Hand-enter Your Transmittal Number → 1110 W 040891
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

BRP WM 08A
Permit Code: 7 or 8 character code from permit instructions

NPDES Stormwater General Permit
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:

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

2500 State Highway
Street Address

Eastham | MA | 02642 | 508-240-5906 x202
City/Town | State | Zip Code | Telephone # and extension

Terry Whalen, Town Planner
Contact Person

twhalen@eastham-ma.gov
e-mail address (optional)

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)

Street Address | e-mail address (optional)

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 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

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

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)

W040891
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:

   Town of Eastham
   Name

   2500 State Highway
   Mailing Address

   Eastham — City/Town
   MA — State

   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

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
Nauset Marsh (Name)	4 (Number)	☐ Yes ☒ No	(Specify)
Salt Pond (Name)	1 (Number)	☐ Yes ☒ No	(Specify)
Town Cove (Name)	1 (Number)	☐ Yes ☒ No	(Specify)
Cape Cod Bay (Name)	9 (Number)	☐ Yes ☒ No	(Specify)
Herring River (Name)	1 (Number)	☐ Yes ☒ No	(Specify)
Boat Meadow River (Name)	1 (Number)	☒ Yes ☐ No	Pathogens (Specify)
Rock Harbor/Creek (Name)	1 (Number)	☒ Yes ☐ No	Pathogens (Specify)
Hatches Creek (Name)	1 (Number)	☐ Yes ☒ No	(Specify)
Herring Pond (Name)	1 (Number)	☐ Yes ☒ No	(Specify)
Depot Pond (Name)	1 (Number)	☐ Yes ☒ No	(Specify)
Bridge Pond (Name)	1 (Number)	☐ Yes ☒ No	(Specify)
Great Pond (Name)	2 (Number)	☒ Yes ☐ No	Nutrients, Organic Enrichments/Low DO
(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)

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)

W040891
Transmittal Number

Facility ID (if known)

1. Public Education:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1-1	Educational Brochures	NR, DPW, Planning	Development of Brochures
1-2	Educational Mailing	Planning	Mailing
1-3	Storm Water Video	Planning	Airing on Cable TV
1-4	Coastal/Pond Cleanup	ConCom, DPW	Conducting Cleanup
1-5	Office Brochure Distribtuion	NR, DPW, Planning, Health	Availability of Brochures

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2-1	Storm Water Management Program (SWWP)	NR, DPW, ConCo, Planning, Health, WRAB, WMMPC	Development of SWMP
2-2	Pollution Reporting	NR, DPW, Pond Stewards	Visual Monitoring/Recording

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

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

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
4-1	Draft Construction Site Runoff Control By-law	ConCom, Planning	Develop By-law
4-2	Enact Construction Site Runoff Control By-law	ConCom, Planning, Town Mtg.	Implement By-law

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
5-1	Draft Post Construction Site Runoff Control By-law	ConCom, Planning	Develop By-law
5-2	Amend Site Plan Review	ConCom, Planning	Amended By-law
5-3	Enact Post Construction Site Runoff Control By-law	ConCom, Planning, Town Mtg.	Implement By-law

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
6-1	Annual Training	NR, DPW, Planning	Training Session
6-2	Review of Town Properties	DPW	Audit Report
6-3	Review of Town Operations	DPW, Health	Audit Report
6-4	Catch Basin Cleaning	DPW	Updated Log
6-5	Street Sweeping	DPW	Record of Areas Swept

D. Stormwater Management Program Summary (cont.)

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

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.

Sheila Vanderhoef
Printed Name

Sheila Vanderhoef
Signature

July 17, 2003
Date

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

Transmittal Number _____

Facility ID (if known) _____

Page _____ of _____

	PERMIT YEAR ONE				PERMIT YEAR TWO				PERMIT YEAR THREE				PERMIT YEAR FOUR				PERMIT YEAR FIVE				
BMP ID #	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	Next Permit
1-1		—	—	—																	
1-2					—	—	—	—					—	—	—	—					
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6-4		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
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