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Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Watershed Management

W035389
Transmittal Number

BRP WM 08A NPDES Stormwater General Permit

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

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:

   Tewksbury Hospital, Raymond Sanzone CEO
   Name

   365 East St.
   Mailing Address

   Tewksbury — City/Town
   MA — State

   (978) 851-7321 — Telephone Number
   Raymond.sanzome@state.ma.us — Email (if available)

2. Municipality Name

   Tewksbury
   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:

   (Tewksbury Hospital is wholly contained within the MS4 of Tewksbury, MA)

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

JUL 31 2003
MUNICIPAL ASSISTANCE UNIT

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
Strong Water Brook, and unnamed tributaries (Name)	Exact number TBD, at least 3 (Number)	☒ Yes ☐ No	pathogens (Specify)
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
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Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify

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D. Stormwater Management Program Summary

1. Public Education:

B1-1
BMP ID #

brochure development and distribution Specify Best Management Practice	Facilities Management and Human Resources Responsible Dept./Person Name	Design educational brochure and distribute to all staff, visting groups Specify Measurable Goal

B1-2
BMP ID #

Identify all groups using facility for targeting information, notices. Specify Best Management Practice	Facilities Management and Human Resources Responsible Dept./Person Name	List of groups with contact names and contact information (to be updated yearly) Specify Measurable Goal

B1-3
BMP ID #

Integrate education and good housekeeping into orientation and yearly training materials Specify Best Management Practice	Facilities Management and Human Resources Responsible Dept./Person Name	All new staff get training materials on hazardous materials, stormwater, as part of orientation. Records kept with personnel files. Specify Measurable Goal

B1-4
BMP ID #

Article in Campus Newsletter Specify Best Management Practice	Facilities Management and Human Resources Responsible Dept./Person Name	One article in the campus bi-monthly newsletter introducing the program. To be repeated with updates each year. Specify Measurable Goal

B1-5
BMP ID #

Guest speaker on stormwater and other environmental issues Specify Best Management Practice	Facilities Management and Compliance Officer Responsible Dept./Person Name	One presentation with handouts and/or posters. May be done in coordination with other DPH facilities Specify Measurable Goal

2. Public Participation:
(There is overlap between items under 1 and 2)

B2-1
BMP ID #

Compile list of existing related activities (several occur on campus regularly each year) Specify Best Management Practice	Facilities Management and Human Resources Responsible Dept./Person Name	List of activities, with organization and contacts Specify Measurable Goal

B2-2
BMP ID #

Publicize existing environmental/watershed groups Specify Best Management Practice	Facilities Department and Compliance Officer Responsible Dept./Person Name	Brochures available in existing locations Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)

B2-3
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Catch basin Map publication	Facilities Department and Human Resources	Distribute map showing location and drainage of catch basins

B2-4
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Coordinate with town of Tewksbury	Facilities Management andCompliance Officer	At least one face-to-face meeting with relevant municipal staff on stormwater issues

3. Illicit Discharge Detection and Elimination:

B3-1
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Compile maps and other info of existing stormwater systems	Facilities Management	Maps in both large format and standard handout size, showing storm drains, outfalls with outfalls numbered.

B3-2
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Develop written SOP defining and forbidding illicit connections	Facilities Management and Human Resources	One or more written SOPs in standard facility format

B3-3
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Survey of campus buildings for illegal connections	Facilities Management	All buildings checked

B3-4
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Repair of any illicit connections discovered (if any are found)	Facilities Management	Full sanitary/storm sewer separation

B3-5
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Survey of non-building areas for illicit connections and control of illegal dumping	Facilities Management	Full sanitary/storm sewer separation

4. Construction Site Runoff Control:

B4-1
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Work with DCAM to develop contract language for new construction	Compliance Officer	Achieve workable contract language to effect stormwater construction control

D. Stormwater Management Program Summary (Cont.)

B4-2
BMP ID #

Develop/implement training for employees who oversee construction activities Specify Best Management Practice	Human Resources and Facilities Management Responsible Dept./Person Name	Portion of training program discusses objectives for all relevant staff (See also B1-3) Specify Measurable Goal

B4-3
BMP ID #

Review with DCAM use of new contract language and related procedures Specify Best Management Practice	Compliance Officer and Facilities Management Responsible Dept./Person Name	Memorandum with response to DCAM Specify Measurable Goal

5. Post Construction Runoff Control: (See also B2-4, B4-1 and B4-3 above and B6-1 and B6-2 below)

B5-1
BMP ID #

Codify maintenance of storm drains and other control measures Specify Best Management Practice	Compliance Officer and Facilities Management Responsible Dept./Person Name	Written SOPs for procedures and frequency. May also involve use of state CAMIS computerized maintenance management system Specify Measurable Goal

6. Municipal Good Housekeeping:

B6-1
BMP ID #

Review relevant SOPs and work practices for stormwater management Specify Best Management Practice	Facilities Management Responsible Dept./Person Name	All work procedures with relevance to stormwater will be reviewed with changes made as applicable Specify Measurable Goal

B6-2
BMP ID #

Review all relevant statewide and facility contracts for appropriate language conforming to facility good housekeeping practice (includes waste disposal, vehicle and landscaping contracts) Specify Best Management Practice	Facility Management, Contracting Department and Compliance Officer Responsible Dept./Person Name	All contracts with potential relevance to stormwater will be reviewed, and changes made as applicable Specify Measurable Goal

B6-3
BMP ID #

Discussion with town of Tewksbury with potential to adopt some town BMPs Specify Best Management Practice	Compliance Officer Responsible Dept./Person Name	Meetings and review of documents, potential MOU or similar agreement. Specify Measurable Goal

D. Stormwater Management Program Summary (cont.)

B6-4
BMP ID #

Refine procedures to target disposal of horse and other animal waste from site uses
Specify Best Management Practice

Facility Management
Responsible Dept./Person Name

New work procedures and facilities to target these activities and materials
Specify Measurable Goal

B6-5
BMP ID #

Work with on-site farmers on good practices related to agricultural disturbances
Specify Best Management Practice

Facility Management
Responsible Dept./Person Name

New work procedures and facilities to target these activities and materials
Specify Measurable Goal

7. BMPs for Meeting TMDL:

BMPs above, particularly B1-1, B1-2, B1-5, B2-4, all items under Illicit Discharge detection and elimination, and B6-4 and B6-5 will include focus on the elimination of discharges of pathogens to the Shawsheen Watershed.

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.

Raymond Sanzone
Printed Name

Signature

7/28/22
Date

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Bureau of Resource Protection - Watershed Management

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F. Storm Water Management Program TIME FRAMES

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Facility ID (if known) Tewksbury Hospital
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	PERMIT YEAR ONE						PERMIT YEAR TWO						PERMIT YEAR THREE						PERMIT YEAR FOUR				PERMIT YEAR FIVE	
BMP ID #	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	Spring 08
B1-1										(distribution and revision continues until end of permit term)											
B1-2					(update each year)		X				X				X				X		
B1-3							(continuous use after development)														
B1-4			X				X				X				X						
B1-5													X	(Earth day event)							
B2-1					(update every year)																
B2-2							(Information remains available)														
B2-3						X															
B2-4						X	(meeting at least annually, time TBD)														
B3-1																					
B3-2																					
B3-3																					
B3-4																					
B3-5																					
B4-1																					
B4-2							(continuous use after development)														
B4-3																					
B5-1																					
B6-1																					
B6-2																					
B6-3				X				X													
B6-4							(review each s		X				X				X				
B6-5																					