



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

Maurice Eboulet

Title

Signature

Date

List of Departments to be notified

1. Medfield Board of health (Nancy Bennotti (508-906-3006)
2. Medfield Water Department Superintendent (David O'Toole 508-906-3302)
3. Massdep.sewagenotification@mass.gov DEP
4. R1.EPANotifications@epa.gov EPA
5. DPHToxicology@mass.gov Dept of Public Health
6. MEMA.StateControl@mass.gov DCR
7. Doug.cameron@mass.gov Division of Fisheries & Wildlife
- 8.

Treatment Plant & Outfall

Write a description for your map.

Legend

- Feature 1
- Feature 2
- Sluggers Academy

Charles River

outfall

Medfield WWTP

Medfield Animal Shelter

IKE ELECTRIC

West St

Google Earth

Image Landsat / Copernicus

500 ft

