



Hand-enter Your Transmittal Number

W 040963

1149

Logged VHS

Your unique Transmittal Number can be accessed online: <http://www.state.ma.us/scripts/dep/trasmfirm.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 *FAO 275728 RO 383499*

BRP WM 08A NPDES Stormwater General Permit

Permit Code: 7 or 8 character code from permit instructions Name of Permit Category

NOI for Discharge from Small Municipal Separate Sewer Systems JUL 23 2003

Type of Project or Activity

B. Applicant Information - Firm or Individual

Town of Plainville DEP - CERRO

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

Last Name of Individual 142 South Street First Name of Individual MI

Street Address

Plainville MA 02762 (508) 695-3010 x 11

City/Town State Zip Code

Joseph E. Fernandes e-mail address (optional)

Contact Person

C. Facility, Site or Individual Requiring Approval

Townwide

Name of Facility, Site or Individual DEP Facility Number (if Known) Federal I.D. Number (if Known)

Street Address e-mail address (optional)

Plainville MA 02762

City/Town State Zip Code Telephone # and extension

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)

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

COPY



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

W 040963
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 Plainville
Name
P.O. Box 1717
Mailing Address
Plainville
City/Town
(508) 695-3010
Telephone Number
MA
State
Email (if available)

2. Municipality Name

Plainville
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:

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.)



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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
Turnpike Lake Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Wetherells Pond Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Whittings Pond Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Unknown Pond North of Fuller Street Name	1 Number	<input type="checkbox"/> Yes <input checked="" 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
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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**

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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:

1

BMP ID #

Enlist Residents as S/W
Educators

S/W Manager

Responsible Dept./Person Name

Form Public Education Task
Force

2

BMP ID #

Design and distribute
Brochures

S/W Manager

Responsible Dept./Person Name

Raise Public Awareness
Specify Measurable Goal

3

BMP ID #

Stencil Storm Drains
Specify Best Management Practice

Highway Department

Responsible Dept./Person Name

Identify MS4
Specify Measurable Goal

4

BMP ID #

Educate Students re: S/W
Specify Best Management Practice

S/W Educators & Teachers

Responsible Dept./Person Name

Classroom Presentations
Specify Measurable Goal

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

2. Public Participation:

5

BMP ID #

Form Technical Committee
(T.C.)

S/W Manager

Responsible Dept./Person Name

T.C. Provides Technical
Assistance

6

BMP ID #

T.C. Reviews General Permit
Specify Best Management Practice

T.C.

Responsible Dept./Person Name

S/W Goals Identified
Specify Measurable Goal

7

BMP ID #

T.C. Develops Strategy
Specify Best Management Practice

T.C. & S/W Manager

Responsible Dept./Person Name

Changes Made to Local
Regulations

8

BMP ID #

Residents Help Enforce Illicit
Discharge By-Law

S/W Manager

Responsible Dept./Person Name

Residents Report Violations
Specify Measurable Goal

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)



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Storm Sewer Systems (MS4s)

Facility ID (if known)

3. Illicit Discharge Detection and Elimination:

9

BMP ID #

Map Outfalls and MS4
 Specify Best Management Practice

Highway Supt.
 Responsible Dept./Person Name

Map of MS4
 Specify Measurable Goal

10

BMP ID #

Train Staff re: Dry Weather
Screening of Outfalls

Highway Supt.
 Responsible Dept./Person Name

Develop Detection Program
 Specify Measurable Goal

11

BMP ID #

Draft Illicit Discharge By-Law
 Specify Best Management Practice

Highway Supt. & T.C.
 Responsible Dept./Person Name

Town Meeting Adopts By-Law
 Specify Measurable Goal

12

BMP ID #

Enforcement of By-Law
 Specify Best Management Practice

Highway Supt., Board of
Selectmen

Discourage Violations
 Specify Measurable Goal

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

4. Construction Site Runoff Control:

13

BMP ID #

Selection of Erosion BMPS to
be Required for Construction

T.C., Con. Com, Planning
Board, Board of Health

Draft E&S Bylaw
 Specify Measurable Goal

14

BMP ID #

Selection of SW Management
Measures

T.C., Con. Com, Planning
Board, Board of Health

Draft Construction
Requirements

15

BMP ID #

Draft Construction Activity By-
Law

T.C., Con. Com, Planning
Board, Board of Health

Town Meeting Adopts By-Law
 Specify Measurable Goal

16

BMP ID #

Enforcement of By-Law
 Specify Best Management Practice

T.C., Con. Com, Plan. Brd.,
Brd of Health, Building Inspect

Requirement of all
Construction Activity

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)



BRP WM 08A NPDES Stormwater General Permit
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Storm Sewer Systems (MS4s)

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5. Post Construction Runoff Control:

<u>17</u> BMP ID # PI Bd, Con Com, Bd of Health, TC review goals of S/W Mgt PI	<u>PI Bd, Con Com, Bd of Health, TC</u>	<u>Identify reg changes in order to comply with general permit</u>
<u>18</u> BMP ID # Propose Regulation Changes Specify Best Management Practice	<u>PI Bd, Con Com, Bd of Health, TC</u>	<u>Town adopts by-law changes Boards amend their regs</u>
<u>19</u> BMP ID # Review S/W impacts on new projects	<u>PI Bd, Con Com, Bd of Health, ZBA</u>	<u>Project's S/W mgt plan must meet by-law</u>
<u>20</u> BMP ID # Require deed restrictions Specify Best Management Practice	<u>PI Bd, Con Com, ZBA, S/W Mgr.</u>	<u>Town ensures long term maintenance of S/W mgt goals</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>21</u> BMP ID # Clean catch basins regularly Specify Best Management Practice	<u>Highway Dept</u> <u>Responsible Dept./Person Name</u>	<u>Prevent debris from entering MS4</u>
<u>22</u> BMP ID # Sweep streets regularly Specify Best Management Practice	<u>Highway Dept.</u> <u>Responsible Dept./Person Name</u>	<u>Prevent sand & debris from entering MS4</u>
<u>23</u> BMP ID # Use E&S controls for road repairs	<u>Highway Dept</u> <u>Responsible Dept./Person Name</u>	<u>Prevent Erosion into MS4</u> <u>Specify Measurable Goal</u>
<u>24</u> BMP ID # Cover outside drums and salt Specify Best Management Practice	<u>Highway Dept</u> <u>Responsible Dept./Person Name</u>	<u>Prevent leachate from entering MS4</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.)



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Facility ID (if known)

7. BMPs for Meeting TMDL:

<u>25</u> BMP ID #	<u>Highway Supt.</u> Responsible Dept./Person Name	<u>Show MS4 outfalls into Category 5's on map</u>
<u>Does MS4 discharge into impaired water body?</u>		
<u>26</u> BMP ID #	<u>Highway Supt.</u> Responsible Dept./Person Name	<u>Isolate pollutants Specify Measurable Goal</u>
<u>Identify pollutants discharging from MS4 into Category 5's</u>		
<u>27</u> BMP ID #	<u>Highway Supt.</u> Responsible Dept./Person Name	<u>Assign responsibility for correction</u>
<u>Search for source of pollutant Specify Best Management Practice</u>		
<u>28</u> BMP ID #	<u>Highway Supt.</u> Responsible Dept./Person Name	<u>Enforce Illicit Discharge By- Law</u>
<u>Reduce pollutants discharging from MS4 into Category 5's</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.

Joseph E. Fernandes as Plainville Town Administrator

Printed Name

Signature

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									
	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			X	X	X																	
2			X																			
3			X																			
4						X																
5			X	X	X																	
6																						
7																						
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