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

RECEIVED

2003 JUL 28 PM 1:32

Facility ID (if known)

A. Instructions

BEHA

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

(978) 851-7321

Telephone Number

MA

State

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

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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

[illegible]



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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, visiting
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



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D. Stormwater Management Program Summary (Cont.)

B2-3

BMP ID #

Catch basin Map publication
Specify Best Management Practice

Facilities Department and Human
Resources

Responsible Dept./Person Name

Distribute map showing location
and drainage of catch basins
Specify Measurable Goal

B2-4

BMP ID #

Coordinate with town of
Tewksbury
Specify Best Management Practice

Facilities Management
and Compliance Officer

Responsible Dept./Person Name

At least one face-to-face meeting
with relevant municipal staff on
stormwater issues
Specify Measurable Goal

3. Illicit Discharge Detection and Elimination:

B3-1

BMP ID #

Compile maps and other info of
existing stormwater systems
Specify Best Management Practice

Facilities Management

Responsible Dept./Person Name

Maps in both large format and
standard handout size, showing
storm drains, outfalls with outfalls
numbered.
Specify Measurable Goal

B3-2

BMP ID #

Develop written SOP defining and
forbidding illicit connections
Specify Best Management Practice

Facilities Management and
Human Resources

Responsible Dept./Person Name

One or more written SOPs in
standard facility format
Specify Measurable Goal

B3-3

BMP ID #

Survey of campus buildings for
illegal connections
Specify Best Management Practice

Facilities Management

Responsible Dept./Person Name

All buildings checked
Specify Measurable Goal

B3-4

BMP ID #

Repair of any illicit connections
discovered (if any are found)
Specify Best Management Practice

Facilities Management

Responsible Dept./Person Name

Full sanitary/storm sewer
separation
Specify Measurable Goal

B3-5

BMP ID #

Survey of non-building areas for
illicit connections and control of
illegal dumping
Specify Best Management Practice

Facilities Management

Responsible Dept./Person Name

Full sanitary/storm sewer
separation
Specify Measurable Goal

4. Construction Site Runoff Control:

B4-1

BMP ID #

Work with DCAM to develop
contract language for new
construction
Specify Best Management Practice

Compliance Officer

Responsible Dept./Person Name

Achieve workable contract
language to effect stormwater
construction control
Specify Measurable Goal



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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



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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

7/18/23
Date

BRRP WM 08A NPDES Stormwater General Permit: Notice of Intent

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

F. Storm Water Management Program TIME FRAMES

Transmittal Number	W035389
Tewksbury Hospital	
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Page 1 of 1

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