



# Hand-enter Your Transmittal Number

W 40949

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

NOI 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 Plymouth

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

Last Name of Individual

11 Lincoln Street

Street Address

Plymouth

City/Town

Saeed Kashi

Contact Person

First Name of Individual

MI

MA

02360

State

Zip Code

508-830-4000

Telephone # and extension

skashi@townhall.plymouth.ma.us

e-mail address (optional)

### C. Facility, Site or Individual Requiring Approval

Town of Plymouth

Name of Facility, Site or Individual

11 Lincoln Street

Street Address

Plymouth

City/Town

DEP Facility Number (if Known)

Federal I.D. Number (if Known)

e-mail address (optional)

MA

02360

State

Zip Code

508-830-4082

Telephone # and extension

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

Saeed B. Kashi, P.E., Town Engineer

Name of Firm Or Individual

11 Lincoln Street

Address

Plymouth

City/Town

Saeed B. Kashi, P.E. Town Engineer

Contact Person

MA

02360

State

Zip Code

508-830-4082

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

### 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

n/a

Check Number

n/a

Dollar Amount

7/24/03

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

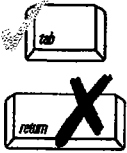


**BRP WM 08A NPDES Stormwater General Permit**  
**Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)**

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:

Saeed B. Kashi, P.E., Town Engineer

Name

DPW-Engineering, 11 Lincoln Street

Mailing Address

Plymouth

City/Town

(508) 830-4082

Telephone Number

MA, 02360

State

SKASHI@TOWNHALL.PLYMOUTH.MA.US

Email (if available)

2. Municipality Name

Town of Plymouth

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 Highways (Routes 3, 3A, and 44)

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



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**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

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
Plymouth Harbor Name	Not Known Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pathogens Specify
Billington Sea Name	Not Known Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Noxious aquatic plants, turbidity 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



**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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**D. Stormwater Management Program Summary**

1. Public Education:

<u>1-1</u> BMP ID #	<u>Town Engineer/Town Manager</u> Responsible Dept./Person Name	<u>Post in all schools and town buildings</u>
<u>Educational Flyer</u> Specify Best Management Practice		
<u>1-2</u> BMP ID #	<u>Town Engineer</u> Responsible Dept./Person Name	<u>Participation in town wide events &amp; schools</u>
<u>Form Public Education Task Force</u>		
<u>1-3</u> BMP ID #	<u>Town Engineer</u> Responsible Dept./Person Name	<u>Post one message every month</u>
<u>Air stormwater message on local cable access channel</u>		
<u>1-4</u> BMP ID #	<u>Town Engineer/Conservation Comm./Natural Resources</u>	<u>Stencil storm drains with messages (25% each year)</u>
<u>Storm Drain Stenciling</u> Specify Best Management Practice		
<u>1-5</u> BMP ID #	<u>Town Engineer</u> Responsible Dept./Person Name	<u>Map of discharge pipes to waters &amp; wetland (20%/yr.)</u>
<u>Map outfalls and receiving waters</u>		

2. Public Participation:

<u>2-1</u> BMP ID #	<u>DPW Recycling Coordinator</u> Responsible Dept./Person Name	<u>Once/yr (min.)</u> Specify Measurable Goal
<u>Hazardous waste collection</u> Specify Best Management Practice		
<u>2-2</u> BMP ID #	<u>Town Engineer/Natural Resources Officer</u>	<u>Level of participation</u> Specify Measurable Goal
<u>Volunteer Water Quality Monitoring</u>		
<u>2-3</u> BMP ID #	<u>Town Engineer/Natural Resources Officer</u>	<u>Hold meeting to plan for stormwater issues/mgmt</u>
<u>Citizen Stormwater Committee/ Lake Associations</u>		
<u>2-4</u> BMP ID #	<u>Town Engineer/Natural Resources Officer</u>	<u>Participation in Community Clean-ups</u>
<u>"Adopt a Storm Drain Program"</u>		
<u>2-5</u> BMP ID #	<u>Town Engineer/Natural Resources Officer</u>	<u>Aid Local Enforcement Author. in the Identification of Polluters</u>
<u>Citizen watch Groups</u> Specify Best Management Practice		



