



Hand-enter Your Transmittal Number

W 035577

1232

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 Gen Permit Notice of Intent for Discharges from Small MS4s
Type of Project or Activity: Municipal Small MS4 NPDES Phase II 5-Year Stormwater Management Plan

B. Applicant Information (Firm or Individual)

Name of Firm: Town of Westford, Massachusetts

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

Individual's Last Name: First Name MI

Street Address: 55 Main Street
City/Town: Westford State: MA Zip Code: 01886 Telephone Number: (978) 692-5520 ext.
Contact: Mark Hamel e-mail address (optional): Mhamel@westford.mec.edu

C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual: Town of Westford DEP Facility Number (if Known)
Street Address: 55 Main Street e-mail address (optional)
City/Town: Westford State: MA Zip Code: 01886 Telephone Number: (978) 692-5520 ext.

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

Name of Individual or Firm: Vannasse Hangen Brustlin, Inc.
Address: 101 Walnut Street, P.O. Box 9151
City/Town: Watertown State: MA Zip Code: 02471 9151 Telephone Number: (617) 924-1770 ext.
Contact: Bethany Eisenberg 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 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)

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

Check #: N/A Dollar Amount: N/A Date: March 10, 2003
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

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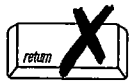
BRP WM 08A NPDES Stormwater General Permit

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

MAV000007449
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 Westford - JAMES RAND JR. Hwy Operations Admin.
Name
55 Main Street
Mailing Address
Westford
City/Town
(978) 692-5520
Telephone Number
Massachusetts
State
MHamel@westford.mec.edu
Email (if available)

2. Municipality Name

Town of Westford, Massachusetts
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:

Massachusetts Highway Department

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



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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
Stony Brook Name	3 Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	PH, Organic Enrichment/Low DO, Pathogens, Turbidity, Nutrients Specify
Keyes Pond Name	6 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Keyes Brook Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Long-Sought For Pond Name	6 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Flushing Pond Name	6 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Lake Nabnasset Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Grassy Pond Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Old Mill Pond Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Greystone Pond Name	10 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Snake Meadow Brook Name	5 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Tributary to Keyes Pond Name	6 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Tributary to Forge Pond Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Boutwell Brook Name	4 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Butter Brook Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Nashoba Brook Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Vine Brook Name	3 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



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D. Stormwater Management Program Summary

1. Public Education:

1A

BMP ID #

Stormwater Flyer for Residents
Specify Best Management Practice

SuAsCo & Westford DPW
Responsible Dept./Person Name

See Attached Outline
Specify Measurable Goal

1B

BMP ID #

Lesson Plan for Fifth Graders
Specify Best Management Practice

SuAsCo & Westford DPW
Responsible Dept./Person Name

See Attached Outline
Specify Measurable Goal

1C

BMP ID #

Stormwater Flyer for Businesses
Specify Best Management Practice

SuAsCo & Westford DPW
Responsible Dept./Person Name

See Attached Outline
Specify Measurable Goal

1D

BMP ID #

Stormwater Media Campaign
Specify Best Management Practice

SuAsCo & Westford DPW
Responsible Dept./Person Name

See Attached Outline
Specify Measurable Goal

1E

BMP ID #

Stormwater Video
Specify Best Management Practice

SuAsCo & Westford DPW
Responsible Dept./Person Name

See Attached Outline
Specify Measurable Goal

1F

BMP ID #

Recycling/Trash Info. on Website
Specify Best Management Practice

Recycling Commission
Responsible Dept./Person Name

See Attached Outline
Specify Measurable Goal

1G

BMP ID #

Display Recycling/Trash Pamphlet
Specify Best Management Practice

Recycling Commission
Responsible Dept./Person Name

See Attached Outline
Specify Measurable Goal

1H

BMP ID #

Recycling/Trash Mailing to Residents
Specify Best Management Practice

Recycling Commission
Responsible Dept./Person Name

See Attached Outline
Specify Measurable Goal

1I

BMP ID #

Advertise HHW Info. in Community
Phonebook
Specify Best Management Practice

Recycling Commission
Responsible Dept./Person Name

See Attached Outline
Specify Measurable Goal

1J

BMP ID #

Advertise Brush/Multi Collection on
Cable and in Paper
Specify Best Management Practice

Recycling Commission
Responsible Dept./Person Name

See Attached Outline
Specify Measurable Goal

1K

BMP ID #

Leaf Dumping Article in Paper
Specify Best Management Practice

Conservation Commission
Responsible Dept./Person Name

See Attached Outline
Specify Measurable Goal



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D. Stormwater Management Program Summary (Cont.)

