



Massachusetts Department of Environmental Protection
 Bureau of Water Resources – Wastewater Management Program
Sanitary Sewer Overflow 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 sanitary 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 notifications 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)(b-e) require issuance of a public advisory notification.

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

Permittee is aware of all required information for public advisory 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. Include a schedule for compliance.

Components that cannot be met

Schedule for compliance (attach schedule)



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4. Required Timeline for Notification

Discovery of a Discharge or Overflow:

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

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

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?

5. Website, Subscriber-Based System, and Recipients

Provide the URL for the website where you will post public notifications:

Attach description for the subscriber-based system where the public can sign up to receive notifications.



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5. Website, Subscriber-Based System, and Recipients (Cont.)

Provide link where the public can subscribe for notifications (if different than the website listed above).

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.

Media Outlet #1

Media Outlet #2

Does one of these media outlets serve the EJ population? Yes No

If no, 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.

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