

Year 7 Annual Report

Massachusetts Small MS4 General Permit

Reporting Period: July 1, 2024-June 30, 2025

*****Please DO NOT attach any documents to this form. Instead, attach all requested documents to an email when submitting the form. Also ensure any websites included on this form are to publicly accessible sites*****

Unless otherwise noted, all fields are required to be filled out. If a field is left blank, it will be assumed the requirement or task has not been completed. Please ONLY report on activities between July 1, 2024 and June 30, 2025 unless otherwise requested.

Part I: Contact Information

Name of Municipality or Organization:

EPA NPDES Permit Number:

Primary MS4 Program Manager Contact Information

Name:

Title:

Street Address Line 1:

Street Address Line 2:

City:

State:

Zip Code:

Email:

Phone Number:

Stormwater Management Program (SWMP) Information

SWMP Location (publicly available web address):

Date SWMP was Last Updated:

If the SWMP is not available on the web please provide the physical address:

Part II: Self-Assessment

First, in the box below, select the impairment(s) and/or TMDL(s) that are applicable to your MS4. Make sure you are referring to the most recent EPA approved Section 303(d) Impaired Waters List which can be found here: <https://www.epa.gov/tmdl/region-1-impaired-waters-and-303d-lists-state>

Impairment(s)			
☒ Bacteria/Pathogens	☐ Chloride	☐ Nitrogen	☒ Phosphorus
☐ Solids/ Oil/ Grease (Hydrocarbons)/ Metals			
TMDL(s)			
<i>In State:</i>	☐ Assabet River Phosphorus	☐ Bacteria and Pathogen	☐ Cape Cod Nitrogen
	☐ Charles River Watershed Phosphorus	☐ Lake and Pond Phosphorus	
<i>Out of State:</i>	☐ Bacteria/Pathogens	☐ Metals	☐ Nitrogen
			☐ Phosphorus
			Clear Impairments and TMDLs

Next, check off all requirements below that have been completed. **By checking each box you are certifying that you have completed that permit requirement fully.** If you have not completed a requirement leave the box unchecked. Additional information will be requested in later sections.

Year 7 Requirements

- ☒ Completed catchment investigations associated with Problem Outfalls
- ☒ Completed catchment investigations where information gathered on the outfall/interconnection indicated sewer input

Annual Requirements

- ☒ Provided an opportunity for public participation in review and implementation of SWMP and complied with State Public Notice requirements
- ☒ Kept records relating to the permit available for 5 years and made available to the public
- ☒ The SSO inventory has been updated, including the status of mitigation and corrective measures implemented
 - ☐ This is not applicable because we do not have sanitary sewer
 - ☒ This is not applicable because we did not find any new SSOs
 - ☐ The updated SSO inventory is attached to the email submission
 - ☐ The updated SSO inventory can be found at the following publicly available website:

- ☒ Updated system map due in year 10 with information from completed catchment investigations
- ☐ Provided training to employees involved in IDDE program within the reporting period
- ☒ Properly stored and disposed of catch basin cleanings and street sweepings so they did not discharge to receiving waters

- ☒ All curbed roadways were swept at least once within the reporting period
- ☒ Enclosed all road salt storage piles or facilities and implemented winter road maintenance procedures to minimize the use of road salt
- ☒ Implemented SWPPPs for all permittee owned or operated maintenance garages, public works yards, transfer stations, and other waste handling facilities
- ☒ Updated inventory of all permittee owned facilities as necessary
- ☒ O&M programs for all permittee owned facilities have been completed and updated as necessary
- ☒ Implemented all maintenance procedures for permittee owned facilities in accordance with O&M programs
- ☒ Implemented program for MS4 infrastructure maintenance to reduce the discharge of pollutants
- ☒ Inspected all permittee owned treatment structures (excluding catch basins)

Optional: If you would like to describe progress made on any incomplete requirements listed above or provide any additional details, please use the box below:

Bacteria/ Pathogens (Combination of Impaired Waters Requirements and TMDL Requirements as Applicable)

Annual Requirements

*Public Education and Outreach**

- ☒ Annual message was distributed encouraging the proper management of pet waste, including noting any existing ordinances where appropriate
- ☒ Permittee or its agents disseminated educational material to dog owners at the time of issuance or renewal of dog license, or other appropriate time
- ☒ Provided information to owners of septic systems about proper maintenance in any catchment that discharges to a water body impaired for bacteria
- ☐ This is not applicable because there are no septic systems present

** Public education messages can be combined with other public education requirements as applicable (see Appendix F and H for more information)*

Optional: If you would like to describe progress made on any incomplete requirements listed above or provide any additional details, please use the box below:

Chloride

Annual Requirements

Public Education and Outreach

- Included an annual message in November/ December to private road salt applicators and commercial
☐ industrial site owners on the proper storage and application rates of winter deicing material, along with the steps that can be taken to minimize salt use and protect local waterbodies

The following type(s) of salt were applied **during this reporting period (year 7)**:

- ☐ Sodium chloride
☐ Calcium chloride
☐ Potassium chloride
☐ Magnesium chloride
☐ Brine solution

Total amount of salt applied **during this reporting period (year 7) including units:**

