



Hand-enter Your Transmittal Number →

W 039544
Transmittal Number

SP

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
NPDES Stormwater General Permit
Type of Project or Activity

Storm Water
Name of Permit Category

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

Last Name of Individual
3 Old Meadow Road
Street Address

Spencer
City/Town

H. Warren Ramsey ✓
Contact Person

First Name of Individual
MUNICIPAL ASSISTANCE UNIT

MA
State

01562
Zip Code

508-885-7525
Telephone # and extension

e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Spencer, MA
Name of Facility, Site or Individual

Street Address
Spencer
City/Town

DEP Facility Number (if Known)

e-mail address (optional)
MA
State

01562
Zip Code

508-885-7525
Telephone # and extension

Federal I.D. Number (if Known)

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)

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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Morgan Swamp Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Cider Mill Pond Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Turkey Hill Brook Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Sudgen Reservoir Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Shaw Brook Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Seven Mile River Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Unnamed Wetland 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

W-039544
 Transmittal Number

BRP WM 08A NPDES Stormwater General Permit

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

Facility ID (if known)

D. Stormwater Management Program Summary

1. Public Education:

<u>PE-1</u> BMP ID #		
<u>Flyer Distribution</u> Specify Best Management Practice	<u>H. Warren Ramsey</u> Responsible Dept./Person Name	<u>Haz. Waste Day Participants</u> Specify Measurable Goal
<u>PE-2</u> BMP ID #		
<u>Informational Mailings</u> Specify Best Management Practice	<u>H. Warren Ramsey</u> Responsible Dept./Person Name	<u>Houses adjacent to outfalls</u> Specify Measurable Goal
<u>PE-3</u> BMP ID #		
<u>Community Group Meetings</u> Specify Best Management Practice	<u>H. Warren Ramsey</u> Responsible Dept./Person Name	<u>Start at 1 per calendar year</u> Specify Measurable Goal
<u>PE-4</u> BMP ID #		
<u>PSAs</u> Specify Best Management Practice	<u>H. Warren Ramsey</u> Responsible Dept./Person Name	<u>Cable Access Ads for Events</u> Specify Measurable Goal
<u>PE-5</u> BMP ID #		
<u>Stream Restoration</u> Specify Best Management Practice	<u>H. Warren Ramsey</u> Responsible Dept./Person Name	<u>Clean Arround 1 Stream/year</u> Specify Measurable Goal

2. Public Participation:

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



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D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

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

4. Construction Site Runoff Control:

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



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Facility ID (if known)

D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting TMDL:

<u>TM-1</u> BMP ID #	<u>H. Warren Ramsey</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>H. Warren Ramsey</u> Responsible Dept./Person Name	<u>All Outfalls Quarterly</u> Specify Measurable Goal
<u>Visual Inspection</u> Specify Best Management Practice		
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

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.

* DAVID O'CONNOR ^{Water Commission} Chairman 1/29/04
Printed Name

* Daniel O'Connell 1/29/04
Signature Date