Logged VHS

Hand-enter Your Transmittal Number → W 040963 1149

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

~~FAC 275728 RO 383999~~

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

NPDES Stormwater General Permit
Name of Permit Category

NOI for Discharge from Small Municipal Separate Sewer Systems
Type of Project or Activity

RECEIVED
JUL 29 2003
DEP - CERO

B. Applicant Information – Firm or Individual

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

Last Name of Individual | First Name of Individual | MI

142 South Street
Street Address

Plainville | MA | 02762 | (508) 695-3010 x 11
City/Town | State | Zip Code

Joseph E. Fernandes
Contact Person

e-mail address (optional)

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 | Telephone # and extension
City/Town | State | Zip Code

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

COPY

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

BRP WM 08A NPDES Stormwater General Permit

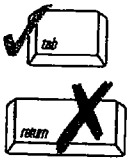
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

W 040963
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 Plainville
Name

P.O. Box 1717
Mailing Address

Plainville
City/Town

MA
State

(508) 695-3010
Telephone Number

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.)

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)

W 040963
Transmittal Number

Facility ID (if known)

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: Name	No. of Outfalls: Number	Listed as Impaired?	Impairment: Specify
Turnpike Lake	2	☐ Yes ☒ No	
Wetherells Pond	1	☐ Yes ☒ No	
Whittings Pond	1	☐ Yes ☒ No	
Unknown Pond North of Fuller Street	1	☐ Yes ☒ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	

D. Stormwater Management Program Summary

1. Public Education:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1	Enlist Residents as S/W Educators	S/W Manager	Form Public Education Task Force
2	Design and distribute Brochures	S/W Manager	Raise Public Awareness
3	Stencil Storm Drains	Highway Department	Identify MS4
4	Educate Students re: S/W	S/W Educators & Teachers	Classroom Presentations

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
5	Form Technical Committee (T.C.)	S/W Manager	T.C. Provides Technical Assistance
6	T.C. Reviews General Permit	T.C.	S/W Goals Identified
7	T.C. Develops Strategy	T.C. & S/W Manager	Changes Made to Local Regulations
8	Residents Help Enforce Illicit Discharge By-Law	S/W Manager	Residents Report Violations

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
9	Map Outfals and MS4	Highway Supt.	Map of MS4
10	Train Stafff re: Dry Weather Screening of Outfalls	Highway Supt.	Develop Detection Program
11	Draft Illicit Discharge By-Law	Highway Supt. & T.C.	Town Meeting Adopts By-Law
12	Enforcement of By-Law	Highway Supt., Board of Selectmen	Discourage Violations

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
13	Selection of Erosion BMPS to be Required for Construction	T.C., Con. Com, Planning Board, Board of Health	Draft E&S Bylaw
14	Selection of S/W Management Measures	T.C., Con. Com, Planning Board, Board of Health	Draft Construction Requirements
15	Draft Construction Activity By-Law	T.C., Con. Com, Planning Board, Board of Health	Town Meeting Adopts By-Law
16	Enforcement of By-Law	T.C., Con. Com, Plan. Brd., Brd of Health, Building Inspect	Requirement of all Construction Activity

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

17 BMP ID #		
Pl Bd, Con Com, Bd of Health, TC review goals of S/W Mgt Pl	Pl Bd, Con Com, Bd of Health, TC	Identify reg changes in order to comply with general permit
18 BMP ID #		
Propose Regulation Changes Specify Best Management Practice	Pl Bd, Con Com, Bd of Health, TC	Town adopts by-law changes Boards amend their regs
19 BMP ID #		
Review S/W impacts on new projects	Pl Bd, Con Com, Bd of Health, ZBA	Project's S/W mgt plan must meet by-law
20 BMP ID #		
Require deed restrictions Specify Best Management Practice	Pl Bd, Con Com, ZBA, S/W Mgr.	Town ensures long term maintenance of S/W mgt goals
BMP ID #		
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

6. Municipal Good Housekeeping:

21 BMP ID #		
Clean catch basins regularly Specify Best Management Practice	Highway Dept Responsible Dept./Person Name	Prevent debris from entering MS4
22 BMP ID #		
Sweep streets regularly Specify Best Management Practice	Highway Dept. Responsible Dept./Person Name	Prevent sand & debris from entering MS4
23 BMP ID #		
Use E&S controls for road repairs	Highway Dept Responsible Dept./Person Name	Prevent Erosion into MS4 Specify Measurable Goal
24 BMP ID #		
Cover outside drums and salt Specify Best Management Practice	Highway Dept Responsible Dept./Person Name	Prevent leachate from entering MS4
BMP ID #		
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

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

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

Transmittal Number W 040963

Facility ID (if known)

Page ____ of 1

	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
1			X	X	X															
2			X				X				X		X					X		
3			X			X				X			X					X		
4				X				X				X				X		X		
5			X	X	X															X
6				X	X	X														
7							X	X												
8										X	X	X	X	X	X	X	X	X	X	X
9			X			X				X				X				X		
10						X														
11								X	X											
12							X			X	X	X	X	X	X	X	X	X	X	X
13								X												
14									X	X	X	X	X	X	X	X	X	X	X	X
15								X												
16									X	X	X	X	X	X	X	X	X	X	X	X
17							X	X												
18								X	X	X	X	X	X	X	X	X	X	X	X	X
19																				
20			X		X					X	X	X	X	X	X	X	X	X	X	X
21			X		X				X				X				X			
22			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
23			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
24			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
25			X																	
26				X																
27					X	X														
28						X	X													