



Hand-enter Your Transmittal Number 1110

W 040891

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.

A. Permit Information

BRP WM 08A NPDES Stormwater General Permit
Permit Code: 7 or 8 character code from permit instructions Name of Permit Category
Discharge from Small Municipal Separate Storm Sewer Systems (MS4s)
Type of Project or Activity

2. Make your check payable to the Commonwealth of Massachusetts and mail it with a copy of this form to:

B. Applicant Information – Firm or Individual

Town of Eastham
Name of Firm - Or, if party needing this approval is an individual enter name below:
Last Name of Individual First Name of Individual MI
2500 State Highway
Street Address
Eastham MA 02642 508-240-5906 x202
City/Town State Zip Code Telephone # and extension
Terry Whalen, Town Planner twhalen@eastham-ma.gov
Contact Person e-mail address (optional)

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

C. Facility, Site or Individual Requiring Approval

Town of Eastham MS4
Name of Facility, Site or Individual DEP Facility Number (if Known) Federal I.D. Number (if Known)
Street Address e-mail address (optional)
City/Town State Zip Code Telephone # and extension

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

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

Name of Firm Or Individual
Address
City/Town State Zip Code Telephone # and extension
Contact Person LSP Number (21E only)

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

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

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

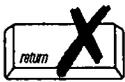


BRP WM 08A NPDES Stormwater General Permit

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:

Town of Eastham
Name
2500 State Highway
Mailing Address
Eastham MA
City/Town State
508-240-5900 twhalen@eastham-ma.gov
Telephone Number Email (if available)

2. Municipality Name

Eastham
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:

Massachusetts Highway Department - Route 6

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

B. Applicant Information (cont.)



BRP WM 08A NPDES Stormwater General Permit

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

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
Nauset Marsh Name	4 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Salt Pond Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Town Cove Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Cape Cod Bay Name	9 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Herring River Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Boat Meadow River Name	1 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens Specify
Rock Harbor/Creek Name	1 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens Specify
Hatches Creek Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Herring Pond Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Depot Pond Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Bridge Pond Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Great Pond Name	2 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Nutrients, Organic Enrichments/Low DO
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

D. Stormwater Management Program Summary



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)

W040891

Transmittal Number

Facility ID (if known)

1. Public Education:

<u>1-1</u> BMP ID #		
<u>Educational Brochures</u> Specify Best Management Practice	<u>NR, DPW, Planning</u> Responsible Dept./Person Name	<u>Development of Brochures</u> Specify Measurable Goal
<u>1-2</u> BMP ID #		
<u>Educational Mailing</u> Specify Best Management Practice	<u>Planning</u> Responsible Dept./Person Name	<u>Mailing</u> Specify Measurable Goal
<u>1-3</u> BMP ID #		
<u>Storm Water Video</u> Specify Best Management Practice	<u>Planning</u> Responsible Dept./Person Name	<u>Airing on Cable TV</u> Specify Measurable Goal
<u>1-4</u> BMP ID #		
<u>Coastal/Pond Cleanup</u> Specify Best Management Practice	<u>ConCom, DPW</u> Responsible Dept./Person Name	<u>Conducting Cleanup</u> Specify Measurable Goal
<u>1-5</u> BMP ID #		
<u>Office Brochure Distribuiou</u> Specify Best Management Practice	<u>NR, DPW, Planning, Health</u> Responsible Dept./Person Name	<u>Availability of Brochures</u> Specify Measurable Goal

2. Public Participation:

<u>2-1</u> BMP ID #		
<u>Storm Water Management Program (SWWP)</u> Specify Best Management Practice	<u>NR, DPW, ConCo, Planning, Health, WRAB, WMMPC</u> Responsible Dept./Person Name	<u>Development of SWMP</u> Specify Measurable Goal
<u>2-2</u> BMP ID #		
<u>Pollution Reporting</u> Specify Best Management Practice	<u>NR, DPW, Pond Stewards</u> Responsible Dept./Person Name	<u>Visual Monitoring/Recording</u> Specify Measurable Goal
<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>
<u>BMP ID #</u>		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

D. Stormwater Management Program Summary (Cont.)



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)

W040891
 Transmittal Number

 Facility ID (if known)

