Massachusetts Department of Environmental Protection
Bureau of Water Resources
Division of Municipal Services
Clean Water State Revolving Fund (CWSRF)

2016 Clean Water State Revolving Fund Project Evaluation Form - Planning

Part I - Applicant and Project Identification and Certification

* 1. Local Governmental Unit Contact (LGU)

City, Town, or District Name:

Orleans, Massachusetts

Federal Employer Identification Number:

04-6001258.

Authorized Representative: Name

John Kelly

Authorized Representative's Title:

Town Administrator

Mailing Address Line1:

19 School Road

Mailing Address Line2 (optional):

Town Administrator Office

City:

Orleans

State:

Massachusetts

Zipcode:

02653

Telephone:

5082403700

Fax (optional):

5082403388

E-mail Address:

jkelly@town.orleans.ma.us

2. LGU Contact Person (If different from Question 1)

Name:

Title:

Mailing Address Line1:

Mailing Address Line2:

City:

State:

Zip Code:

Telephone:

Fax:

E-mail Address:

3. Engineer or Consulting Firm Contact

Firm/Agency Name:

Water Resources Associates

Federal Employer Identification Number:

04-3264852

Contact Person Name:

Michael Domenica

Mailing Address Line1:

96 Parker Road

Mailing Address Line2:

City:

Osterville

State:

Massachusetts

Zip Code:

02655

Telephone:

6178692224

Fax:

E-mail Address:

mdomenica@threebayswater.com

*** 4. Identification of Planning Project:**

Name of Project to appear on Intended Use Plan (IUP - limited to 50 characters).

Orleans Water Quality & Wastewater Management Plan

*** 5. Certification**

To the best of my knowledge and belief the information provided on this form and the accompanying forms and attachments are true, correct, and complete; and I am authorized to file this form on behalf of the below-named LGU.

Signature: _____ Date: _____

Local Government Unit:

Orleans, Massachusetts

Name (typed name as it appears on signature):

John Kelly

Title:

Town Administrator

PLEASE PRINT THIS PAGE FROM YOUR WINDOW BROWSER WHEN YOU ARE READY TO SUBMIT YOUR PEF.

REMEMBER TO SIGN THE SIGNATURE LINE AND FILL IN DATE IN SECTION *5. Certification.

SCAN THIS PAGE TO PDF FOR ELECTRONIC SUBMISSION WITH YOUR PEF.

End of Part I

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