



Hand-enter Your Transmittal Number

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W 035400

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Your unique Transmittal Number can be accessed through DEP's web site or by calling the DEP InfoLine as listed on the last page of this document

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

Instructions

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

2. Your check should be made payable to the Commonwealth of Massachusetts. Please mail your check along with a copy of this form to: DEP, P.O. Box 4062, Boston, MA 02211.

3. Three (3) 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. Application Information

DEP Permit Code (the 7 or 8 character code from first page of permit application instructions): BRPWM08A
Name of Permit Category: NOI for Discharges from Small MS4
Type of Project or Activity: Municipal Entity

B. Applicant Information (Firm or Individual) MUNICIPAL ASSISTANCE UNIT

Name of Firm: City of Peabody
Or, if party needing this approval is clearly an individual: Individual's Last Name: First Name MI
Street Address: 24 Lowell Street
City/Town: Peabody State: MA Zip Code: 01960 Telephone Number: (978) 538-5700 ext.
Contact: Mayor Michael Bonfanti e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual: Public Services Facility DEP Facility Number (if Known)
Street Address: 50 Farm Avenue e-mail address (optional)
City/Town: Peabody State: MA Zip Code: 01960 Telephone Number: (978) 536-0600 ext.

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

Name of Individual or Firm: City of Peabody Department Of Public Services
Address: 50 Farm Avenue
City/Town: Peabody State: MA Zip Code: 01960 Telephone Number: (978) 536-0600 ext.
Contact: Michael Fowler, City Engineer LSP Number (21E only)

E. Permit - Project Coordination

Is this project subject to MEPA review? [] yes [x] no
If yes, indicate the project's EOE A file number (assigned when an Environmental Notification Form is submitted to the MEPA unit)
EOEA # Is an Environmental Impact Report Required? [] yes [x] no
Is this application part of a larger project for which two or more DEP permits are being or will be sought? [] yes [x] no
List any other DEP permits that apply to this project:

Table with 3 columns: Permit Category, Date of Submission (tentative or actual), Transmittal Number (if application already submitted)

F. Amount Due

Special Provisions: [x] 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 #: 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

MUNICIPAL ASSISTANCE UNIT JUL 30 2003



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

W035400
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:

City of Peabody
Name
24 Lowell Street
Mailing Address
Peabody
City/Town
Massachusetts
State
(978) 538 - 5700
Telephone Number
Email (if available)

2. Municipality Name

City of Peabody
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 Department

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

JUL 30 2003
MUNICIPAL ASSISTANCE UNIT

B. Applicant Information (cont.)



Massachusetts Department of Environmental Protection
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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
Goldthwaite Brook Name	9 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	0600, 0900, 1200, 1700 Specify
Proctor Brook Name	31 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1700, 0900, 1100 Specify
Tapley Brook Name	9 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Norris Brook Name	3 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1200, 2100, 2500 Specify
North River Name	6 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	0600, 1200, 1700 Specify
Ipswich River Name	5 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	0900, 1500 Specify
Browns Pond Name	6 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Elginwood Pond Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Devils Dishfull Pond Name	5 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2200, 2500 Specify
Crystal Pond Name	3 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2200 Specify
Bartholomew Pond Name	4 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Cedar Pond Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Strongwater Brook Name	14 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Retention Pond off Rt128 Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Wetland upstream Water R. Name	3 Number	<input checked="" 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)

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1. Public Education:

<u>1A</u> BMP ID #	<u>Develop educ. resources</u> Specify Best Management Practice	<u>DPS</u> Responsible Dept./Person Name	<u>SW Education Brochure</u> Specify Measurable Goal
<u>1B</u> BMP ID #	<u>Develop educ. resources</u> Specify Best Management Practice	<u>DPS</u> Responsible Dept./Person Name	<u>SW Educational Website</u> Specify Measurable Goal
<u>1C</u> BMP ID #	<u>Implem. educ. resources</u> Specify Best Management Practice	<u>DPS</u> Responsible Dept./Person Name	<u>inform people how to get involved w/ local restoration</u>
<u>1D</u> BMP ID #	<u>Implem. educ. resources</u> Specify Best Management Practice	<u>DPS</u> Responsible Dept./Person Name	<u>Educate children of SW pollution and prevention</u>
<u>1E</u> BMP ID #	<u>Implem. educ resources</u> Specify Best Management Practice	<u>DPS</u> Responsible Dept./Person Name	<u>Cont. educ. of public using Local TV advertising & press</u>

