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Hand-enter Your Transmittal Number

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Your unique Transmittal Number can be accessed through DEP's web site or by calling the DEP InfoLine as listed on the last page of this document

Massachusetts Department of Environmental Protection Transmittal Form for Permit Application and Payment

Instructions

1. Please type or print. A separate Transmittal Form must be completed for each permit application.

2. Your check should be made payable to the Commonwealth of Massachusetts. Please mail your check along with a copy of this form to: DEP, P.O. Box 4062, Boston, MA 02211.

3. Three (3) 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. Application Information

DEP Permit Code (the 7 or 8 character code from first page of permit application instructions): BRPWM08A
Name of Permit Category: NPDES Stormwater General Permit NOI for Discharges from MS4s
Type of Project or Activity: Stormwater Discharge

B. Applicant Information (Firm or Individual)

Name of Firm:
Town of Hudson

Or, if party needing this approval is clearly an individual:

Individual's Last Name: First Name MI

Street Address: 1 Municipal Drive
City/Town: Hudson State: MA Zip Code: 01749 Telephone Number: (978) 562-9333 ext.
Contact: Robert LaBossiere e-mail address (optional): blabossiere@townofhudson.org

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual: Town of Hudson DEP Facility Number (if Known)
Street Address: All Streets e-mail address: (optional)
City/Town: Hudson State: MA Zip Code: 01832 Telephone Number: (978) 563-9333 ext.

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

Name of Individual or Firm: Robert LaBossiere, Assistant DPW Director
Address: 1 Municipal Drive
City/Town: Hudson State: MA Zip Code: 01749 Telephone Number: (978) 562-9333 ext.
Contact: Robert LaBossiere LSP Number (21E only)

E. Permit - Project Coordination

Is this project subject to MEPA review? [] yes [x] no
If yes, indicate the project's EOE A file number (assigned when an Environmental Notification Form is submitted to the MEPA unit)
EOEA # Is an Environmental Impact Report Required? [] yes [x] no
Is this application part of a larger project for which two or more DEP permits are being or will be sought? [] yes [x] no
List any other DEP permits that apply to this project:

Table with 3 columns: Permit Category, Date of Submission (tentative or actual), Transmittal Number (if application already submitted)

F. Amount Due

Special Provisions: [x] 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)

JUL 28 2003

*There are no fee exemptions for 21E, regardless of applicant status

Check #: 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)

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 Hudson D.P.W. Robert LaBassiere
 Name

1 Municipal Drive
 Mailing Address

Hudson
 City/Town

(978) 521-4056
 Telephone Number

MA
 State

blabossiere@townofhudson.org
 Email (if available)

2. Municipality Name

Town of Hudson
 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 (Route 495, 290 connector, Route 85)

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



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)

Transmittal Number

Facility ID (if known)

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
<u>Assabet River</u> Name	<u>12+/-</u> Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Metals, Nutrients, Organics/ Low DO, Pathogens</u>
<u>Danforth Brook</u> Name	<u>6+/-</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Tannery Brook</u> Name	<u>2+/-</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Fort Meadow Brook</u> Name	<u>3+/-</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Hog Brook</u> Name	<u>3+/-</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>Lake Boon</u> Name	<u>4+/-</u> Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Metals, Noxious Aquatic Plants</u>
<u>Fort Meadow Reservoir</u> Name	<u>4+/-</u> Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Nutrients</u> <u>Specify</u>
<u>(1)Tributary to Assabet River</u> Name	<u>6+/-</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>(2)Tributary to Assabet River</u> Name	<u>6+/-</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>(3)Tributary to Assabet River</u> Name	<u>2+/-</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>(4)Tributary to Assabet River</u> Name	<u>2+/-</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>(5)Tributary to Assabet River</u> Name	<u>3+/-</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>(6)Tributary to Assabet River</u> Name	<u>1+/-</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>(7)Tributary to Assabet River</u> Name	<u>4+/-</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>(8)Tributary to Assabet River</u> Name	<u>4+/-</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>(9)Tributary to Assabet River</u> Name	<u>3+/-</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>(10)Tributary to Assabet River</u> Name	<u>3+/-</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
<u>(11)Tributary to Assabet River</u> Name	<u>5+/-</u> Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>



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)

Transmittal Number _____

Facility ID (if known) _____

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
(1) Tributary to Fort Meadow Brook	2+ Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
(2) Tributary to Fort Meadow Brook	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
(3) Tributary to Fort Meadow Brook	2+ Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
(4) Tributary to Fort Meadow Brook	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
(1) Tributary to Danforth Brook	4+ Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
(2) Tributary to Danforth Brook	2+ Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
(3) Tributary to Danforth Brook	3+ Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
(4) Tributary to Danforth Brook	6+ Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
(1) Tributary to Hog Brook Name	2+ Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
(2) Tributary to Hog Brook Name	2+ Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Tributary to Lake Boon Name	3+ Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Tributary to Stearns Mill Pond (Sudbury)	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 _____



