Hand-enter Your Transmittal Number 110

Transmittal Number
W 040891

Your unique Transmittal Number can be accessed online: http://www.state.ma.us/scripts/dep/trasfmfrm.htm 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

A. Permit Information

BP 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

B. Applicant Information – Firm or Individual

Town of Eastham

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

<table>
<thead>
<tr>
<th>Last Name of Individual</th>
<th>First Name of Individual</th>
<th>MI</th>
</tr>
</thead>
<tbody>
<tr>
<td>2500 State Highway</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eastham</td>
<td>MA 02642</td>
<td>508-240-5906 x202</td>
</tr>
<tr>
<td>City/Town</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Terry Whalen, Town Planner</td>
<td><a href="mailto:twhelen@eastham-ma.gov">twhelen@eastham-ma.gov</a></td>
<td></td>
</tr>
<tr>
<td>Contact Person</td>
<td>e-mail address (optional)</td>
<td></td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Street Address</th>
<th>e-mail address (optional)</th>
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<table>
<thead>
<tr>
<th>City/Town</th>
<th>State</th>
<th>Zip Code</th>
<th>Telephone # and extension</th>
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D. Application Prepared by (if different from Section B)

Name of Firm Or Individual

<table>
<thead>
<tr>
<th>Address</th>
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For DEP Use Only

<table>
<thead>
<tr>
<th>Permit No.</th>
<th>Rec'd Date</th>
<th>Reviewer</th>
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<tbody>
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</table>

E. Permit - Project Coordination

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

<table>
<thead>
<tr>
<th>Permit Category</th>
<th>Date of Submission (tentative or actual)</th>
<th>Transmittal # if application already submitted</th>
</tr>
</thead>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Check Number</th>
<th>Dollar Amount</th>
<th>Date</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

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

Transmittal Form • rev. 5/03
A. Instructions

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
   City/Town
   MA
   508-240-5900
   Telephone Number
   twhalen@eastham-ma.gov
   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.)
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

### C. Names of (Presently Known) Receiving Waters

<table>
<thead>
<tr>
<th>Receiving Water</th>
<th>No. of Outfalls</th>
<th>Listed as Impaired?</th>
<th>Impairment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nauset Marsh</td>
<td>4</td>
<td>No</td>
<td>Specify</td>
</tr>
<tr>
<td>Name</td>
<td></td>
<td></td>
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<tr>
<td>Salt Pond</td>
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<td>No</td>
<td>Specify</td>
</tr>
<tr>
<td>Name</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Town Cove</td>
<td>1</td>
<td>No</td>
<td>Specify</td>
</tr>
<tr>
<td>Name</td>
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<td></td>
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<tr>
<td>Cape Cod Bay</td>
<td>9</td>
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<tr>
<td>Name</td>
<td></td>
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<tr>
<td>Herring River</td>
<td>1</td>
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<tr>
<td>Name</td>
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<td></td>
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<tr>
<td>Boat Meadow River</td>
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<td>Specify</td>
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<tr>
<td>Name</td>
<td></td>
<td></td>
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<tr>
<td>Rock Harbor/Creek</td>
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<td>No</td>
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</tr>
<tr>
<td>Name</td>
<td></td>
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<tr>
<td>Hatches Creek</td>
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<td>Bridge Pond</td>
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<tr>
<td>Great Pond</td>
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<td>Specify, Pathsogens</td>
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<td>Name</td>
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<tr>
<td>Name</td>
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<td>Specify</td>
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<tr>
<td>Name</td>
<td></td>
<td></td>
<td>Specify</td>
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</table>

### D. Stormwater Management Program Summary
1. Public Education:

   1-1
   BMP ID #
   Educational Brochures
   Specify Best Management Practice
   1-2
   BMP ID #
   Educational Mailing
   Specify Best Management Practice
   1-3
   BMP ID #
   Storm Water Video
   Specify Best Management Practice
   1-4
   BMP ID #
   Coastal/Pond Cleanup
   Specify Best Management Practice
   1-5
   BMP ID #
   Office Brochure Distribution
   Specify Best Management Practice

