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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

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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
Musquashicut Brook	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Hutters Pond	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Bound Brook	4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Tilden Brook	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Conihasset Brook	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Headwaters to Newcomb Brook	2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
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
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
Big Creek	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Doctor's Brook	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Pyncheon Hill Brook	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
First Herring Brook	4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Old Oaken Bucket Pond	1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Noxious Aquatic Plants, Turbidity
See Attachment		<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify

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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>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</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>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		



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D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

<u>3A</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Entire system mapped and outfall locations verified</u>
<u>Develop Town Storm Drain Outfall GIS Map</u>		
<u>3B</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>30% of all outfalls will be sampled by year 2</u>
<u>Develop Illicit Discharge Detection and Elimination Plan</u>		
<u>3C</u> BMP ID #	<u>DPW, BOH</u> Responsible Dept./Person Name	<u>Bylaw at Town meeting by end of year 3.</u>
<u>Develop Illicit Discharge Prohibition Ordinance</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>

4. Construction Site Runoff Control:

<u>4A</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Bylaw at Town Meeting by End of Yr 3</u>
<u>Develop Erosion Control Regulation</u>		
<u>4B</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Inspection checklist and documented inspections.</u>
<u>Develop Design Standard Guidelines for Erosion Control</u>		
<u>4C</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Record number of phone calls to hotline, copies of articles.</u>
<u>Procedure for Receiving Info Submitted by the Public</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>



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D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

<u>5A</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Bylaw at Town Meeting - Yr 3</u> Specify Measurable Goal
<u>Develop BMP Regulation</u> Specify Best Management Practice		
<u>5B</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Copies of maintenance reports plus inspection records.</u>
<u>Develop and Implement Inspection Program</u>		
<u>5C</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Improved Bylaws - Yr 4</u> Specify Measurable Goal
<u>Develop BMP Design Standards</u>		
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		

6. Municipal Good Housekeeping:

<u>6A</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Clean all Basins - Ongoing</u> Specify Measurable Goal
<u>Clean Catch Basins</u> Specify Best Management Practice		
<u>6B</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Volume of sweepings collected-report annually</u>
<u>Sweep Streets in Town</u> Specify Best Management Practice		
<u>6C</u> BMP ID #	<u>DPW, BOH</u> Responsible Dept./Person Name	<u>Document quantity of wastes collected annually</u>
<u>Ensure Proper Disposal for Hazardous Wastes</u>		
<u>6D</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Written schedule, records of inspections and maintenance</u>
<u>Develop an Inspection and Maintenance Plan</u>		
<u>6E</u> BMP ID #	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		
<u>BMP ID #</u>	<u>Specify Best Management Practice</u>	



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D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

<u>7A</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Copy of Water Quality</u> <u>Strategy Plan, summary effort</u>
<u>Develop a Water Quality</u> <u>Strategy for 303d Waters</u>		
<u>7B</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Summary of efforts and water</u> <u>quality improvements</u>
<u>Implement BMPs from Water</u> <u>Quality Strategy</u>		
<u>7C</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Map of system categorization</u> <u>by end of Yr 3</u>
<u>Categorize Drainage System</u> <u>Specify Best Management Practice</u>		
<u>7D</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Report detailing results by end</u> <u>of Yr 3</u>
<u>Evaluate Hydraulic Capacity in</u> <u>Areas of Concern</u>		
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		

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

