



Hand-enter Your Transmittal Number

1096

W 040679

Transmittal Number

Your unique Transmittal Number can be accessed online: <http://www.state.ma.us/scripts/dep/trasmfrm.stm> or call DEP's InfoLine at 617-338-2255 or 800-462-0444 (from 508, 781, and 978 area codes).

Massachusetts Department of Environmental Protection Transmittal Form for Permit Application and Payment

1. Please type or print. A separate Transmittal Form must be completed for each permit application.

2. Make your check payable to the Commonwealth of Massachusetts and mail it with a copy of this form to:
DEP, P.O. Box 4062, Boston, MA 02211.

3. Three copies of this form will be needed.

Copy 1 - the original must accompany your permit application.
Copy 2 must accompany your fee payment.
Copy 3 should be retained for your records

4. Both fee-paying and exempt applicants must mail a copy of this transmittal form to DEP, P.O. Box 4062, Boston, MA 02211

For DEP Use Only
Permit No. _____
Rec'd Date _____
Reviewer _____

A. Permit Information

BRPWM08a

Permit Code: 7 or 8 character code from permit instructions

Notice of Intent for Discharges from Small MS4s

Type of Project or Activity

NPDES Stormwater General Permit

Name of Permit Category

B. Applicant Information - Firm or Individual

Town of Brewster

Name of Firm - Or, if party needing this approval is an individual enter name below:

Last Name of Individual

201 Run Hill Road

Street Address

Brewster

City/Town

Allan Tkaczyk

Contact Person

First Name of Individual

MI

MA

State

02631

Zip Code

(508) 896-3212

Telephone # and extension

e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Town of Brewster MS4

Name of Facility, Site or Individual

DEP Facility Number (if Known)

Federal I.D. Number (if Known)

Street Address

Brewster

City/Town

e-mail address (optional)

MA

State

02631

Zip Code

Telephone # and extension

D. Application Prepared by (if different from Section B)

S E A Consultants Inc.

Name of Firm Or Individual

485 Massachusetts Avenue

Address

Cambridge

City/Town

Betsy Frederick

Contact Person

MA

State

02139

Zip Code

(617) 498-4622

Telephone # and extension

LSP Number (21E only)

E. Permit - Project Coordination

Is this project subject to MEPA review? yes no If yes, enter the project's EOE file number - assigned when an Environmental Notification Form is submitted to the MEPA unit: EOE file number _____

Is an Environmental Impact Report Required? yes no

Is this application part of a larger project for which two or more DEP permits are being or will be sought? yes no

List any other DEP permits that apply to this project:

Permit Category	Date of Submission (tentative or actual)	Transmittal # if application already submitted
None		

F. Amount Due

Special Provisions:

- Fee Exempt* (city, town or municipal housing authority)(state agency if fee is \$100 or less)
- Hardship Request - payment extensions according to 310 CMR 4.04(3)(c)
- Alternative Schedule Project (according to 310 CMR 4.05 and 4.10)

*There are no fee exemptions for 21E, regardless of applicant status

Check Number

Dollar Amount

Date

Please make check payable to the Commonwealth of Massachusetts and mail check and one copy of this form to:
DEP, P.O. Box 4062, Boston, MA 02211

JUL 21 2003

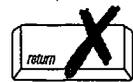


BRP WM 08A NPDES Stormwater General Permit
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

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:

Charles Sumner, Town Manager

Name

2198 Main Street

Mailing Address

Brewster

MA

City/Town

State

508-896-3701 ext. 134

csumner@town.brewster.ma.us

Telephone Number

Email (if available)

2. Municipality Name

Town of Brewster, Massachusetts

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 (Route 6A & Route 28)

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



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

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) _____

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?

