Hand-enter Your Transmittal Number → 1096 W 040679
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

NPDES Stormwater General Permit
Name of Permit Category

Notice of Intent for Discharges from Small MS4s
Type of Project or Activity

B. Applicant Information – Firm or Individual

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

Last Name of Individual | **First Name** of Individual | MI

201 Run Hill Road
Street Address

Brewster | MA | 02631 | (508) 896-3212
City/Town | State | Zip Code | Telephone # and extension

Allan Tkcazyk
Contact Person

e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Town of Brewster MS4
Name of Facility, Site or Individual

DEP Facility Number (if Known) | Federal I.D. Number (if Known)

Street Address

e-mail address (optional)

Brewster | MA | 02631
City/Town | State | Zip Code | Telephone # and extension

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

S E A Consultants Inc.
Name of Firm Or Individual

485 Massachusetts Avenue
Address

Cambridge | MA | 02139 | (617) 498-4622
City/Town | State | Zip Code | Telephone # and extension

Betsy Frederick
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 EOEA file number - assigned when an Environmental Notification Form is submitted to the MEPA unit: EOEA 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
None		

F. Amount Due

JUL 21 2003

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

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)

040679
Transmittal Number

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:

   Charles Sumner, Town Manager
   Name

   2198 Main Street
   Mailing Address

   Brewster — City/Town
   MA — State

   508-896-3701 ext. 134 — Telephone Number
   csumner@town.brewster.ma.us — Email (if available)

2. Municipality Name

   Town of Brewster, Massachusetts
   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 Highway (Route 6A & Route 28)

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?

   X 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?

X 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
Ocean (Name)	3 (Number)	☐ Yes ☒ No	(Specify)
Black Pond (Name)	(Number)	☐ Yes ☒ No	(Specify)
Cranberry Bog (Name)	(Number)	☐ Yes ☒ No	(Specify)
Freemans Pond (Name)	(Number)	☐ Yes ☒ No	(Specify)
Tributary to Freemans Pond (Name)	(Number)	☐ Yes ☒ No	(Specify)
Lower Mill Pond (Name)	(Number)	☒ Yes ☐ No	Nutrients, Noxious Aquatic Plants, Turbidity
Schoolhouse Pond (Name)	(Number)	☐ Yes ☒ No	(Specify)
Sheep Pond (Name)	(Number)	☒ Yes ☐ No	Organic Enrichment/Low DO (Specify)
Stony Brook Creek (Name)	(Number)	☐ Yes ☒ No	(Specify)
Wetlands of Namskaket Creek	(Number)	☒ Yes ☐ No	Pathogens (Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ 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)

Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary

1. Public Education:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1-1	Develop and Distribute Educational Material	Board of Health	Distribute a flier bi-annually to property owners of record.

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2-1	Establish and Use Stormwater Web Page	DPW & I.T. Department	Create web-page on Town Web Site

3. Illicit Discharge Detection and Elimination:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
3-1	Map Stormwater Assets	DPW	In areas subject to the NPDES Phase II Rule (i.e. UA & waters of the U.S.), complete mapping of stormwater outfalls; 100% mapping of MS4 systems in areas where repairs have been completed by end of Year 5.
3-2	Proposed By-law to Prohibit Illicit Discharges and Illegal Connections	Board of Health, Planning Department	Include proposed by-law in Town warrant in Year 3. If not approved, revise, if necessary and include in warrants in Years 4 and 5.

D. Stormwater Management Program Summary (Cont.)

3-3
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Develop and Implement Illicit Connection Detection Plan	Board of Health and Natural Resources Department	Complete dry weather inspections on 100% of Town-owned outfalls that discharge directly or indirectly to surface water bodies subject to the NPDES Phase II Rule. Complete illicit connection detection and elimination plan and implement, if needed.

4. Construction Site Runoff Control:

4-1
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Revise Development Plan Review By-law	Planning Director	Include proposed by-law in Town warrant in Year 2. If not approved, revise, if necessary and include in warrants in Years 3, 4 and 5.

4-2
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Establish Mechanism for Consideration of Public Input	Conservation Commission	Create mechanism and effectively use it.

5. Post Construction Runoff Control:

5-1
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Develop Post-Construction Runoff By-law	Planning Director	Include proposed by-law in Town warrant in Year 3. If not approved, revise, if necessary and include in warrants in Years 4 and 5.

5-2
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Develop Post-Construction Inspection of Best Management Practices Program	Proponent's Engineer (Review by DPW Superintendent)	Implement post-construction site inspection program

D. Stormwater Management Program Summary (Cont.)

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
6-1	Develop and Implement Employee Education Program	DPW	Training of 100% of municipal employees involved in stormwater management activities over permit term.
6-2	Develop and Adhere to Operation and Maintenance Schedule	DPW	Develop and implement schedule by end of Year 2.

7. BMPs for Meeting TMDL: **NO TMDLs have been established for water bodies in Brewster.**

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.

Charles Sumner
Printed Name

Signature

7·15·03
Date