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 Facility ID (if known)

D. Stormwater Management Program Summary

1. Public Education:

1-1 BMP ID # See Attached	_____	_____
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2-1 BMP ID # See Attached	_____	_____
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
3-1 BMP ID # See Attached	_____	_____
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
4-1 BMP ID # See Attached	_____	_____
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
5-1 BMP ID # See Attached	_____	_____
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

2. Public Participation:

1-2 BMP ID # See Attached	_____	_____
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2-2 BMP ID # See Attached	_____	_____
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
3-2 BMP ID # See Attached	_____	_____
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
4-2 BMP ID # See Attached	_____	_____
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
5-2 BMP ID # See Attached	_____	_____
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

SuAsCo Storm Water Community Assistance Program

Planning Year Product

January 31, 2003

Information For Completing NOI Form BRP WM 08A

Information For Completing NOI Form BRP WM 08A

The numbering system used below identifies public education and outreach control measure BMPs by the permit year # and #1. The numbering system used below identifies public involvement and participation control measure BMPs by permit year # and #2. If you have adopted a different numbering system you may change this system accordingly.

Please follow the instructions for completion in italics below.

Storm Water Management Program (SWMP) Summary

1) To complete the Public Education and Public Participation sections of the Storm Water Management Program Summary of the NOI Form BRP WM 08A, simply copy the material below from the file "NOI#1,2" and insert it into the appropriate sections of your NOI Form.

*2) Under responsible party for each BMP, you **must** replace the word "municipality" with the name of the person or department in your municipality who will make sure that the control measure is implemented.*

Public Education and Outreach

BMP # (year - control measure): Best Management Practice; Responsible Parties; Measurable Goals

BMP 1-1: Storm Water Flyer to Community Residents; SuAsCo Watershed Community Council and Hudson Department of Public Works; flyer distributed to a minimum of 75% of residents, and compiled and considered municipal and multi-watershed-wide "survey" results

BMP 2-1: Storm Water Lesson Plan for Fifth Grade Students; SuAsCo Watershed Community Council and Hudson School Department; develop and distribute lesson plan to implement at the Grade 5 level, and lesson plan is taught in one or more Grade 5 classrooms in the community

BMP 3-1: Storm Water Flyer to Community Businesses; SuAsCo Watershed Community Council and Hudson Department of Public Works; flyer distributed to a minimum of 50% of businesses in municipality, and storm water logo displayed by half of the businesses receiving the flyer

BMP 4-1: Storm Water Media Campaign; SuAsCo Watershed Community Council and Hudson Department of Public Works; media information packet delivered to the local media, and 4 press releases generated and issued to local media and major media outlets

BMP 5-1: Storm Water Video; SuAsCo Watershed Community Council and Hudson department of Public Works; show storm water video at a minimum of one public meeting, and air storm water video at least once on local cable station

Public Involvement and Participation

BMP #: Best Management Practice; Responsible Parties; Measurable Goals

BMP 1-2: Storm Water Traveling Display; SuAsCo Watershed Community Council and Hudson Department of Public Works; storm water display circulates around the community for a minimum of 3 months in permit year #1, and storm water display is posted at a minimum of 3 different public locations in the community in permit year #1, and storm water display is also used in future permit years for posting in public places or at storm water events

BMP 2-2: Storm Water Poster Contest for Fifth Grade Students; SuAsCo Watershed Community Council and Hudson School Department; poster contest is held and entries are received, judged and displayed

BMP 3-2: Storm Water Photo Contest for High School Students; SuAsCo Watershed Community Council and Hudson School Department; photo contest is held and entries are received, judged and displayed

BMP 4-2: Storm Water Summit Special Event; SuAsCo Watershed Community Council and Hudson Department of Public Works; hold local or multi-community Storm Water Summit and advertise to encourage community attendance

BMP 5-2: Participate in SuAsCo Storm Water Super Summit and Conduct an Evaluation and Assessment of Public Awareness of Storm Water; SuAsCo Watershed Community Council and Hudson Department of Public Works; municipal participation in the Storm Water Super Summit, and Storm Water Self Test distributed to a minimum of 75% of residents, and compiled and considered municipal and multi-watershed-wide "self test" results

SWMP Time Frames Chart

Fill in time frame chart as noted below.

