SP

Hand-enter Your Transmittal Number → W 039544
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 Category
NPDES Stormwater General Permit — Type of Project or Activity

B. Applicant Information – Firm or Individual

Spencer Utility and Highway Department — Name of Firm - Or, if party needing this approval is an individual enter name below:

JUL - 7 2003
MUNICIPAL ASSISTANCE UNIT A

Last Name of Individual — **First Name** of Individual
3 Old Meadow Road — Street Address
Spencer — City/Town
MA — State
01562 — Zip Code
508-885-7525 — Telephone # and extension
H. Warren Ramsey ✓ — Contact Person
e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Spencer, MA — Name of Facility, Site or Individual
DEP Facility Number (if Known)
Federal I.D. Number (if Known)
Street Address
e-mail address (optional)
Spencer — City/Town
MA — State
01562 — Zip Code
508-885-7525 — 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 — City/Town
MA — State
01581 — Zip Code
508-366-0772 ext. 16 — 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

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 Brook (Name)	4 (Number)	☐ Yes ☒ No	Specify
Morgan Swamp (Name)	2 (Number)	☐ Yes ☒ No	Specify
Cider Mill Pond (Name)	1 (Number)	☐ Yes ☒ No	Specify
Turkey Hill Brook (Name)	2 (Number)	☐ Yes ☒ No	Specify
Sudgen Reservoir (Name)	1 (Number)	☐ Yes ☒ No	Specify
Shaw Brook (Name)	2 (Number)	☐ Yes ☒ No	Specify
Seven Mile River (Name)	1 (Number)	☐ Yes ☒ No	Specify
Unnamed Wetland (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
(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-039544
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	H. Warren Ramsey	Haz. Waste Day Participants
PE-2	Informational Mailings	H. Warren Ramsey	Houses adjacent to outfalls
PE-3	Community Group Meetings	H. Warren Ramsey	Start at 1 per calendar year
PE-4	PSAs	H. Warren Ramsey	Cable Access Ads for Events
PE-5	Stream Restoration	H. Warren Ramsey	Clean Arround 1 Stream/year

2. Public Participation:

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

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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	H. Warren Ramsey	All Outfalls Quarterly
ID-2	Laboratory Analysis	H. Warren Ramsey	When pollution is evident
ID-3	Identify and Map Outfalls	H. Warren Ramsey	Map and ID ALL Outfalls in UA
ID-4	Remove source of cont.	H. Warren Ramsey	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	H. Warren Ramsey	By the end of permit year 2
CS-2	Pre-Construction Info. Mtgs	H. Warren Ramsey	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	H. Warren Ramsey	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	H. Warren Ramsey	Annual training meeting
GH-2	Operation and Maint. Sched.	H. Warren Ramsey	Dev. O&M Sched. in year 1
GH-3	O&M Implementation	H. Warren Ramsey	Permit years 2-5 per sched.
GH-4	Record Keeping	H. Warren Ramsey	For Each BMP employed

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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	H. Warren Ramsey	Random Outfalls Annually
TM-2	Visual Inspection	H. Warren Ramsey	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.

H. Warren Ramsey
Printed Name

H. Warren Ramsey
Signature

6/18/03
Date

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

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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	H. Warren Ramsey	Random Outfalls Annually
TM-2	Visual Inspection	H. Warren Ramsey	All Outfalls Quarterly

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* DAVID O'CONN Water Commission Chairman 1/29/04
Printed Name

* David O'Conn 1/29/04
Signature Date