



1034

**BRP WM 08A NPDES Stormwater General Permit**  
**Notice of Intent for 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 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:

Thomas E. Daley, P.E., Director of Public Works  
Name  
878 Tremont Street  
Mailing Address  
Duxbury MA  
City/Town State  
(781) 934-1112  
Telephone Number daley@town.duxbury.ma.us  
Email (if available)

2. Municipality Name

Duxbury  
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:

Mass Highway Dept. (Rte 53, Rte 3, Rte 3A)

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?

X yes       pending       no

See attachment "A" for ESA eligibility.



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

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

See attachment "B" for discussion of historic properties.

**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
Wetland tributary to Blue Fish River	2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name Blue Fish River	Number 5	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name Tidal Flat to Duxbury Bay	Number 18	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Specify Pathogens – No TMDL established
Name Duxbury Bay	Number 1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Specify Pathogens – No TMDL established
Name Wetland tributary Duxbury Bay	Number 7	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name Mill Pond	Number 2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name Stream tributary to Island Creek Pond	Number 2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name Island Creek Pond	Number 2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name West Brook	Number 2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name Wetland tributary West Brook	Number 2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name Island Creek (outfall shared with Mass Highway)	Number 1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name Wetland tributary South River	Number 9	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name South River	Number 2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name South River Reservoir	Number 1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name Stream tributary to South River	Number 2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name Wetland tributary to Dead Swamp	Number 4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name Halls Brook	Number 3	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name Stream Tributary To Reeds Mill Pond in Kingston	Number 1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name Pine Brook tributary to Lower Chandler	Number 2	Yes <input checked="" type="checkbox"/> No	Specify
Name Phillips Brook	Number 3	Yes <input checked="" type="checkbox"/> No	Specify



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

114295  
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)

**D. Stormwater Management Program Summary**

1. Public Education:

1A BMP ID # Put up posters in schools and Town buildings.	DPW Dir. / School Business Mgr.	Install posters in public buildings
1B BMP ID # Stencil catchbasins Specify Best Management Practice	DPW Dir. / citizen groups Responsible Dept./Person Name	Stencil every catchbasin leading to waters of the U.S.
1C BMP ID # Pamphlets in water bills Specify Best Management Practice	DPW Dir. / Water Supt. Responsible Dept./Person Name	Circulate info to 5,500 +/- customers
1D BMP ID # Educational mat'l on web-site Specify Best Management Practice	DPW Dir. / Dept. Web Mgr. Responsible Dept./Person Name	Provide on-line education Specify Measurable Goal
1E BMP ID # Educate Community Groups, ie., Garden Club	Conservation Agent Responsible Dept./Person Name	Conduct one seminar / year Specify Measurable Goal

2. Public Participation:

2A BMP ID # Stencil catchbasins Specify Best Management Practice	DPW Dir. / citizen groups Responsible Dept./Person Name	Stencil every catchbasin leading to waters of the U.S.
2B BMP ID # Comp. Plan, Zoning Bylaw Implementation Committee	Planning Bd. / Planning Dir. Responsible Dept./Person Name	Maintain committee and work on water quality goals
2C BMP ID # Paint Day Collections Specify Best Management Practice	DPW Dir. / Operations Manager	Hold 4 paint disposal days / yr. Specify Measurable Goal
2D BMP ID # Open Space & Rec. Comm. Specify Best Management Practice	Board of Selectmen / Town Mgr.	Maintain committee and work on water quality goals
2E BMP ID # Community Preservation Comm.	Board of Selectmen / Town Mgr.	Maintain committee and work on water quality goals



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

114295  
 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)

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

3. Illicit Discharge Detection and Elimination:

<u>3A</u> BMP ID #	<u>DPW Dir. / GIS Comm.</u> Responsible Dept./Person Name	<u>Know approx. location of all outlets leading to waters of US</u>
<u>Map drainage system</u> Specify Best Management Practice		
<u>3B</u> BMP ID #	<u>Con. Agent / BOH Agent</u> Responsible Dept./Person Name	<u>Maintain testing of Dux. Bay</u> Specify Measurable Goal
<u>Coord. w/ Div. Marine Fish. on testing Dux. Bay outfalls</u>		
<u>3C</u> BMP ID #	<u>Con. Agent / BOH Agent / DPW Dir.</u>	<u>Find any hot spots found leading to waters of US.</u>
<u>Investigate pollution hot spots as needed via test results</u>		
<u>3D</u> BMP ID #	<u>DPW Dir. / Citizen Groups</u> Responsible Dept./Person Name	<u>Stencil every catchbasin leading to waters of the U.S.</u>
<u>Catchbasin stenciling</u> Specify Best Management Practice		
<u>3E</u> BMP ID #	<u>DPW Dir. / Operations Mgr.</u> Responsible Dept./Person Name	<u>Hold 4 paint disposal days / yr.</u> Specify Measurable Goal
<u>Paint Day Collections</u> Specify Best Management Practice		