<u>1L</u> BMP ID # Leaf Dumping Pamphlet to Public Specify Best Management Practice	<u>Conservation Commission</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
<u>1M</u> BMP ID # Leaf Dumping Pamphlet at Events Specify Best Management Practice	<u>Conservation/Water/Board of Health</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
<u>1N</u> BMP ID # Fertilizer Pamphlet to Businesses Specify Best Management Practice	<u>Water Department</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
<u>1O</u> BMP ID # Fertilizer Info. In Newsletter Specify Best Management Practice	<u>Water Department/Engineering</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
<u>1P</u> BMP ID # Septic System Pamphlets in Water Dep't Specify Best Management Practice	<u>Water Department</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
<u>1Q</u> BMP ID # Septic System Pamphlets at Events Specify Best Management Practice	<u>Water Dep't/Board of Health</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
<u>1R</u> BMP ID # Hazardous Material Bylaw Info. On Website Specify Best Management Practice	<u>Board of Health</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal

2. Public Participation:

<u>2A</u> BMP ID # Stormwater Traveling Display Specify Best Management Practice	<u>SuAsCo & Westford DPW</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
<u>2B</u> BMP ID # Poster Contest for Fifth Graders Specify Best Management Practice	<u>SuAsCo & Westford DPW</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
<u>2C</u> BMP ID # Photo Contest for High Schoolers Specify Best Management Practice	<u>SuAsCo & Westford DPW</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
<u>2D</u> BMP ID # Local Stormwater Summit Event Specify Best Management Practice	<u>SuAsCo & Westford DPW</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal



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D. Stormwater Management (Cont.)

<u>2E</u>		
BMP ID #		
Stormwater Super Summit Event	SuAsCo & Westford DPW	See Attached Outline
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>2F</u>		
BMP ID #		
Curbside Recycling	Department of Public Works	See Attached Outline
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>2G</u>		
BMP ID #		
In Town HHW Drop-off	Department of Public Works	See Attached Outline
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>2H</u>		
BMP ID #		
HHW Drop-off in Lexington	Department of Public Works	See Attached Outline
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>2I</u>		
BMP ID #		
Leaf Drop-off at Laughton's Nursery	Department of Public Works	See Attached Outline
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>2J</u>		
BMP ID #		
Brush Drop-off in Westford	Department of Public Works	See Attached Outline
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>2K</u>		
BMP ID #		
Multi-Collection Events	Dep't of Public Works/Board of Health	See Attached Outline
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>2L</u>		
BMP ID #		
Mercury Drop-off at Board of Health	Board of Health	See Attached Outline
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>2M</u>		
BMP ID #		
Mercury Drop-off at Multi-Collection Event	Department of Public Works	See Attached Outline
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>2N</u>		
BMP ID #		
Public Meetings	Department of Public Works	See Attached Outline
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>2O</u>		
BMP ID #		
Stormwater Contact	Highway Department	See Attached Outline
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)



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3. Illicit Discharge Detection and Elimination:

3A

BMP ID #

Storm Sewer Map
 Specify Best Management Practice

Highway Department/GIS
 Responsible Dept./Person Name

See Attached Outline
 Specify Measurable Goal

3B

BMP ID #

Illicit Discharge Bylaw
 Specify Best Management Practice

Engineering/Conservation
 Responsible Dept./Person Name

See Attached Outline
 Specify Measurable Goal

3C

BMP ID #

Detection & Elimination Plan
 Specify Best Management Practice

Highway Department
 Responsible Dept./Person Name

See Attached Outline
 Specify Measurable Goal

3D

BMP ID #

Illicit Discharge Education for Public
 Specify Best Management Practice

SuAsCo/Public
 Works/Highway/Water/Board of Health
 Responsible Dept./Person Name

See Attached Outline
 Specify Measurable Goal

3E

BMP ID #

Illicit Discharge Education for
 Municipal Employees
 Specify Best Management Practice