X 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
Ocean Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Black Pond Name	_____ Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Cranberry Bog Name	_____ Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Freemans Pond Name	_____ Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Tributary to Freemans Pond Name	_____ Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Lower Mill Pond Name	_____ Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Nutrients, Noxious Aquatic Plants, Turbidity
Schoolhouse Pond Name	_____ Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Sheep Pond Name	_____ Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Organic Enrichment/Low DO Specify _____
Stony Brook Creek Name	_____ Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Wetlands of Namskaket Creek Name	_____ Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens Specify _____
_____ Name	_____ Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
_____ Name	_____ Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
_____ Name	_____ Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
_____ Name	_____ Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
_____ Name	_____ Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
_____ Name	_____ Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
_____ Name	_____ Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
_____ Name	_____ Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____



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

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

 Transmittal Number

 Facility ID (if known)

D. Stormwater Management Program Summary

1. Public Education:

1-1

BMP ID #

Develop and Distribute Educational Material

Specify Best Management Practice

Board of Health

Responsible Dept./Person Name

Distribute a flier bi-annually to property owners of record.

Specify Measurable Goal

2. Public Participation:

2-1

BMP ID #

Establish and Use Stormwater Web Page

Specify Best Management Practice

DPW & I.T. Department

Responsible Dept./Person Name

Create web-page on Town Web Site

Specify Measurable Goal

3. Illicit Discharge Detection and Elimination:

3-1

BMP ID #

Map Stormwater Assets

Specify Best Management Practice

DPW

Responsible Dept./Person Name

In areas subject to the NPDES Phase II Rule (i.e. UA & waters of the U.S.), complete mapping of stormwater outfalls; 100% mapping of MS4 systems in areas where repairs have been completed by end of Year 5.

Specify Measurable Goal

3-2

BMP ID #

Proposed By-law to Prohibit Illicit Discharges and Illegal Connections

Specify Best Management Practice

Board of Health, Planning Department

Responsible Dept./Person Name

Include proposed by-law in Town warrant in Year 3. If not approved, revise, if necessary and include in warrants in Years 4 and 5.

Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)

3-3

BMP ID #

Develop and Implement Illicit
Connection Detection Plan

Specify Best Management Practice

Board of Health and Natural
Resources Department

Responsible Dept./Person Name

Complete dry weather inspections on 100% of Town-owned outfalls that discharge directly or indirectly to surface water bodies subject to the NPDES Phase II Rule. Complete illicit connection detection and elimination plan and implement, if needed.

Specify Measurable Goal

4. Construction Site Runoff Control:

4-1

BMP ID #

Revise Development Plan
Review By-law

Specify Best Management Practice

Planning Director

Responsible Dept./Person Name

Include proposed by-law in Town warrant in Year 2. If not approved, revise, if necessary and include in warrants in Years 3, 4 and 5.

Specify Measurable Goal

4-2

BMP ID #

Establish Mechanism for
Consideration of Public Input

Specify Best Management Practice

Conservation Commission

Responsible Dept./Person Name

Create mechanism and effectively use it.

Specify Measurable Goal

5. Post Construction Runoff Control:

5-1

BMP ID #

Develop Post-Construction
Runoff By-law

Specify Best Management Practice

Planning Director

Responsible Dept./Person Name

Include proposed by-law in Town warrant in Year 3. If not approved, revise, if necessary and include in warrants in Years 4 and 5.

Specify Measurable Goal

5-2

BMP ID #

Develop Post-Construction
Inspection of Best
Management Practices
Program

Specify Best Management Practice

Proponent's Engineer
(Review by DPW
Superintendent)

Responsible Dept./Person Name

Implement post-construction site inspection program

Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)

6. Municipal Good Housekeeping:

6-1

BMP ID #

Develop and Implement
Employee Education Program
Specify Best Management Practice

DPW

Responsible Dept./Person Name

Training of 100% of municipal
employees involved in
stormwater management
activities over permit term.
Specify Measurable Goal

6-2

BMP ID #

Develop and Adhere to
Operation and Maintenance
Schedule
Specify Best Management Practice

DPW

Responsible Dept./Person Name

Develop and implement
schedule by end of Year 2.
Specify Measurable Goal

7. BMPs for Meeting TMDL: NO TMDLs have been established for water bodies in Brewster.

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.

Charles Sumner

Printed Name

Signature

7-15-03
Date