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
NPDES Stormwater General Permit — Name of Permit Category
NOI for discharges from small MS4s — Type of Project or Activity

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 | **First Name** of Individual | MI

11 Lincoln Street — Street Address

Plymouth — City/Town | MA — State | 02360 — Zip Code | 508-830-4000 — Telephone # and extension

Saeed Kashi — Contact Person | 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 | DEP Facility Number (if Known) | Federal I.D. Number (if Known)

11 Lincoln Street — Street Address | e-mail address (optional)

Plymouth — City/Town | MA — State | 02360 — 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 | MA — State | 02360 — Zip Code | 508-830-4082 — Telephone # and extension

Saeed B. Kashi, P.E. Town Engineer — 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

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

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

BRP WM 08A NPDES Stormwater General Permit

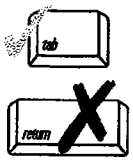
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

W40949
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:

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

   DPW-Engineering, 11 Lincoln Street
   Mailing Address

   Plymouth — City/Town
   MA, 02360 — State

   (508) 830-4082 — Telephone Number
   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

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: Name	No. of Outfalls: Number	Listed as Impaired?	Impairment: Specify
Plymouth Harbor	Not Known	☒ Yes ☐ No	Pathogens
Billington Sea	Not Known	☒ Yes ☐ No	Noxious aquatic plants, turbidity
		☐ 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	
		☐ Yes ☐ No	
		☐ Yes ☐ No	

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)

W40949
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	Educational Flyer	Town Engineer/Town Manager	Post in all schools and town buildings
1-2	Form Public Education Task Force	Town Engineer	Participation in town wide events & schools
1-3	Air stormwater message on local cable access channel	Town Engineer	Post one message every month
1-4	Storm Drain Stenciling	Town Engineer/Conservation Comm./Natural Resources	Stencil storm drains with messages (25% each year)
1-5	Map outfalls and receiving waters	Town Engineer	Map of discharge pipes to waters & wetland (20%/yr.)

2. Public Participation:

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

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

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

4. Construction Site Runoff Control:

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

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

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

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 Specify Best Management Practice	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 Specify Best Management Practice	Town Engineer Responsible Dept./Person Name	Permits Filed as needed Specify Measurable Goal
BMP ID #		
Specify Best Management Practice		

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)

W40949
Transmittal Number

Facility ID (if known)

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

7/25/03
Date