   NR, DPW, Planning
   Responsible Dept./Person Name
   Development of Brochures
   Specify Measurable Goal

   Planning
   Responsible Dept./Person Name
   Mailing
   Specify Measurable Goal

   Planning
   Responsible Dept./Person Name
   Airing on Cable TV
   Specify Measurable Goal

   ConCom, DPW
   Responsible Dept./Person Name
   Conducting Cleanup
   Specify Measurable Goal

   NR, DPW, Planning, Health
   Responsible Dept./Person Name
   Availability of Brochures
   Specify Measurable Goal

2. Public Participation:

   2-1
   BMP ID #
   Storm Water Management Program (SWMP)
   Specify Best Management Practice
   2-2
   BMP ID #
   Pollution Reporting
   Specify Best Management Practice

   NR, DPW, ConCo, Planning, Health, WRAB, WMMPC
   Development of SWMP
   Specify Measurable Goal

   NR, DPW, Pond Stewards
   Responsible Dept./Person Name
   Visual Monitoring/Recording
   Specify Measurable Goal

   Specify Best Management Practice
   Responsible Dept./Person Name
   Specify Measurable Goal

   Specify Best Management Practice
   Responsible Dept./Person Name
   Specify Measurable Goal

   Specify Best Management Practice
   Responsible Dept./Person Name
   Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)
3. Illicit Discharge Detection and Elimination:

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

4. Construction Site Runoff Control:

<table>
<thead>
<tr>
<th>BMP ID #</th>
<th>Draft Construction Site Runoff Control By-law</th>
<th>ConCom, Planning</th>
<th>Responsible Dept./Person Name</th>
<th>Develop By-law</th>
<th>Specify Measurable Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-1</td>
<td></td>
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<table>
<thead>
<tr>
<th>BMP ID #</th>
<th>Enact Construction Site Runoff Control By-law</th>
<th>ConCom, Planning, Town Mtg.</th>
<th>Responsible Dept./Person Name</th>
<th>Implement By-law</th>
<th>Specify Measurable Goal</th>
</tr>
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<tbody>
<tr>
<td>4-2</td>
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D. Stormwater Management Program Summary (Cont.)
5. Post Construction Runoff Control:

5-1
BMP ID #
Draft Post Construction Site Runoff Control By-law
ConCom, Planning
Responsible Dept./Person Name
Specify Measurable Goal

5-2
BMP ID #
Amend Site Plan Review
ConCom, Planning
Responsible Dept./Person Name
Specify Measurable Goal

5-3
BMP ID #
Specify Best Management Practice
Amended By-law
Specify Measurable Goal

Enact Post Construction Site Runoff Control By-law
ConCom, Planning, Town Mtg.
Responsible Dept./Person Name
Specify Measurable Goal

Specify Best Management Practice
Specify Measurable Goal

Specify Best Management Practice
Specify Measurable Goal

6. Municipal Good Housekeeping:

6-1
BMP ID #
Annual Training
NR, DPW, Planning
Responsible Dept./Person Name
Specify Measurable Goal

6-2
BMP ID #
Review of Town Properties
DPW
Responsible Dept./Person Name
Specify Measurable Goal

6-3
BMP ID #
Specify Best Management Practice
Audit Report
Specify Measurable Goal

Review of Town Operations
DPW, Health
Responsible Dept./Person Name
Specify Measurable Goal

6-4
BMP ID #
Catch Basin Cleaning
Updated Log
Specify Measurable Goal

6-5
BMP ID #
Street Sweeping
DPW
Responsible Dept./Person Name
Specify Measurable Goal

Record of Areas Swept

D. Stormwater Management Program Summary (cont.)
7. BMPs for Meeting TMDL:

<table>
<thead>
<tr>
<th>BMP ID #</th>
<th>Specify Best Management Practice</th>
<th>Responsible Dept./Person Name</th>
<th>Specify Measurable Goal</th>
</tr>
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<tbody>
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**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