



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

MAR043005 AH

W035389

Transmittal Number

**BRP WM 08A NPDES Stormwater General Permit**

RECEIVED

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

2003 JUL 28 PM 1:32

Facility ID (if known)

**A. Instructions**

B E H A

**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.sanzone@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



# Massachusetts Department of Environmental Protection

## Bureau of Resource Protection - Watershed Management

W035389  
Transmittal Num

**BRP WM 08A NPDES Stormwater General Permit**

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

**Facility ID (if known)**

**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**



## Massachusetts Department of Environmental Protection

Bureau of Resource Protection - Watershed Management

# BRP WM 08A NPDES Stormwater General Permit

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

W035389

Transmittal Number

Facility ID (if known)

### D. Stormwater Management Program Summary

#### 1. Public Education:

##### B1-1

BMP ID #

brochure development and distribution

Facilities Management and Human Resources

Design educational brochure and distribute to all staff, visiting groups

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

##### B1-2

BMP ID #

Identify all groups using facility for targeting information, notices.

Facilities Management and Human Resources

List of groups with contact names and contact information (to be updated yearly)

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

##### B1-3

BMP ID #

Integrate education and good housekeeping into orientation and yearly training materials

Facilities Management and Human Resources

All new staff get training materials on hazardous materials, stormwater, as part of orientation. Records kept with personnel files.

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

##### B1-4

BMP ID #

Article in Campus Newsletter

Facilities Management and Human Resources

One article in the campus bi-monthly newsletter introducing the program. To be repeated with updates each year.

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

##### B1-5

BMP ID #

Guest speaker on stormwater and other environmental issues

Facilities Management and Compliance Officer

One presentation with handouts and/or posters. May be done in coordination with other DPH facilities

Specify Best Management Practice

Responsible Dept./Person Name

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)

Facilities Management and Human Resources

List of activities, with organization and contacts

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

##### B2-2

BMP ID #

Publicize existing environmental/watershed groups

Facilities Department and Compliance Officer

Brochures available in existing locations

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal



## Massachusetts Department of Environmental Protection

Bureau of Resource Protection - Watershed Management

# BRP WM 08A NPDES Stormwater General Permit

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

W035389

Transmittal Number

Facility ID (if known)

### 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



## Massachusetts Department of Environmental Protection

Bureau of Resource Protection - Watershed Management

# BRP WM 08A NPDES Stormwater General Permit

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

W035389

Transmittal Number

Facility ID (if known)

### 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



Massachusetts Department of Environmental Protection  
Bureau of Resource Protection - Watershed Management  
**BRP WM 08A NPDES Stormwater General Permit**  
**Notice of Intent for Discharges from Small Municipal Separate  
Storm Sewer Systems (MS4s)**

W035389  
Transmittal Number

Facility ID (if known)

---

## 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.

Printed Name

Signature

Raymond J. Sanzone

7/18/22

Date



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

BMP ID #	PERMIT YEAR ONE			PERMIT YEAR TWO			PERMIT YEAR THREE			PERMIT YEAR FOUR			PERMIT YEAR FIVE								
	Spring 03	Summer 03	Fall 03	Winter 03	Spring 04	Summer 04	Fall 04	Winter 04	Spring 05	Summer 05	Fall 05	Winter 05	Spring 06	Summer 06	Fall 06	Winter 06	Spring 07	Summer 07	Fall 07	Winter 07	Spring 08
B1-1																					
B1-2																					
B1-3																					
B1-4																					
B1-5																					
B2-1																					
B2-2																					
B2-3																					
B2-4																					
B3-1																					
B3-2																					
B3-3																					
B3-4																					
B3-5																					
B4-1																					
B4-2																					
B4-3																					
B5-1																					
B6-1																					
B6-2																					
B6-3																					
B6-4																					
B6-5																					

Transmittal Number	W035389
Tewksbury Hospital	
Facility ID (if known)	
Page 1 of 1	