3. Illicit Discharge Detection and Elimination:

<u>3-1</u> BMP ID #		
<u>Map Outfalls</u> Specify Best Management Practice	<u>NR, DPW, Planning</u> Responsible Dept./Person Name	<u>Comprehensive Map</u> Specify Measurable Goal
<u>3-2</u> BMP ID #		
<u>Detection of Non-Stormwater</u> Specify Best Management Practice	<u>NR</u> Responsible Dept./Person Name	<u>Correction of Discharges</u> Specify Measurable Goal
<u>3-3</u> BMP ID #		
<u>Dry Weather Flow Screening</u> Specify Best Management Practice	<u>NR</u> Responsible Dept./Person Name	<u>Screening/Testing</u> Specify Measurable Goal
<u>3-4</u> BMP ID #		
<u>Reporting Line</u> Specify Best Management Practice	<u>NR, DPW</u> Responsible Dept./Person Name	<u>Establishment of Line</u> Specify Measurable Goal
<u>3-5</u> BMP ID #		
<u>Hazardous Product Collection</u> Specify Best Management Practice	<u>Health,DPW, Recycling</u> Responsible Dept./Person Name	<u>Conducting Collection Day</u> Specify Measurable Goal

4. Construction Site Runoff Control:

<u>4-1</u> BMP ID #		
<u>Draft Construction Site Runoff Control By-law</u>	<u>ConCom, Planning</u> Responsible Dept./Person Name	<u>Develop By-law</u> Specify Measurable Goal
<u>4-2</u> BMP ID #		
<u>Enact Construction Site Runoff Control By-law</u>	<u>ConCom, Planning, Town Mtg.</u> Responsible Dept./Person Name	<u>Implement By-law</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> </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

D. Stormwater Management Program Summary (Cont.)



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)

W040891
 Transmittal Number

 Facility ID (if known)

5. Post Construction Runoff Control:

<u>5-1</u> BMP ID #	<u>ConCom, Planning</u> Responsible Dept./Person Name	<u>Develop By-law</u> Specify Measurable Goal
<u>Draft Post Construction Site Runoff Control By-law</u>		
<u>5-2</u> BMP ID #	<u>ConCom, Planning</u> Responsible Dept./Person Name	<u>Amended By-law</u> Specify Measurable Goal
<u>Amend Site Plan Review</u>		
<u>Specify Best Management Practice</u>		
<u>5-3</u> BMP ID #	<u>ConCom, Planning, Town Mtg.</u> Responsible Dept./Person Name	<u>Implement By-law</u> Specify Measurable Goal
<u>Enact Post Construction Site Runoff Control By-law</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>

6. Municipal Good Housekeeping:

<u>6-1</u> BMP ID #	<u>NR, DPW, Planning</u> Responsible Dept./Person Name	<u>Training Session</u> Specify Measurable Goal
<u>Annual Training</u>		
<u>Specify Best Management Practice</u>		
<u>6-2</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Audit Report</u> Specify Measurable Goal
<u>Review of Town Properties</u>		
<u>Specify Best Management Practice</u>		
<u>6-3</u> BMP ID #	<u>DPW, Health</u> Responsible Dept./Person Name	<u>Audit Report</u> Specify Measurable Goal
<u>Review of Town Operations</u>		
<u>Specify Best Management Practice</u>		
<u>6-4</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Updated Log</u> Specify Measurable Goal
<u>Catch Basin Cleaning</u>		
<u>Specify Best Management Practice</u>		
<u>6-5</u> BMP ID #	<u>DPW</u> Responsible Dept./Person Name	<u>Record of Areas Swept</u> Specify Measurable Goal
<u>Street Sweeping</u>		
<u>Specify Best Management Practice</u>		

D. Stormwater Management Program Summary (cont.)



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)

W040891
 Transmittal Number

 Facility ID (if known)

7. BMPs for Meeting TMDL:

_____	_____	_____
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 *Sheila Vanderhoef*

 Signature *Sheila Vanderhoef*

 Date *July 17, 2003*



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)
F. 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	
1-1																					
1-2																					
1-3																					
1-4																					
1-5																					
2-1																					
2-2																					
3-1																					
3-2																					
3-3																					
3-4																					
3-5																					
4-1																					
4-2																					
5-1																					
5-2																					
5-3																					
6-1																					
6-2																					
6-3																					
6-4																					
6-5																					

Transmittal Number _____

Facility ID (if known) _____

Page _____ of _____