2. Public Participation:

<u>2A</u> BMP ID #	<u>Implem. educ. resources</u> Specify Best Management Practice	<u>DPS</u> Responsible Dept./Person Name	<u>inform people how to get involved w/ local restoration</u>
<u>2B</u> BMP ID #	<u>SW Drain Stenciling</u> Specify Best Management Practice	<u>DPS</u> Responsible Dept./Person Name	<u>Investigate program thru volunteer assistance</u>
<u>2C</u> BMP ID #	<u>Restoration and Cleanup</u> Specify Best Management Practice	<u>DPS</u> Responsible Dept./Person Name	<u>Cont. w/ eagle scouts stream and beach cleanup/restoration</u>
<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
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BRP WM 08A NPDES Stormwater General Permit
Notice of Intent for Discharges from Small Municipal Separate
Storm Sewer Systems (MS4s)

Facility ID (if known)

1. Public Education:

1F

BMP ID #

Implem. educ resources

Specify Best Management Practice

DPS

Responsible Dept./Person Name

Cont. sign posting & animal
waste cleanup enforcement

1G

BMP ID #

Implem educ resources

Specify Best Management Practice

DPS

Responsible Dept./Person Name

cont. yard-waste collection and
recycling programs

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

2. Public Participation:

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

D. Stormwater Management Program Summary (Cont.)



Massachusetts Department of Environmental Protection
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Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

Facility ID (if known)

3. Illicit Discharge Detection and Elimination:

<u>3A</u> BMP ID #	<u>GIS Mapping Program</u> Specify Best Management Practice	<u>DPS</u> Responsible Dept./Person Name	<u>Cont. to impr. & update storm sewer & drain syst. mapping</u>
<u>3B</u> BMP ID #	<u>Ident. of Illegal discharges</u> Specify Best Management Practice	<u>DPS</u> Responsible Dept./Person Name	<u>Cont. eliminating discharges thru map. & monitoring</u>
<u>3C</u> BMP ID #	<u>State Assessments</u> Specify Best Management Practice	<u>DPS</u> Responsible Dept./Person Name	<u>Cont. assist w/ water assessments</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:

includes 1DDE (see Hr. Rec'd 10/29)

<u>4A</u> BMP ID #	<u>SW Ordinance</u> Specify Best Management Practice	<u>City Council</u> Responsible Dept./Person Name	<u>Dev & Adopt for Const. & Post-Const. regulation</u>
<u>4B</u> BMP ID #	<u>SW Ordinance</u> Specify Best Management Practice	<u>City Council</u> Responsible Dept./Person Name	<u>Est. regulations & guidelines to require controls and BMPs</u>
<u>4C</u> BMP ID #	<u>SW Ordinance</u> Specify Best Management Practice	<u>DPS</u> Responsible Dept./Person Name	<u>Conduct site plan review for BMPs</u>
<u>4D</u> BMP ID #	<u>SW Ordinance</u> Specify Best Management Practice	<u>City Council & DPS</u> Responsible Dept./Person Name	<u>Enforce violations to max. extent</u>
<u>4E</u> BMP ID #	<u>Review Ordinances</u> Specify Best Management Practice	<u>Planning Board & DPS</u> Responsible Dept./Person Name	<u>Subdiv. Regs. to encourage better site design practices</u>

D. Stormwater Management Program Summary (Cont.)



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Facility ID (if known)

5. Post Construction Runoff Control:

<u>5A</u> BMP ID #	<u>City Council</u> Responsible Dept./Person Name	<u>Dev & Adopt for Const. & Post-Const. regulation</u>
<u>SW Ordinance</u> Specify Best Management Practice		
<u>5B</u> BMP ID #	<u>City Council</u> Responsible Dept./Person Name	<u>Est. regulations & guidelines to require controls and BMPs</u>
<u>SW Ordinance</u> Specify Best Management Practice		
<u>5C</u> BMP ID #	<u>DPS</u> Responsible Dept./Person Name	<u>Conduct site plan review for BMPs</u>
<u>SW Ordinance</u> Specify Best Management Practice		
<u>5D</u> BMP ID #	<u>City Council & DPS</u> Responsible Dept./Person Name	<u>Enforce violations to max. extent</u>
<u>SW Ordinance</u> Specify Best Management Practice		
<u>5E</u> BMP ID #	<u>Planning Board & DPS</u> Responsible Dept./Person Name	<u>Subdiv. Regs. to encourage better site design practices</u>
<u>Review Ordinances</u> Specify Best Management Practice		

6. Municipal Good Housekeeping:

<u>6A</u> BMP ID #	<u>DPS</u> Responsible Dept./Person Name	<u>Cont. to implement for DPS & develop for each city facility</u>
<u>SWPPP</u> Specify Best Management Practice		
<u>6B</u> BMP ID #	<u>DPS</u> Responsible Dept./Person Name	<u>collect training materials for employees to learn about PPP</u>
<u>SWPPP</u> Specify Best Management Practice		
<u>6C</u> BMP ID #	<u>DPS</u> Responsible Dept./Person Name	<u>Update the GIS with all SW outfalls, and inventory</u>
<u>MIS for inventory, SW outfalls</u> Specify Best Management Practice		
<u>6D</u> BMP ID #	<u>DPS</u> Responsible Dept./Person Name	<u>Cont to train employees in SWPPP</u>
<u>SWPPP</u> Specify Best Management Practice		
<u>6E</u> BMP ID #	<u>DPS</u> Responsible Dept./Person Name	<u>Cont St sweep program</u>
<u>Street Sweeping</u> Specify Best Management Practice		<u>Specify Measurable Goal</u>
<u>BMP ID #</u>	<u>continued</u> Specify Best Management Practice	

