

**Connecticut Department of
Energy & Environmental Protection**
Bureau of Materials Management & Compliance Assurance
Water Permitting & Enforcement Division

MS4 Annual Report Transmittal Form

For the General Permit to Discharge Stormwater from Small Municipal Separate Storm Sewer Systems (MS4)

Print or type unless otherwise noted. Please submit this completed transmittal form, fee, and the MS4 Annual Report as indicated at the end of this form.

CPPU USE ONLY	
App #:	_____
Doc #:	_____
Check #:	_____
Program: Stormwater Permits	

Part I: Annual Report General Information

1. Reporting Period (Calendar Year): <u>2022</u>	
2. Provide the registration number for the existing general permit registration: <u>GSM 000108</u>	
3. Registrant Type (check one):	Fees
<input type="checkbox"/> state institution/agency	\$375.00 [713]
<input type="checkbox"/> federal institution/agency	\$375.00 [713]
<input checked="" type="checkbox"/> municipality	\$187.50 [713]
4. Municipality name or Municipality name where institution is located: <u>EASTON</u>	
The annual report will not be processed without the fee. The fee shall be non-refundable and shall be paid by check or money order to the Department of Energy and Environmental Protection (DEEP) or by such other method as the commissioner may allow.	

Part II: Registrant Information

1. Registrant (Name of Municipality or State or Federal Institution/Agency): <u>Town of Easton</u>	
Mailing Address: <u>15 Westport Road</u>	
City/Town: <u>Easton</u>	State: <u>ct.</u> Zip Code: <u>06612</u>
Business Phone: <u>203-268-0714</u>	ext.: _____
Contact Person: <u>Edward Nagy</u>	Phone: <u>203-268-0714</u> ext. _____
*E-mail: <u>eastondpw@eastonct.gov</u>	
*By providing this e-mail address you are agreeing to receive official correspondence from DEEP, at this electronic address, concerning the subject registration. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify DEEP if your e-mail address changes.	

Part II: Registrant Information (continued)

2. Billing contact, if different than the registrant.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person: Edward Nagy

Phone:

ext.

E-mail: eastondpw@eastonct.gov

3. Primary contact for departmental correspondence and inquiries, if different than the registrant.

Name: **Bruce E. Bombero Sr. P.E.,L.S.**

Mailing Address: 15 Westport Road

City/Town: Easton

State: Ct

Zip Code: 06612

Business Phone: 203-268-0714

ext.:

Contact Person: BruceE. Bombero Sr.

Phone:

ext.

*E-mail: eastondpw@eastonct.gov

*By providing this e-mail address you are agreeing to receive official correspondence from DEEP, at this electronic address, concerning the subject registration. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify DEEP if your e-mail address changes.

4. Engineer(s) or other consultant(s) employed or retained to assist in preparing the annual report.

☐ Check here if additional sheets are necessary, and label and attach them to this sheet.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

Service Provided:

5. ☐ Check here if there are adjacent towns or other entities with which implementation of the Stormwater Management Plan is coordinated for a portion of the subject MS4. If so, provide the names of such towns or entities: _____

Part III: Registrant Certification

The registrant *and* the individual(s) responsible for actually preparing the annual report must sign this part. [If the registrant is the preparer, please mark N/A in the spaces provided for the preparer.]

"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.


I certify that this annual report transmittal is on complete and accurate forms as prescribed by the commissioner without alteration of the text.

I certify that the following public notice requirements have been met.

- ☒ **Annual Report Availability:** At least forty-five (45) days prior to submission of each Annual Report to DEEP, pursuant to Section 4(d)(3) of the MS4 General Permit, each permittee shall make available for public review and comment a draft copy of the complete Annual Report. Comments on the Annual Report may be made to the permittee and are *not* submitted to DEEP. Reasonable efforts to inform the public of this document shall be undertaken by the permittee. Such draft copies shall be made available electronically on the permittee's website for public inspection and copying, consistent with the federal and state Freedom of Information Acts, and shall be made available, at a minimum, at one of the following locations: the permittee's main office or other designated municipal or institution office, a local library or other central publicly available location. Following submission of the Annual Report to DEEP, a copy of the final report shall be made available for public inspection during regular business hours.

I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute.

I also certify that the signature of the registrant, or a duly authorized representative, being submitted herewith complies with section 22a-430-3(b)(2)(B) of the Regulations of Connecticut State Agencies.


Signature of Chief Elected official or Principal Executive Officer

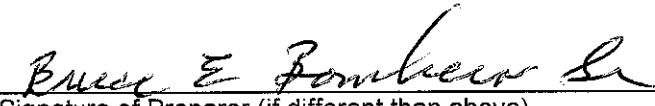
3/29/23
Date

David Bindelglass

Printed Name of Chief Elected official or Principal Executive Officer

First Selectman

Title (if applicable)


Signature of Preparer (if different than above)

3/29/23
Date

Bruce E. Bombero Sr., P.E., L.S.

Printed Name of Preparer

Deputy Director

Title (if applicable)

Note: Please submit 1) this completed Transmittal Form and the Fee to:

CENTRAL PERMIT PROCESSING UNIT
DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION
79 ELM STREET
HARTFORD, CT 06106-5127

- 2) a copy of this completed Transmittal Form and the Annual Report electronically to the following email address: DEEP.StormwaterStaff@ct.gov.

Refer to www.ct.gov/deep/municipalstormwater for information on Annual Report Templates or other additional information concerning the MS4 General Permit.

In the event that electronic submission is not available or possible, please contact the Stormwater Section at 860-424-3025.

