



Hand-enter Your Transmittal Number

1087

W 040422

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

Type of Project or Activity

Stormwater

Name of Permit Category

B. Applicant Information - Firm or Individual

City of Attleboro

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

Last Name of Individual

77 Park Street

Street Address

Attleboro

City/Town

Mr. Edward Tanner

Contact Person

First Name of Individual

MI

MA

State

02703

Zip Code

508-223-2222

Telephone # and extension

e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

City of Attleboro Storm Drainage System

Name of Facility, Site or Individual

same as above

Street Address

DEP Facility Number (if Known)

Federal I.D. Number (if Known)

e-mail address (optional)

City/Town

State

Zip Code

Telephone # and extension

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

Camp Dresser & McKee Inc.

Name of Firm Or Individual

50 Hampshire Street

Address

Cambridge

City/Town

Brent McCarthy

Contact Person

MA

State

02139

Zip Code

617452-6000

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

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)**

W040422
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:

City of Attleboro

Name

77 Park Street

Mailing Address

Attleboro

MA

City/Town

State

508-223-2222

Telephone Number

Email (if available)

2. Municipality Name

Attleboro

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

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



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

W040422

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)

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
Tenmile River Name	Unknown Number	☒ Yes ☐ No	Metals, nutrients, siltation, organic enrichment/low DO, pathogens, noxious aquatic plants, turbidity Specify
Sevenmile River Name	Unknown Number	☒ Yes ☐ No	organic enrichment, low DO, pathogens Specify
Dodgeville Pond Name	Unknown Number	☒ Yes ☐ No	nutrient, pathogens, noxious aquatic plants, turbidity Specify
Farmers Pond Name	Unknown Number	☒ Yes ☐ No	nutrients, noxious aquatic plants Specify
Hebronville Pond Name	Unknown Number	☒ Yes ☐ No	noxious aquatic plants Specify
Mechanics Pond Name	Unknown Number	☒ Yes ☐ No	nutrients, pathogens, noxious aquatic plants Specify
Luther Reservoir Name	Unknown Number	☒ Yes ☐ No	turbidity Specify
Lake Como Name	Unknown Number	☒ Yes ☐ No	noxious aquatic plants, turbidity Specify
Speedway Brook Name	Unknown Number	☒ Yes ☐ No	metals, nutrients, siltation, organic enrichment, low DO, pathogens, turbidity Specify
Manchester Pond Name	Unknown Number	☐ Yes ☒ No	Specify
Orrs Pond Name	Unknown Number	☐ Yes ☒ No	Specify
Cranberry Ponds Name	Unknown Number	☐ Yes ☒ No	Specify



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

W040422

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)

C. Names of (Presently Known) Receiving Waters (Cont.)

Sweeden's Swamp	Unknown	☐ Yes ☒ No	Specify
Name	Number		
Fourmile Brook	Unknown	☐ Yes ☒ No	Specify
Name	Number		
Brook Tributary to Tenmile River	Unknown	☐ Yes ☒ No	Specify
Name	Number		
Brook Tributary to Sevenmile River	Unknown	☐ Yes ☒ No	Specify
Name	Number		
Thatcher Brook	Unknown	☐ Yes ☒ No	Specify
Name	Number		
Bliss Brook	Unknown	☐ Yes ☒ No	Specify
Name	Number		
Streams Tributary to Thatcher Brook	Unknown	☐ Yes ☒ No	Specify
Name	Number		
Chartley Brook	Unknown	☐ Yes ☒ No	Specify
Name	Number		
Chartley Pond	Unknown	☐ Yes ☒ No	Specify
Name	Number		
Coopers Pond	Unknown	☐ Yes ☒ No	Specify
Name	Number		
Bungay River	Unknown	☐ Yes ☒ No	Specify
Name	Number		
Blackstone River	Unknown	☐ Yes ☒ No	Specify
Name	Number		
Happy Hollow Pond	Unknown	☐ Yes ☒ No	Specify
Name	Number		
Robin Hollow Pond	Unknown	☐ Yes ☒ No	Specify
Name	Number		
Unnamed ponds and wetlands	Unknown	☐ Yes ☒ No	Specify
Name	Number		



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)