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**D. Stormwater Management Program Summary (Cont.)**

3. Illicit Discharge Detection and Elimination:

<u>3-1</u> BMP ID # Develop illicit dischg. id. & elim. plan	<u>Town Engr/BOH/Nat. Resource Officer/Planning Bd.</u>	<u>Make recommendations for the plan</u>
<u>3-2</u> BMP ID # Drainage Network Mapping Specify Best Management Practice	<u>Town Engineer Responsible Dept./Person Name</u>	<u>Drainage of urbanized areas Specify Measurable Goal</u>
<u>3-3</u> BMP ID # Pub. Info. on illicit Connections/Illegal discharges	<u>Town Engineer/Board of Health</u>	<u>Educating the public-hazards associated with these activities</u>
<u>3-4</u> BMP ID # Develop/Modify general illicit Discharge Bylaw	<u>BOH/Planning Board Responsible Dept./Person Name</u>	<u>Developing/modifying the plan Specify Measurable Goal</u>
<u>3-5</u> BMP ID # Present Bylaw for town meeting action	<u>BOH/Planning Board Responsible Dept./Person Name</u>	<u>Make presentations for town meeting action</u>

4. Construction Site Runoff Control:

<u>4-1</u> BMP ID # Wetlands by-law for storm water management	<u>Conservation Commission Responsible Dept./Person Name</u>	<u>Town meeting action Specify Measurable Goal</u>
<u>4-2</u> BMP ID # Subdivison regulations for storm water management	<u>Planning Board Responsible Dept./Person Name</u>	<u>Change subdivision Rules and Regulations</u>
<u>4-3</u> BMP ID # Erosion control by-law Specify Best Management Practice	<u>Planning/Zoning Board of Appeals</u>	<u>Town meeting action Specify Measurable Goal</u>
<u>4-4</u> BMP ID # Reporting hotline Specify Best Management Practice	<u>Town Engineer/Planning Board</u>	<u>Set up procedures in response to info submitted by public</u>
<u>4-5</u> BMP ID # Site plan review/construction site inspection program	<u>Town Engineer/Planner/ Building Inspector</u>	<u>Review all plans, inspect, &amp; visit construction site</u>



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**D. Stormwater Management Program Summary (Cont.)**

5. Post Construction Runoff Control:

5-1 BMP ID # Stormwater Management Bylaw-Development	Planning/Zoning Bd. & Conservation Comm	Strategies to be developed Specify Measurable Goal
5-2 BMP ID # Stormwater Management By- law Development	Planning/Zoning Bd. & Conservation Comm.	Formulation of the By-law Specify Measurable Goal
5-3 BMP ID # Conservation Comm. Wetlands By-law	Planning/Zoning Bd. & Conservaton Comm.	Presentation for Town Meeting action
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:

6-1 BMP ID # Street sweeping program Specify Best Management Practice	Highway Responsible Dept./Person Name	Spring annual sweeping, record sweeping as needed
6-2 BMP ID # Catch basin/drain cleaning Specify Best Management Practice	Highway Responsible Dept./Person Name	500 per year (record) Specify Measurable Goal
6-3 BMP ID # Annual training at town facilities	Town Engineer Responsible Dept./Person Name	Conduct training, prepare literature, record attendance
6-4 BMP ID # Policy Guide Specify Best Management Practice	Town Engineer Responsible Dept./Person Name	Developing the Policy Guide Specify Measurable Goal
6-5 BMP ID # Permit filing for the town's activities related to Phase II	Town Engineer Responsible Dept./Person Name	Permits Filed as needed Specify Measurable Goal
BMP ID # Specify Best Management Practice	Specify Best Management Practice	



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**D. Stormwater Management Program Summary (cont.)**

7. BMPs for Meeting TMDL:

BMP ID # Not Known at this time	_____	_____
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.

Pamela T. Nolan  
 Printed Name  
Pamela T. Nolan  
 Signature  
 Date 7/25/03