP ID #	<u>DPW, Conservation</u> Responsible Dept./Person Name	<u>Copies of the materials</u> Specify Measurable Goal
<u>Distribute Fact Sheets to Businesses and Residences</u>		
<u>1C</u> BMP ID #	<u>DPW, Conservation</u> Responsible Dept./Person Name	<u>List of display locations</u> Specify Measurable Goal
<u>Develop a Poster Display Regarding Stormwater Issues</u>		
<u>BMP ID #</u>		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>BMP ID #</u>		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

2. Public Participation:

<u>2A</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>10% of Storm Drains Marked by Year 1</u>
<u>Mark Storm Drains with Stencils During Cleaning</u>		
<u>2B</u> BMP ID #	<u>Volunteer Groups</u> Responsible Dept./Person Name	<u>Cleaner streams documented by before and after photos</u>
<u>Conduct River, Stream, and Pond Cleanups</u>		
<u>2C</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Record number of phone calls to hotline, copies of articles.</u>
<u>Establish a Stormwater Telephone Hotline</u>		
<u>2D</u> BMP ID #	<u>DPW, Conservation</u> Responsible Dept./Person Name	<u>Minutes from each meeting (annual)</u>
<u>Public Meetings to Discuss Stormwater Issues</u>		
<u>BMP ID #</u>		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

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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 MapDPW

Responsible Dept./Person Name

Entire system mapped and outfall locations verified3B

BMP ID #

Develop Illicit Discharge Detection and Elimination PlanDPW

Responsible Dept./Person Name

30% of all outfalls will be sampled by year 23C

BMP ID #

Develop Illicit Discharge Prohibition OrdinanceDPW, 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 RegulationDPW

Responsible Dept./Person Name

Bylaw at Town Meeting by End of Yr 34B

BMP ID #

Develop Design Standard Guidelines for Erosion ControlDPW

Responsible Dept./Person Name

Inspection checklist and documented inspections.4C

BMP ID #

Procedure for Receiving Info Submitted by the PublicDPW

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

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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E. Example Storm Water Management Program TIME FRAMES