4. Construction Site Runoff Control:

<u>4A</u> BMP ID #	<u>Comp. Plan, Zoning Bylaw Implementation Committee</u>	<u>Put forth article to Town Mtg.</u> Specify Measurable Goal
<u>Prop. Zoning changes re: drainage quality to Town Mtg.</u>		
<u>4B</u> BMP ID #	<u>Cons. Comm. / Agent</u> Responsible Dept./Person Name	<u>Put forth article to Town Mtg.</u> Specify Measurable Goal
<u>Prop. changes re: drainage to Conservation bylaw Town Mtg.</u>		
<u>4C</u> BMP ID #	<u>Planning Dir. / Dept Heads</u> Responsible Dept./Person Name	<u>Provide comments to reg. auth. on all regulated projects.</u>
<u>Projects reviewed by DRT (Development Review Team)</u>		
<u>4D</u> BMP ID #	<u>Planning Dir. / DPW Dir / Planning Board</u>	<u>Review &amp; update as needed biannually</u>
<u>Review &amp; update Subd. Rules &amp; Reg.'s re: drainage BMP's</u>		
<u>4E</u> BMP ID #	<u>Plng Dir. / BOH Agt / Concom Agt / ISD Dir. / DPW Dir.</u>	<u>Projects not signed off on unless properly constructed.</u>
<u>Enforce all approvals by Regulatory Authorities</u>		



**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.)**

5. Post Construction Runoff Control:

<u>5A</u> BMP ID #	<u>Review BMP Operations manuals as part of Concom</u>	<u>Conservation Agent / Cons. Comm.</u>	<u>All regulated projects have adequate O &amp; M plan.</u>
<u>5B</u> BMP ID #	<u>Require &amp; review BMP Oper. manuals re: DRT reviews</u>	<u>Planning Dir. / Dept Heads</u> Responsible Dept./Person Name	<u>All regulated projects have adequate O &amp; M plan.</u>
<u>5C</u> BMP ID #	<u>Maintain drainage BMP's on projects taken over by Town.</u>	<u>DPW Dir. / Operations Mgr.</u> Responsible Dept./Person Name	<u>Maintain functioning of BMP's</u> Specify Measurable Goal
<u>5D</u> BMP ID #	<u>Req. annual maint./ insp. reports from regulated projects</u>	<u>Plng Dir. / BOH Agt / Concom Agt / ISD Dir.</u>	<u>Implement requirement</u> Specify Measurable Goal
<u>5E</u> BMP ID #	<u>Submit bylaw to Town Mtg. re: BMP's for projects &gt; 1 acre</u>	<u>Plng Dir. / BOH Agt / Concom Agt / ISD Dir. / DPW Dir.</u>	<u>Put forth article to Town Mtg.</u> Specify Measurable Goal

6. Municipal Good Housekeeping:

<u>6A</u> BMP ID #	<u>Coord. w/ CZM to finalize dsgn on Snug Harbor BMP project</u>	<u>Concom Agent / DPW Dir.</u> Responsible Dept./Person Name	<u>Obtain final design plans.</u> Specify Measurable Goal
<u>6B</u> BMP ID #	<u>Solicit grant from CZM to construct Snug Harbor project</u>	<u>Concom Agent</u> Responsible Dept./Person Name	<u>File for grant.</u> Specify Measurable Goal
<u>6C</u> BMP ID #	<u>Implement Maintenance Sched. for Town owned BMP's</u>	<u>DPW Dir.</u> Responsible Dept./Person Name	<u>Distribution of schedule</u> Specify Measurable Goal
<u>6D</u> BMP ID #	<u>Sweep Streets</u> Specify Best Management Practice	<u>DPW Dir. / Operations Mgr.</u> Responsible Dept./Person Name	<u>Sweep all streets that outfall to waters of the US annually.</u>
<u>6E</u> BMP ID #	<u>Clean catchbasins</u> Specify Best Management Practice	<u>DPW Dir. / Operations Mgr.</u> Responsible Dept./Person Name	<u>Clean all CB's that outfall to waters of the US annually</u>



**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.)**

7. BMPs for Meeting TMDL: **NOTE: No TMDL's have been established in Duxbury.**

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 #

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.

Printed Name: Rocco J. Longo Town Manager  
Signature: [Handwritten Signature]  
Date: 30 July 03