Public Education and Outreach

BMP 1-1: straight line from Fall 03 through Winter 03-04

BMP 2-1: x for Spring 04 and x for Fall 04

BMP 3-1: straight line from Fall 05 through Winter 05-06

BMP 4-1: straight line from Spring 06 through Winter 06-07

BMP 5-1: straight line from Spring 07 through Winter 07-08

Public Involvement and Participation

BMP 1-2: straight line from Fall 03 through Winter 03-04

BMP 2-2: straight line for Fall 04 through Winter 04-05

BMP 3-2: straight line from Fall 05 through Winter 05-06

BMP 4-2: straight line from Fall 06 through Winter 06-07

BMP 5-2: straight line from Spring 07 through Winter 07-08



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)

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Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

<u>1-3</u> BMP ID #		
<u>Map Outfall Locations</u> Specify Best Management Practice	<u>DPW/ Bob LaBossiere</u> Responsible Dept./Person Name	<u>Incorporate into GIS System</u> Specify Measurable Goal
<u>2-3</u> BMP ID #		
<u>Database of exist. structures</u> Specify Best Management Practice	<u>DPW/ Bob LaBossiere</u> Responsible Dept./Person Name	<u>Rating system for maintenane and replacement</u>
<u>3-3</u> BMP ID #		
<u>Develop and Implement a Stormwater Ordinance</u>	<u>Town of Hudson/ All Boards</u> Responsible Dept./Person Name	<u>Have an ordinance adopted within the next 12 months</u>
<u>4-3</u> BMP ID #		
<u>Inform Public, employees, businesses of illicit discharges</u>	<u>DPW/ Bob LaBossiere</u> Responsible Dept./Person Name	<u>To inform people about what exactly is an illicit discharge</u>
<u>5-3</u> BMP ID #		
<u>Develop and Implement an illicit discharge plan</u>	<u>DPW/ Bob LaBossiere</u> Responsible Dept./Person Name	<u>Have a plan in place within 12 months of the ordinance</u>

4. Construction Site Runoff Control:

<u>1-4</u> BMP ID #		
<u>Sediment & Erosion Control Ordinance</u>	<u>Town of Hudson/ All Boards</u> Responsible Dept./Person Name	<u>Have an ordinance approved within the next 12 months</u>
<u>2-4</u> BMP ID #		
<u>Develop procedures for site plan review</u>	<u>Town of Hudson/ All Boards</u> Responsible Dept./Person Name	<u>All construction activities to submitt plan prior to approval</u>
<u>3-4</u> BMP ID #		
<u>Procedures for site inspections and enforcement</u>	<u>Town of Hudson/ All Boards</u> Responsible Dept./Person Name	<u>Perform and document inspections immediately</u>
<u>4-4</u> BMP ID #		
<u>Sanctions to ensure compliance</u>	<u>Town of Hudson/ All Boards</u> Responsible Dept./Person Name	<u>To establish fines and penalties for non-compliance</u>
<u>5-4</u> BMP ID #		
<u>Require control of waste from construction sites</u>	<u>Building Dept./ Jeff Wood</u> Responsible Dept./Person Name	<u>Develop a Management Plan aimed at recycling</u>



**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)**

Transmittal Number _____

Facility ID (if known) _____

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

<u>1-7</u> BMP ID # Install of leaching catch basins using a 319 grant(Lake Boon)	<u>DPW/ Bob LaBossiere</u> Responsible Dept./Person Name	<u>To install CB's and eliminate point source discharge</u>
BMP ID # <u>Educational Pamphlets</u> Specify Best Management Practice	<u>Board of Health</u> Responsible Dept./Person Name	<u>To encourage inspection and replacement of septic systems</u>
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.

Paul W. Blazar
 Printed Name *Executive Assistant*
 Signature *[Handwritten Signature]* _____ Date _____



Massachusetts Department of Environmental Protection
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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

BMP ID #	PERMIT YEAR ONE		PERMIT YEAR TWO		PERMIT YEAR THREE			PERMIT YEAR FOUR			PERMIT YEAR FIVE			Next Permit										
	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			
1-1																								
2-1					X																			
3-1																								
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5-6	X																							
1-7																								
2-7																								



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D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

1-7

BMP ID # _____

Install of leaching catch basins
 using a 319 grant(Lake Boon)

DPW/ Bob LaBossiere
 Responsible Dept./Person Name

To install CB's and eliminate
 point source discharge

BMP ID # _____

Educational Pamphlets
 Specify Best Management Practice

Board of Health
 Responsible Dept./Person Name

To encourage inspection and
 replacement of septic systems

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.

Carl J. Leebur
 Printed Name

Carl J. Leebur
 Signature

10/6/03
 Date