Highway Department
 Responsible Dept./Person Name

See Attached Outline
 Specify Measurable Goal

4. Construction Site Runoff Control:

4A

BMP ID #

Wetlands Bylaw
 Specify Best Management Practice

Conservation Commission
 Responsible Dept./Person Name

See Attached Outline
 Specify Measurable Goal

4B

BMP ID #

Construction Site Runoff Bylaw
 Specify Best Management Practice

Engineering/Planning/Conservation
 Responsible Dept./Person Name

See Attached Outline
 Specify Measurable Goal

4C

BMP ID #

Erosion, Sediment, & Waste Controls
 Specify Best Management Practice

Engineering/Planning/Conservation
 Responsible Dept./Person Name

See Attached Outline
 Specify Measurable Goal

4D

BMP ID #

Site Plan Review Procedures
 Specify Best Management Practice

Engineering/Planning/Conservation
 Responsible Dept./Person Name

See Attached Outline
 Specify Measurable Goal

4E

BMP ID #

Site Inspection & Enforcement
 Specify Best Management Practice

Engineering/Planning/Conservation
 Responsible Dept./Person Name

See Attached Outline
 Specify Measurable Goal



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D. Stormwater Management Program Summary (Cont.)

4F

<u>BMP ID #</u>	<u>Highway Department</u>	<u>See Attached Outline</u>
<u>Construction Site Contact</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		

5. Post Construction Runoff Control:

5A

<u>BMP ID #</u>	<u>Engineering/Planning/Conservation</u>	<u>See Attached Outline</u>
<u>Post-Construction Site Runoff Bylaw</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		

5B

<u>BMP ID #</u>	<u>Engineering/Planning/Conservation</u>	<u>See Attached Outline</u>
<u>Structural & Non-Structural BMPs</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		

5C

<u>BMP ID #</u>	<u>Engineering/Planning/Conservation</u>	<u>See Attached Outline</u>
<u>Long-Term Operation & Maintenance</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		

5D

<u>BMP ID #</u>	<u>Engineering/Planning/Conservation</u>	<u>See Attached Outline</u>
<u>Struct BMP Implement. Procedures</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		

BMP ID #

<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
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6. Municipal Good Housekeeping:

6A

<u>BMP ID #</u>	<u>Highway Department</u>	<u>See Attached Outline</u>
<u>Catch Basin Schedule</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		

6B

<u>BMP ID #</u>	<u>Department of Public Works</u>	<u>See Attached Outline</u>
<u>Regular Street Sweeping</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		

6C

<u>BMP ID #</u>	<u>Highway Department</u>	<u>See Attached Outline</u>
<u>Sand/Salt Covered</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		

6D

<u>BMP ID #</u>	<u>Highway Department</u>	<u>See Attached Outline</u>
<u>Used Oil is Recycled</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>		



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D. Stormwater Management Program Summary (cont.)

<u>6E</u> BMP ID # Municipal Hazardous Material Stored Inside Specify Best Management Practice	<u>Highway Department</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
<u>6F</u> BMP ID # Implement SWPPP at Garage Specify Best Management Practice	<u>Highway Department</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
<u>6G</u> BMP ID # Increase Vehicle Fueling Cover Specify Best Management Practice	<u>Highway Department</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
<u>6H</u> BMP ID # Municipal Employee Training Specify Best Management Practice	<u>Highway Department</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal
<u>6I</u> BMP ID # Municipal Operation/Maintenance Plan Specify Best Management Practice	<u>Highway Department</u> Responsible Dept./Person Name	<u>See Attached Outline</u> Specify Measurable Goal

7. BMPs for Meeting TMDL:

<u> </u> BMP ID # Specify Best Management Practice	<u> </u> Responsible Dept./Person Name	<u> </u> Specify Measurable Goal
<u> </u> BMP ID # Specify Best Management Practice	<u> </u> Responsible Dept./Person Name	<u> </u> Specify Measurable Goal
<u> </u> BMP ID # Specify Best Management Practice	<u> </u> Responsible Dept./Person Name	<u> </u> Specify Measurable Goal



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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.

MARK HAMEL

Printed Name

Signature

Mark Hamel

3-10-2003
Date

James Rand, Jr.

Signature

JAMES RAND, JR.

6-25-05
Date

Christopher A. Romeo, Chair BOS

Printed Name

Signature

CA Romeo

9-23-03
Date



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MARK HAMEL

Printed Name

Signature

3-10-2003
Date

Signature

JAMES RAND, SR.

6-25-03
Date

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		
3E																							
4A																							
4B																							
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