W040422
Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary

1. Public Education:

1-1

BMP ID #

Article/brochure about
stormwater mailed to residents
and businesses

Specify Best Management Practice

Environmental Planner

Responsible Dept./Person Name

Article/brochure distributed
annually

Specify Measurable Goal

1-2

BMP ID #

Update City website to include
stormwater management
information

Specify Best Management Practice

Environmental
Planner/Conservation
Commission

Responsible Dept./Person Name

City website updated

Specify Measurable Goal

1-3

BMP ID #

Sponsor Cleanup Days for
rivers and water bodies within
City limits

Specify Best Management Practice

DPW/Health Dept/Park and
Forestry Dept

Responsible Dept./Person Name

Hold City-sponsored Cleanup
Days

Specify Measurable Goal

1-4

BMP ID #

Stormwater education
program for school children

Specify Best Management Practice

Environmental Planner

Responsible Dept./Person Name

Presentation given to middle
schools

Specify Measurable Goal

1-5

BMP ID #

Present stormwater
management issues to
organizations

Specify Best Management Practice

Environmental Planner

Responsible Dept./Person Name

Presentation given to at least
one group annually

Specify Measurable Goal

1-6

BMP ID #

Educate dog owners about
picking up dog waste

Specify Best Management Practice

Health Dept/City Clerk

Responsible Dept./Person Name

Pet waste fact sheets mailed
to dog owners in annual dog
registration mailing

Specify Measurable Goal

1-7

BMP ID #

Install and maintain signs for
stormwater management and
pet waste clean-up at schools
and parks

Specify Best Management Practice

Park and Forestry
Dept/Recreation Dept

Responsible Dept./Person Name

Number of signs installed,
number of signs inspected

Specify Measurable Goal



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)**

W040422
Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

1-8

BMP ID #

Staff table at annual Earth Day event

Specify Best Management Practice

Health Dept

Responsible Dept./Person Name

Table staffed annually, number of brochures handed out

Specify Measurable Goal

1-9

BMP ID #

Continue to staff a table weekly at "Wednesday Night Market"

Specify Best Management Practice

Health Dept

Responsible Dept./Person Name

Table staffed, number of brochures handed out

Specify Measurable Goal

1-10

BMP ID #

Annual update of Stormwater Management Plan at televised Municipal Council meeting

Specify Best Management Practice

Environmental Planner/DPW

Responsible Dept./Person Name

Annual update of SWMP at Municipal Council meeting

Specify Measurable Goal

1-11

BMP ID #

Appear on local access television talk show to discuss stormwater management

Specify Best Management Practice

Planning Dept/Health Dept/DPW

Responsible Dept./Person Name

Periodic discussion of stormwater management on local access television

Specify Measurable Goal

1-12

BMP ID #

Post information on stormwater management on local access television

Specify Best Management Practice

Environmental Planner

Responsible Dept./Person Name

Information posted and updated on local access channel.

Specify Measurable Goal

1-13

BMP ID #

Post signs and develop and distribute brochures on Wall Street Highway Yard Stormwater Improvements

Specify Best Management Practice

DPW/Environmental Planner

Responsible Dept./Person Name

Signs posted and brochures distributed

Specify Measurable Goal

2. Public Participation:

2-1

BMP ID #

Comply with state public notification guidelines at MGL Chapter 39 Section 23B

Specify Best Management Practice

DPW/Environmental Planner/Health Dept

Responsible Dept./Person Name

Notices posted in designated locations

Specify Measurable Goal



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)

W040422

Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

2-2

BMP ID #

Stencil catch basins with don't
dump message

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Number of catch basins
stenciled

Specify Measurable Goal

3. Illicit Discharge Detection and Elimination:

3-1

BMP ID #

Conduct dry weather outfall
screening

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Percent of outfalls screened

Specify Measurable Goal

3-2

BMP ID #

Map stormwater outfalls and
receiving waters

Specify Best Management Practice

Environmental Planner

Responsible Dept./Person Name

Map created

Specify Measurable Goal

3-3

BMP ID #

Map stormwater collection
system in GIS

Specify Best Management Practice

Environmental Planner

Responsible Dept./Person Name

GIS of stormwater system
created

Specify Measurable Goal

3-4

BMP ID #

Develop and implement plan
to identify and remove non-
stormwater discharges

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Number of illicit connections
found and removed

