



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

MAR 041226 AH

W035320
Transmittal Number

BRP WM 08A NPDES Stormwater General Permit

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

Facility ID (if known)

A. Instructions

Important: When
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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:

David G. Cressman

Name

1099 Main St.

Mailing Address

Tewksbury

City/Town

978-640-4300

Telephone Number

MA

State

dcressman@town.tewksbury.ma.us

Email (if available)

2. Municipality Name

Town of 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 State Hospital

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

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



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C. Names of (Presently Known) Receiving Waters

Receiving Water:	No. of Outfalls	Listed as Impaired?	Impairment
Ames Pond Name	1 Number	☒ Yes ☐ No	Noxious aquatic plants Specify
Long Pond Name	2 Number	☒ Yes ☐ No	Nutrients, Noxious aquatic plants Specify
Round Pond Name	1 Number	☒ Yes ☐ No	Noxious aquatic plants Specify
Trull Brook Name	4 Number	☒ Yes ☐ No	Unknown toxicity Specify
 Name	 Number	☐ Yes ☐ No	 Specify

D. Stormwater Management Program Summary

1. Public Education:

1A		
<u>BMP ID #</u>		
<u>Send out Storm Water Flyer to Community Residents</u>	SuAsCo Watershed Community Council (WCC), Water Billing Department	☐ flyer distributed to a minimum of 75% of residents ☐ compiled and considered Tewksbury and multi-watershed wide "survey" results
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

1B <u>BMP ID #</u> Teach Storm Water Lesson Plan to 5th Grade Students <u>Specify Best Management Practice</u>	SuAsCo Watershed Community Council (WCC), Tewksbury School Superintendent <u>Responsible Dept./Person Name</u>	☐ develop and distribute lesson plan to implement at the Grade 5 level ☐ lesson plan is taught in one more Grade 5 classrooms in the community <u>Specify Measurable Goal</u>
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1C		
BMP ID #		
Send out Storm Water Flyer to Community Businesses	SuAsCo Watershed Community Council (WCC), Water Billing Department	☐ flyer distributed to a minimum of 50% of businesses in Tewksbury such as auto shops and gas stations, commercial and retail operations with parking lots, lawn care companies, restaurants, construction and development companies
Specify Best Management Practice	Responsible Dept./Person Name	☐ storm water logo displayed on half of the businesses receiving the flyer
		Specify Measurable Goal



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D. Stormwater Management Program Summary (Cont.)

1D

BMP ID #

Hold a Storm Water Media Campaign

Specify Best Management Practice

SuAsCo Watershed Community Council (WCC),
Town Manager

Responsible Dept./Person Name

☐ media information packet delivered to the local media
☐ 4 press releases generated and issued to local media and major media outlets

Specify Measurable Goal

1E

BMP ID #

Show a Storm Water Video on Local Cable Stations and at Local Meetings

Specify Best Management Practice

SuAsCo Watershed Community Council (WCC),
Assistant to Town Manager

Responsible Dept./Person Name

☐ show storm water video at a minimum of one public meeting
☐ air storm water video at least once on local cable station

Specify Measurable Goal

2. Public Participation:

2A

BMP ID #

Circulate Storm Water Traveling Display in Community

Specify Best Management Practice

SuAsCo Watershed Community Council (WCC),
Town Engineer

Responsible Dept./Person Name

storm water display circulates around the community for a minimum of 3 months in permit year #1

storm water display is posted at a minimum of 3 different public locations in the community in permit year #1

storm water display is also used in future permit years for posting in public places or at storm water events

Specify Measurable Goal

2B

BMP ID #

Hold a Storm Water Poster Contest for 5th Grade Students

Specify Best Management Practice

SuAsCo Watershed Community Council (WCC),
Tewksbury School Superintendent

Responsible Dept./Person Name

storm water display is also used in future permit years for posting in public places or at storm water events

Specify Measurable Goal

2C

BMP ID #

Hold Storm Water Photo Contest for High School Students

Specify Best Management Practice

SuAsCo Watershed Community Council (WCC),
Tewksbury School Superintendent

Responsible Dept./Person Name

photo contest is held and entries are received, judged and displayed

Specify Measurable Goal



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D. Stormwater Management Program Summary (Cont.)