D. Stormwater Management Program Summary (cont.)



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5. Post Construction Runoff Control:

_____ 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

6. Municipal Good Housekeeping:

6F _____ BMP ID #	_____ Catch Basin Specify Best Management Practice	_____ DPS Responsible Dept./Person Name	_____ Cont. catch basin/storm drain cleaning program
6G _____ BMP ID #	_____ Storm water monitoring Specify Best Management Practice	_____ DPS Responsible Dept./Person Name	_____ develop yearly monitoring report
6H _____ BMP ID #	_____ GIS Drain layer Specify Best Management Practice	_____ DPS Responsible Dept./Person Name	_____ Update drain system mapping in GIS
6I _____ BMP ID #	_____ SW operation & Maintenance Specify Best Management Practice	_____ DPS Responsible Dept./Person Name	_____ Dev. O&M Plan, reduce & prevet pollutant runoff
6J _____ BMP ID #	_____ SW Operation & Maintenance Specify Best Management Practice	_____ DPS Responsible Dept./Person Name	_____ Dev. SW O&M Program for employees
_____ BMP ID #	_____ Specify Best Management Practice	_____ continued Responsible Dept./Person Name	_____ Specify Best Management Practice

D. Stormwater Management Program Summary (cont.)



**Massachusetts Department of Environmental Protection
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Notice of Intent for Discharges from Small Municipal Separate
Storm Sewer Systems (MS4s)**

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5. Post Construction Runoff Control:

_____ 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
_____ BMP ID #	_____ Specify Best Management Practice	_____ Responsible Dept./Person Name	_____ Specify Measurable Goal

6. Municipal Good Housekeeping:

6K _____ BMP ID #	_____ Master Plan Specify Best Management Practice	_____ DPS Responsible Dept./Person Name	_____ Incorp. BMPS in Master Plan Specify Measurable Goal
6L _____ BMP ID #	_____ Maintenance Plan Specify Best Management Practice	_____ DPS Responsible Dept./Person Name	_____ Improve plan and schedule for BMPs
6M _____ BMP ID #	_____ Identify facilities compliance Specify Best Management Practice	_____ DPS Responsible Dept./Person Name	_____ Identify # facilities & controls in compl. w/ Maintenance sched.
6N _____ BMP ID #	_____ Haz. material storage Specify Best Management Practice	_____ DPS Responsible Dept./Person Name	_____ Cont. to improve hazmat. storage @ municipal facilities
6O _____ BMP ID #	_____ SPCC Specify Best Management Practice	_____ DPS Responsible Dept./Person Name	_____ Cont. to update SPCC for municipal facilities
_____ BMP ID #	_____ Specify Best Management Practice	_____ continued Specify Best Management Practice	

D. Stormwater Management Program Summary (cont.)



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Storm Sewer Systems (MS4s)

Facility ID (if known)

5. Post Construction Runoff Control:

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

6. Municipal Good Housekeeping:

6P BMP ID #	DPS	Cont to train DPS employees in SPCC
SPCC Specify Best Management Practice	Responsible Dept./Person Name	
6Q BMP ID #	DPS	identify & estimate % reduction over next five years
SWMP pollution reduction Specify Best Management Practice	Responsible Dept./Person Name	
6R BMP ID #	DPS	If TMDLs are set in nxt 5 yrs, identify if BMPs meet TMDLs
BMPs if TMDLs are set Specify Best Management Practice	Responsible Dept./Person Name	
6S/T BMP ID #	DPS	Cont. to encourage
Recycling & Composting & Cleaning facilities	Responsible Dept./Person Name	Specify Measurable Goal
6U BMP ID #	DPS	Cont. to encourage and improve awareness
Household Haz. Waste Day Specify Best Management Practice	Responsible Dept./Person Name	
6V BMP ID #	Cont. to encourage use of least hazardous materials available	
Specify Best Management Practice		

D. Stormwater Management Program Summary (cont.)



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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
_____ 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
Michael J. Bonfante
Signature

07/27/03
Date



**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	
1A																					
1B																					
1C																					
1D																					
1E																					
1F																					
1G																					
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6L																					

Transmittal Number: **W055400**

Facility ID (if known):

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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	
6M																					
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