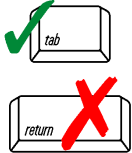




Massachusetts Department of Environmental Protection
Bureau of Water Resources – Wastewater Management Program
Combined Sewer Overflow Preliminary Public Notification Plan

1. Facility Information

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Name of Permittee (Facility or System)

Permittee Contact Name

Email Address

Permittee Mailing Address

NPDES Permit # (only for system with a wastewater treatment plant)

Phone number

System contains (check all that apply):

Collection system

Pump station(s)

Wastewater treatment plant

Location of WWTP discharge, if applicable:

Please attach a map with locations of discharges and affected waterbodies.

2. Identification of Environmental Justice Populations

Are there Environmental Justice (EJ) populations that would potentially be affected by your wastewater treatment plant discharge(s) or a combined sewer overflow?

Yes

No

If there are EJ populations that would potentially be affected, do 25% or more of households lack English-language proficiency, and at least 5% of the population has speakers who self-identify as “do not speak English very well”?

Yes

No

Provide a list of all languages that notification will be translated into:

Does your municipality provide translation of municipal documents in the languages listed above?

Yes

No

If you answered “yes” above, does your municipality’s staff provide translation of municipal documents, or are translation services outsourced?

Municipal Staff Outsourced

3. Discharges, Overflows, and Public Notification Content

When public notification is required: (check box to affirm)

Permittee is aware that all events covered under 314 CMR 16.03(1)(a-e) require a public notification.

Required content of public notification: (check box to affirm)

Permittee is aware of all required information for public notifications under 314 CMR 16.04(10)

Permittee can meet all requirements of 314 CMR 16.04(10)

Yes

No

If no, please describe in detail which components the permittee is not able to meet and the measures needed to comply. Attach a schedule for compliance.

Components that cannot be met

Schedule for compliance



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4. Discovery and Required Timeline for Notification

Is the permittee requesting approval to use a method other than metering to detect a discharge?
(Requires approval of MassDEP Commissioner)

Attach additional information on method to detect a discharge. Yes No

Discovery of a Discharge or Overflow:

Permittee can discover an event under 314 CMR 16.04(5)(a), (b) & (c) within the required timeline? Yes No

If no, specify limitations to meeting these requirements and potential remedies, e.g., method of detection does not allow for discovery within specified timeframe, staffing, etc.:

Issuance of Public Notification:

Permittee can meet the notification requirements in 314 CMR 16.04(4) Yes No

If no, why and what measures are needed for compliance?

Continuation of Public Notification:

Permittee can meet the notification requirements in 314 CMR 16.04(7) Yes No

If no, which requirement cannot be met and what measures are needed for compliance?

Cessation of Public Notification:

Permittee can meet the notification requirements in 314 CMR 16.04(8) Yes No

If no, why, and what measures are needed for compliance?

Retraction of Public Notification:

Permittee can meet the notification requirements in 314 CMR 16.04(9) Yes No

If no, which requirement cannot be met and what measures are needed for compliance?



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5. CSO Permittee Website

Does the permittee/sewer authority have an existing website or web page where relevant information is posted? Yes No

If yes, provide the URL:

Describe the subscriber-based system where the public can sign up to receive your notifications.

Permittee has a website and is able to meet the requirements under 314 CMR 16.05(1)(a-e)? Yes No

If no, specify limitations to meeting these requirements and potential remedies:

6. Signage

Permittee has consulted with the Board of Health/Health Departments in municipalities affected by their discharges for public access sign location points? Yes No

Attach a list of locations where signs will be installed and dates when signs will be installed.

Permittee is able to meet the signage requirements under 314 CMR 16.05(2)? Yes No

If no, specify limitations to meeting these requirements and potential remedies:

Permittee is able to meet the signage requirements under 314 CMR 16.05(3)? Yes No

If no, specify limitations to meeting these requirements and potential remedies:

7. Public Notification Recipients

Media Outlets

List the two media outlets serving the area near the discharge or outfall that the permittee will contact to provide a public notification. Include name of organization, name of contact, and contact's email address or fax number.

Name of media outlet #1

Name of media outlet #2



Massachusetts Department of Environmental Protection
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7. Public Notification Recipients (cont.)

If permittee has determined that an EJ population could potentially be affected by a discharge or overflow, which of these media outlets serves the EJ population? If neither does, then provide at least one additional news organization that primarily serves the EJ population(s) within the impacted municipalities. (Include name of organization, name of contact, and contact's email address or fax number.)

Name of additional media outlet serving EJ population if neither media outlet above serves EJ population

See Instructions for list of **Required Public Notification Recipients** (314 CMR 16.04(4)(a)). Please attach list of your required contacts.

Certification

I attest that I have examined and am familiar with the information contained in this submittal, including any and all documents accompanying this certifying statement. The information contained in this submittal is, to the best of my knowledge, true, accurate, and complete. I am fully authorized to make this attestation on behalf of the facility.

Print Name

Title

Signature

Date