2D

BMP ID #

Hold a Local Storm Water
Summit

Specify Best Management Practice

SuAsCo Watershed
Community Council (WCC),
Community Development
Director

Responsible Dept./Person Name

hold local or multi-community
Storm Water Summit
advertise to encourage Storm
Water Summit community
attendance

Specify Measurable Goal

2E

BMP ID #

Participate in the SuAsCo
Storm Water Super Summit
and Conduct an Evaluation
and Assessment of Public
Awareness of Storm Water

Specify Best Management Practice

SuAsCo Watershed
Community Council (WCC),
Town Engineer

Responsible Dept./Person Name

municipal participation in the
Storm Water Super Summit
Storm Water Self Test distribute
to a minimum of 75% of residen
compiled and considered
municipal and multi-watershed-
wide "self test" results

Specify Measurable Goal

3. Illicit Discharge Detection and Elimination:

3A

BMP ID #

Capital Planning/Budgeting

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Estimate costs for purchases and
maintenance; Capital requests
future purchases

Specify Measurable Goal

3B

BMP ID #

DPW Employee Training

Specify Best Management Practice

DPW, Town Engineer

Responsible Dept./Person Name

80% of employees trained each
year

Specify Measurable Goal

3C

BMP ID #

Mapping Known Stormwater
Outfalls

Specify Best Management Practice

Engineering

Responsible Dept./Person Name

Creation of a map with known
outfalls. Put data in an electron
format (i.e., AutoCad, GIS, etc.)

Specify Measurable Goal

3D

BMP ID #

Mapping Stormwater Outfalls

Specify Best Management Practice

Engineering and DPW
Personnel

Responsible Dept./Person Name

Investigate 25% of town per year
Identify unknown stormwater
outfalls

Specify Measurable Goal

3E

BMP ID #

Failing Septic Systems

Specify Best Management Practice

Board of Health

Responsible Dept./Person Name

Review Title 5 Reports to identify
problems
Use current reporting system to
follow through with rectifying failing
systems

Specify Measurable Goal

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D. Stormwater Management Program Summary (Cont.)

3F

BMP ID #

Sampling Programs

Specify Best Management Practice

Board of Health

Responsible Dept./Person Name

up to 24 Stations sampled 3 times
per year

Specify Measurable Goal

3G

BMP ID #

Stormwater By-Law

Specify Best Management Practice

Board of Selectmen, Planning
Board, Health Department,
Engineering

Responsible Dept./Person Name

Draft by-law and work with Boards
to achieve acceptable language for
passage

Specify Measurable Goal

4. Construction Site Runoff Control:

4A

BMP ID #

Site Plan Review

Specify Best Management Practice

Planning Board

Responsible Dept./Person Name

Add stormwater runoff control
verification to check list for
approval

Site inspections will be performed
and enforcement mechanisms
developed

Specify Measurable Goal

4B

BMP ID #

Runoff By-Law

Specify Best Management Practice

Planning Board

Responsible Dept./Person Name

Draft and present; adjust until
accepted

Inspection procedures and
enforcement rules to be developed

Specify Measurable Goal

4C

BMP ID #

Building Permit Requirement

Specify Best Management Practice

Building Department,
Engineering

Responsible Dept./Person Name

Process developed and checklist
designed to include NPDES
permits

Developers providing necessary
copies to the Town

Specify Measurable Goal

4D

BMP ID #

Inspection Reports

Specify Best Management Practice

Building Inspector,
Conservation Commission,
Sewer Inspectors

Responsible Dept./Person Name

Train all inspectors (Plumbing,
Sewer, Building)

Create inspection reports

Inspection of all sites greater than
1 acre

Specify Measurable Goal



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4E

BMP ID #

Construction Inspection

Specify Best Management Practice

Engineering

Responsible Dept./Person Name

Create Inspection Reports

Perform and track inspections

Specify Measurable Goal

4F

BMP ID #

Erosion Control Measures

Specify Best Management Practice

Conservation Commission

Responsible Dept./Person Name

Create Inspection Reports

Perform and track inspections

Specify Measurable Goal

4G

BMP ID #

Ordinances for Construction Controls

Specify Best Management Practice

Planning Board

Responsible Dept./Person Name

Draft and present; adjust until accepted

Specify Measurable Goal

4H

BMP ID #

Spill Prevention Plans

Specify Best Management Practice

Board of Health/DPW,
Planning Board

Responsible Dept./Person Name

File with Site Plan Application

Specify Measurable Goal

5. Post Construction Runoff Control:

5A

BMP ID #

Training for Municipal Employees and Commission Members

Specify Best Management Practice

Planning Board

Responsible Dept./Person Name

80% of members/employees attend training each year

Review existing policy for update

Specify Measurable Goal

5B

BMP ID #

Design Standards

Specify Best Management Practice

Planning Board and DPW

Responsible Dept./Person Name

80% of members/employees attend training each year

Review existing policy for update

Specify Measurable Goal

5C

BMP ID #

Post-Construction By-Law

Specify Best Management Practice

Planning Board

Responsible Dept./Person Name

Review Current by-laws

Draft and present; adjust until accepted

Specify Measurable Goal

5D

BMP ID #

Zoning By-Laws

Specify Best Management Practice

ZBL

Responsible Dept./Person Name

Review Current by-laws

Draft and present; adjust until accepted

Specify Measurable Goal



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5E

BMP ID #

Sub-Division Regulations

Specify Best Management Practice

Planning Board

Responsible Dept./Person Name

Review Current by-laws

Draft and present; adjust until accepted

Directly connected impervious road surfaces in new development and redevelopment areas will be reduced by 20% (relative to the traditional scenario in which curbs and gutters are sited) over the course of the 5 year permit.

