



Hand-enter Your Transmittal Number

1099

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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

Storm Water

Permit Code: 7 or 8 character code from permit instructions

Name of Permit Category

NPDES Stormwater General Permit

Type of Project or Activity

B. Applicant Information - Firm or Individual

JUL - 7 2003

Carver Department of Public Works

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

MUNICIPAL ASSISTANCE UNIT

Last Name of Individual

First Name of Individual

MI

Town Hall, 108 Main Street

Street Address

Carver

City/Town

William A. Halunen

Contact Person

MA

State

02330

Zip Code

508-866-3425

Telephone # and extension

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

Carver

City/Town

e-mail address (optional)

MA

State

02330

Zip Code

508-866-3425

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

John J. Cordaro, P.E.

Contact Person

MA

State

01581

Zip Code

508-366-0772 ext. 16

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:

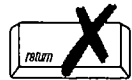
DEP, P.O. Box 4062, Boston, MA 02211



BRP WM 08A NPDES Stormwater General Permit
Notice of Intent for Discharges from Small Municipal Separate
Storm Sewer Systems (MS4s)

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



BRP WM 08A NPDES Stormwater General Permit
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Cole Mill Pond Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Unnamed Cranberry Bogs Name	4 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Meadow Brook Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Crystal Lake Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Sampson Pond Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Sampson Brook Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Low-Land Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Leaching Basin Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> 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:

PE-1 BMP ID # Flyer Distribution Specify Best Management Practice	DPW/Bill Halunen Responsible Dept./Person Name	Haz. Waste Day Participants Specify Measurable Goal
PE-2 BMP ID # Informational Mailings Specify Best Management Practice	DPW/Bill Halunen Responsible Dept./Person Name	Houses adjacent to outfalls Specify Measurable Goal
PE-3 BMP ID # Community Group Meetings Specify Best Management Practice	DPW/Bill Halunen Responsible Dept./Person Name	Start at 1 per calendar year Specify Measurable Goal
PE-4 BMP ID # PSAs Specify Best Management Practice	DPW/Bill Halunen Responsible Dept./Person Name	Cable Access Ads for Events Specify Measurable Goal
PE-5 BMP ID # Information Distribution Specify Best Management Practice	DPW/Bill Halunen Responsible Dept./Person Name	Posts on Town Web site Specify Measurable Goal

2. Public Participation:

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



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

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

<u>ID-1</u> BMP ID #		
<u>Visual Inspection</u> Specify Best Management Practice	<u>DPW/Bill Halunen</u> Responsible Dept./Person Name	<u>All Outfalls Quarterly</u> Specify Measurable Goal
<u>ID-2</u> BMP ID #		
<u>Laboratory Analysis</u> Specify Best Management Practice	<u>DPW/Bill Halunen</u> Responsible Dept./Person Name	<u>When pollution is evident</u> Specify Measurable Goal
<u>ID-3</u> BMP ID #		
<u>Identify and Map Outfalls</u> Specify Best Management Practice	<u>DPW/Bill Halunen</u> Responsible Dept./Person Name	<u>Map and ID ALL Outfalls in UA</u> Specify Measurable Goal
<u>ID-4</u> BMP ID #		
<u>Remove source of cont.</u> Specify Best Management Practice	<u>DPW/Bill Halunen</u> Responsible Dept./Person Name	<u>When pollution is evident</u> Specify Measurable Goal
<u>BMP ID #</u>		
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

4. Construction Site Runoff Control:

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



BRP WM 08A NPDES Stormwater General Permit
Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

D. Stormwater Management Program Summary (Cont.)

5. Post Construction Runoff Control:

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

6. Municipal Good Housekeeping:

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



BRP WM 08A NPDES Stormwater General Permit
Notice of Intent for Discharges from Small Municipal Separate
Storm Sewer Systems (MS4s)

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

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

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