Specify Measurable Goal

3-5

BMP ID #

Develop ordinance that
prohibits illicit connections,
allows access to buildings,
and requires redirection of
illicit connections found

Specify Best Management Practice

City Attorney/Planning
Dept/DPW

Responsible Dept./Person Name

Draft ordinance developed and
presented to Municipal Council

Specify Measurable Goal

3-6

BMP ID #

Continue inspection of new
construction for correct
connection to sanitary sewer

Specify Best Management Practice

DPW/Dept of Water and
Wastewater

Responsible Dept./Person Name

New construction inspected

Specify Measurable Goal



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)

W040422
Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

4. Construction Site Runoff Control:

4-1

BMP ID #

Develop city-wide construction site erosion and sediment control ordinance for sites greater than 1 acre

Specify Best Management Practice

4-2

BMP ID #

Require construction site operator to submit monthly erosion and sediment control reports.

Specify Best Management Practice

4-3

BMP ID #

Review site plans for stormwater impacts

Specify Best Management Practice

4-4

BMP ID #

Consideration of public input

Specify Best Management Practice

City Attorney/Planning Dept

Responsible Dept./Person Name

Draft ordinance developed and presented to Municipal Council
Specify Measurable Goal

DPW

Responsible Dept./Person Name

Inspection reports submitted to City
Specify Measurable Goal

Environmental Planner/Planning Board

Responsible Dept./Person Name

Number of site plans reviewed
Specify Measurable Goal

Environmental Planner/Planning Board

Responsible Dept./Person Name

Public review and comment periods held; signs posted at construction sites
Specify Measurable Goal

5. Post Construction Runoff Control:

5-1

BMP ID #

Develop ordinance to apply Performance Standards 2,3,4,7,and 9 of the MA Stormwater Policy to developments disturbing more than 1 acre.

Specify Best Management Practice

5-2

BMP ID #

Specify a stormwater BMP manual to be used for consistent design and performance standards.

Specify Best Management Practice

City Attorney/Planning Dept

Responsible Dept./Person Name

Draft ordinance developed and presented to Municipal Council
Specify Measurable Goal

Environmental Planner

Responsible Dept./Person Name

BMP manual selected.
Specify Measurable Goal



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)

W040422

Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

5-3

BMP ID #

Ensure long-term maintenance
of structural BMPs.

Specify Best Management Practice

City Attorney/Planning Dept

Responsible Dept./Person Name

Draft ordinance developed and
presented to Municipal Council

Specify Measurable Goal

6. Municipal Good Housekeeping:

6-1

BMP ID #

Employee Training Program

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Number/percent of DPW
employees who receive
stormwater training each year.

Specify Measurable Goal

6-2

BMP ID #

Continue street and parking lot
sweeping

Specify Best Management Practice

DPW

Responsible Dept./Person Name

All streets and municipal
parking lots swept in spring;
downtown street swept twice
weekly throughout year,
weather permitting; tons of
materials removed from
roadways annually.

Specify Measurable Goal

6-3

BMP ID #

Storm drain maintenance

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Percent of catch basins
cleaned annually.

Specify Measurable Goal

6-4

BMP ID #

Evaluate street sweeping and
catch basin cleaning
equipment.

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Evaluation of existing
equipment

Specify Measurable Goal

6-5

BMP ID #

Roadway deicing

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Reduction in amount of
deicers used (compared to
years with similar snowfall and
deicer demand) and
environmental impacts of
deicers.

Specify Measurable Goal



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

W040422

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)

D. Stormwater Management Program Summary (Cont.)

6-6

BMP ID #

Proper snow disposal

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Designated snow disposal
areas identified.

Specify Measurable Goal

6-7

BMP ID #

Continue spill prevention and
response training at DPW
facility

Specify Best Management Practice

DPW/Health Dept

Responsible Dept./Person Name

Periodic training of employees.

Specify Measurable Goal

6-8

BMP ID #

Develop a written spill
prevention and response plan
for the DPW facility

Specify Best Management Practice

DPW/Health Dept

Responsible Dept./Person Name

Written spill prevention and
response plan developed and
updated annually.

Specify Measurable Goal

6-9

BMP ID #

Continue to maintain
hazardous materials inventory
for materials used or
generated by the City.

