Hand-enter Your Transmittal Number 1099 → W 039543 SP
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

Storm Water
Name of Permit [redacted]

NPDES Stormwater General Permit
Type of Project or Activity

B. Applicant Information – Firm or Individual

JUL - 7 2003
MUNICIPAL ASSISTANCE UNIT

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

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

Town Hall, 108 Main Street
Street Address

Carver | MA | 02330 | 508-866-3425
City/Town | State | Zip Code | Telephone # and extension

William A. Halunen
Contact Person | e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Carver, MA
Name of Facility, Site or Individual | DEP Facility Number (if Known) | Federal I.D. Number (if Known)

Street Address | e-mail address (optional)

Carver | MA | 02330 | 508-866-3425
City/Town | State | Zip Code | Telephone # and extension

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

Prism Environmental, Inc.
Name of Firm Or Individual

18 Lyman Street, Suite Q
Address

Westborough | MA | 01581 | 508-366-0772 ext. 16
City/Town | State | Zip Code | Telephone # and extension

John J. Cordaro, P.E.
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)

W-039543
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 Carver Department of Public Works
   Name

   Town Hall, 108 Main Street
   Mailing Address

   Carver — City/Town
   MA — State

   508-866-3425 — Telephone Number
   Email (if available)

2. Municipality Name

   Carver
   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.)

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
Unnamed Wetlands (Name)	8 (Number)	☐ Yes ☒ No	(Specify)
Cole Mill Pond (Name)	1 (Number)	☐ Yes ☒ No	(Specify)
Unnamed Cranberry Bogs (Name)	4 (Number)	☐ Yes ☒ No	(Specify)
Meadow Brook (Name)	1 (Number)	☐ Yes ☒ No	(Specify)
Crystal Lake (Name)	1 (Number)	☐ Yes ☒ No	(Specify)
Sampson Pond (Name)	1 (Number)	☐ Yes ☒ No	(Specify)
Sampson Brook (Name)	1 (Number)	☐ Yes ☒ No	(Specify)
Low-Land (Name)	1 (Number)	☐ Yes ☒ No	(Specify)
Leaching Basin (Name)	1 (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)
(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)

W-039543
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
PE-1	Flyer Distribution	DPW/Bill Halunen	Haz. Waste Day Participants
PE-2	Informational Mailings	DPW/Bill Halunen	Houses adjacent to outfalls
PE-3	Community Group Meetings	DPW/Bill Halunen	Start at 1 per calendar year
PE-4	PSAs	DPW/Bill Halunen	Cable Access Ads for Events
PE-5	Information Distribution	DPW/Bill Halunen	Posts on Town Web site

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
PP-1	Storm Drain Stenciling	DPW/Bill Halunen	Areas of immediate concern
PP-2	Hazardous Waste Day	DPW/Bill Halunen	Once per year
PP-3	Volunteer Monitoring Efforts	DPW/Bill Halunen	Annually
PP-4	SWMP Volunteer Review	DPW/Bill Halunen	Annually

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-039543
Transmittal Number

Facility ID (if known)

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
ID-1	Visual Inspection	DPW/Bill Halunen	All Outfalls Quarterly
ID-2	Laboratory Analysis	DPW/Bill Halunen	When pollution is evident
ID-3	Identify and Map Outfalls	DPW/Bill Halunen	Map and ID ALL Outfalls in UA
ID-4	Remove source of cont.	DPW/Bill Halunen	When pollution is evident

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
CS-1	Develop bylaws	DPW/Bill Halunen	By the end of permit year 2
CS-2	Pre-Construction Info. Mtgs	DPW/Bill Halunen	Ea. Const. after Bylaw Imp.

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
PC-1	Visual Monitoring	DPW/Bill Halunen	Min. 1 time after Completion

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
GH-1	Employee Training	DPW/Bill Halunen	Annual training meeting
GH-2	Operation and Maint. Sched.	DPW/Bill Halunen	Dev. O&M Sched. in year 1
GH-3	O&M Implementation	DPW/Bill Halunen	Permit years 2-5 per sched.
GH-4	Record Keeping	DPW/Bill Halunen	For Each BMP employed

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
TM-1	Laboratory Analysis	DPW/Bill Halunen	Random Outfalls Annually
TM-2	Visual Inspection	DPW/Bill Halunen	All Outfalls Quarterly

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.

William A Haunen
Printed Name

William A. Halunen
Signature

6/16/03
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. Example Storm Water Management Program TIME FRAMES

Transmittal Number W-039543

Facility ID (if known)

	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**
PE-5																					
PE-1&2																					
PE-4																					
PE-3																					
PE-4																					
PP-2	X				X				X				X				X				
PP-1																					
PP-4		X				X				X				X				X			
PP-3																					
ID-1																					
ID-2																					
ID-3																					
TM-1																					
TM-2																					
CS-1																					
CS-2 Pr	AS NECESSARY				AS NECESSARY				AS NECESSARY				AS NECESSARY				AS NECESSARY				
CS- 1																					
GH-1																					
GH-3																					
GH-2																					