Specify Measurable Goal

6. Municipal Good Housekeeping:

6A

BMP ID #

CB/Drain System/Parking Lot Cleaning

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Clean 50% of Catch Basins annually

Clean 100% of parking lots annually

Clean 50% of streets annually

Specify Measurable Goal

6B

BMP ID #

Training of all Municipal Employees

Specify Best Management Practice

Board of Health/DPW

Responsible Dept./Person Name

80% of employees trained housekeeping activities successfully implemented

Specify Measurable Goal

6C

BMP ID #

Capital Planning and Budgeting

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Capital planning for funds to purchase a tight tank for vehicle washing in Winter 2006

Specify Measurable Goal

6D

BMP ID #

Stormwater Pollution Prevention Plan (SPPP)

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Compliance with town's SPPP

Specify Measurable Goal

6E

BMP ID #

Housekeeping Policies

Specify Best Management Practice

Board of Health/DPW

Responsible Dept./Person Name

publication of housekeeping document

Performance of items in document

Specify Measurable Goal



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D. Stormwater Management Program Summary (cont.)

6F

BMP ID #

Hazardous Material Storage

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Inspection Reports of Storage
areas

Review of current storage
procedures

Specify Measurable Goal

6G

BMP ID #

Used Oil Recycling

Specify Best Management Practice

DPW

Responsible Dept./Person Name

DPW will participate in Town
recycling program

DPW will track amount of oil
recycled

Specify Measurable Goal

6H

BMP ID #

Vehicle Maintenance and
Washing

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Purchase tight tank

Install and train employees on
use

Specify Measurable Goal

6I

BMP ID #

Road Salt Application and
Storage

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Maintain Storage shed/area
keep pile covered

Specify Measurable Goal

6J

BMP ID #

Spill Response and Prevention

Specify Best Management Practice

DPW

Responsible Dept./Person Name

develop plans describing spill
prevention and control proced
by the end of year 1

Conduct annual spill prevention
and response training session
all municipal employees

Specify Measurable Goal

6K

BMP ID #

Illegal Dumping and Storage

Specify Best Management Practice

Board of Health

Responsible Dept./Person Name

Investigate as reported

Specify Measurable Goal

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6L

BMP ID #

Landscaping and Lawn Care
Specify Best Management Practice

DPW/Recreation Department
Responsible Dept./Person Name

In the first year, develop a pollution prevention workshop for all municipal employees responsible for grounds maintenance and landscaping at public facilities. Once per year, hold an additional workshop for new employees and crew managers. Achieve a 25% reduction in fertilizer and pesticide use after year 3.

Specify Measurable Goal

6M

BMP ID #

Hazardous Waste Collection
Specify Best Management Practice

Board of Health
Responsible Dept./Person Name

Annual Collection Day, as funded
Record and track amount collected
Specify Measurable Goal

7. BMPs for Meeting TMDL:

7A

BMP ID #

Ames Pond
Specify Best Management Practice

Conservation Commission
Responsible Dept./Person Name

Coordinate meeting with pond owner and MRWC to discuss further study. Propose options to pond owner for further study

Specify Measurable Goal

7B

BMP ID #

Long Pond
Specify Best Management Practice

Board of Health
Responsible Dept./Person Name

Develop sampling protocol for testing tributaries. Implement sampling protocol.#1 Develop response based on sampling

Specify Measurable Goal

7C

BMP ID #

Round Pond
Specify Best Management Practice

Conservation Commission
Responsible Dept./Person Name

Develop Study Protocol Seek funding to conduct study If funded, conduct study If funded, develop response plan

Specify Measurable Goal



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D. Stormwater Management Program Summary (Cont.)

7D

BMP ID #

Trull Brook

Specify Best Management Practice

DPW, Engineering,
Conservation, Board of Health
Responsible Dept./Person Name

Meet w/ MRWC to discuss and
review earlier review
Develop plan for further study.
Seek funding for study.
If funded, conduct study.
If funded, develop response plan
Specify Measurable Goal

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.

David G. Cressman

Printed Name

David G. Cressman
Signature

7/20/03
Date