Specify Best Management Practice

DPW/Fire Dept/Health Dept

Responsible Dept./Person Name

Maintenance of hazardous
materials inventory system.

Specify Measurable Goal

6-10

BMP ID #

Minimize impacts from vehicle
maintenance.

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Reduction in amount of
hazardous materials used.

Specify Measurable Goal

6-11

BMP ID #

Minimize impacts from vehicle
washing.

Specify Best Management Practice

DPW/Police Dept

Responsible Dept./Person Name

Investigation with specific
recommendations completed.
Resulting implementation of
recommendations scheduled.
Decline in use of soap. Switch
to biodegradable soap.

Specify Measurable Goal

6-12

BMP ID #

Park and landscape
maintenance.

Specify Best Management Practice

Park & Forestry

Dept/Recreation Dept

Responsible Dept./Person Name

Amount of herbicides/fertilizers
used.

Specify Measurable Goal



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

W040422

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)

D. Stormwater Management Program Summary (Cont.)

6-13

BMP ID #

Continue tree planting and
maintenance program.

Specify Best Management Practice

Park & Forestry

Dept/Recreation Dept

Responsible Dept./Person Name

Number of trees planted.

Specify Measurable Goal

6-14

BMP ID #

Illegal dumping control.

Specify Best Management Practice

DPW/Health Dept

Responsible Dept./Person Name

Number of signs posted;
number of sites cleaned up.

Specify Measurable Goal

6-15

BMP ID #

Continue to hold Annual
Household Hazardous Waste
Collection Day.

Specify Best Management Practice

Health Dept

Responsible Dept./Person Name

Household Hazardous Waste
Collection Day held annually.

Specify Measurable Goal

6-16

BMP ID #

Continue to provide monthly
drop off days for automotive
and other waste products.

Specify Best Management Practice

Health Dept

Responsible Dept./Person Name

Monthly waste drop offs for
residents provided during non-
winter months.

Specify Measurable Goal

6-17

BMP ID #

Continue enforcement of pet
waste pick-up ordinance.
Empty trash barrels frequently
to encourage proper disposal.

Specify Best Management Practice

Health Dept/Animal Control
Officer/DPW/Parks and
Recreation Depts

Responsible Dept./Person Name

Reduction in complaints, if
any, of pet waste in public
areas; frequency of trash
barrel emptying.

Specify Measurable Goal

6-18

BMP ID #

Implement stormwater
improvements at the City's
Wall Street Highway Yard
designed to reduce nonpoint
source pollution to the Tenmile
River.

Specify Best Management Practice

DPW/Environmental Planner

Responsible Dept./Person Name

Construction of stormwater
improvement projects.

Specify Measurable Goal

6-19

BMP ID #

Enter into agreement with
Historic Preservation Officer to
mitigate potential impacts to
Blackinton Houses & Park
Historic Site.

Specify Best Management Practice

Environmental Planner

Responsible Dept./Person Name

Written agreement with
Historic Preservation Officer
obtained.

Specify Measurable Goal



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)**

W040422

Transmittal Number

Facility ID (if known)

7. BMPs for Meeting TMDL: NONE REQUIRED; NO TMDLs IN ATTLEBORO.

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.

Judith H. Robbins

Printed Name

Signature

Judith H. Robbins
Mayor

Date

7/24/03



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. Example 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	
1-1						X				X				X				X			
1-2										X					X						
1-3				X		X		X						X				X		X	
1-4				X				X								X				X	
1-5							X				X				X						
1-6									X	X						X					
1-7									X		X			X		X					
1-8						X				X				X				X			
1-9																					
1-10					X			X					X								
1-11				X				X				X				X				X	
1-12																					
1-13																					
2-1																					
2-2					X				X				X								
3-1		X																			
3-2																					
3-3																					
3-4																					
3-5																					
3-6																					
4-1																					
4-2																					
4-3																					
4-4																					
5-1																					
5-2																					
5-3																					
6-1																					
6-2																					
6-3																					
6-4																					
6-5				X				X					X							X	
6-6																					
6-7																					
6-8												X				X				X	
6-9																					
6-10																					
6-11																					
6-12																					
6-13																					
6-14																					
6-15		X				X				X					X			X			
6-16																					
6-17																					
6-18																					
6-19																					

Transmittal Number W040422
Facility ID (if known)
Page of