Optional: If you would like to describe progress made on any incomplete requirements listed above or provide any additional details, please use the box below:

Nitrogen (Combination of Impaired Waters Requirements and TMDL Requirements as Applicable)

Annual Requirements

*Public Education and Outreach**

- ☐ Distributed an annual message in the spring (April/May) that encourages the proper use and disposal of grass clippings and encourages the proper use of slow-release fertilizers
☐ Distributed an annual message in the summer (June/July) encouraging the proper management of pet waste, including noting any existing ordinances where appropriate
☐ Distributed an annual message in the fall (August/September/October) encouraging the proper disposal of leaf litter

** Public education messages can be combined with other public education requirements as applicable (see Appendix F and H for more information)*

Good Housekeeping and Pollution Prevention for Permittee Owned Operations

- ☐ Increased street sweeping frequency of all municipal owned streets and parking lots subject to Permit part 2.3.7.a.iii.(c) to a minimum of two times per year (spring and fall)

Structural BMPs

- ☐ Installed a structural BMP as a demonstration project within the drainage area of the water quality limited water or its tributaries. The type of BMP installed is (*e.g. biofiltration*):

Any structural BMPs listed in Attachment 3 to Appendix F already existing or installed in the regulated area by the permittee or its agents was tracked and the nitrogen removal by the BMP was estimated

- ☐ consistent with Attachment 3 to Appendix F. The BMP type, total area treated by the BMP, the design storage volume of the BMP, and the estimated nitrogen removed in mass per year by the BMP were documented.

☐ No BMPs were installed

- ☐ The above referenced BMP information is attached to the email submission
- ☐ The above referenced BMP information can be found at the following publicly available website:

Total estimated nitrogen removed in lbs/year from the installed BMPs:

Optional: If you would like to describe progress made on any incomplete requirements listed above or provide any additional details, please use the box below:

Phosphorus (Combination of Impaired Waters Requirements and TMDL Requirements as Applicable)

Annual Requirements

*Public Education and Outreach**

- ☒ Distributed an annual message in the spring (April/May) encouraging the proper use and disposal of grass clippings and encouraging the proper use of slow-release and phosphorus-free fertilizers
- ☒ Distributed an annual message in the summer (June/July) encouraging the proper management of pet waste, including noting any existing ordinances where appropriate
- ☒ Distributed an annual message in the fall (August/September/October) encouraging the proper disposal of leaf litter

** Public education messages can be combined with other public education requirements as applicable (see Appendix H and F for more information)*

Good Housekeeping and Pollution Prevention for Permittee Owned Operations

- ☒ Increased street sweeping frequency of all municipal owned streets and parking lots subject to Permit part 2.3.7.a.iii.(c) to a minimum of two times per year (spring and fall)

Structural BMPs

- ☒ Installed a structural BMP as a demonstration project within the drainage area of the water quality limited water or its tributaries. The type of BMP installed is (*e.g. biofiltration*):

BMP installed as part of Lyons School reconstruction reported in Year 6.

- ☒ Any structural BMPs already existing or installed in the regulated area by the permittee or its agents was tracked and the phosphorus removal by the BMP was estimated consistent with Attachment 3 to Appendix F. The BMP type, total area treated by the BMP, the design storage volume of the BMP, and the estimated phosphorus removed in mass per year by the BMP were documented.

- ☒ No BMPs were installed
- ☐ The above referenced BMP information is attached to the email submission
- ☐ The above referenced BMP information can be found at the following publicly available website:

Total estimated phosphorus removed in **lbs/year** from the installed BMPs:

Optional: If you would like to describe progress made on any incomplete requirements listed above or provide any additional details, please use the box below:

Solids, Oil and Grease (Hydrocarbons), or Metals

Annual Requirements

Good Housekeeping and Pollution Prevention for Permittee Owned Operations

- ☐ Increased street sweeping frequency of all municipal owned streets and parking lots to a schedule that targets areas with potential for high pollutant loads

☐ The street sweeping schedule is attached to the email submission

☐ The street sweeping schedule can be found at the following publicly available website:

- ☐ Prioritized inspection and maintenance for catch basins to ensure that no sump shall be more than 50 percent full; Cleaned catch basins more frequently if inspection and maintenance activities indicated excessive sediment or debris loadings

Optional: If you would like to describe progress made on any incomplete requirements listed above or provide any additional details, please use the box below:

Charles River Watershed Phosphorus TMDL

Below, calculate your current phosphorus export rate by first filling out the individual phosphorus loading components (labeled [A], [B], [C], and [D]) and then computing your current phosphorus export rate using the equation provided.

Baseline phosphorus export rate from PCP Area, as identified in Appendix F (**lbs/year**) [A]:

Total phosphorus reduction from all nonstructural controls implemented **this reporting period (lbs/year)** [B]:

Total phosphorus reduction from all structural controls installed this reporting period and all previous years (**lbs/year**) [C]:

Phosphorus load increase due to development incurred since 2005 in **lbs/year** [D]:

Current phosphorus export rate from the PCP Area in **lbs/year** [=A-(B+C)+D from above]:

I certify under penalty of law that all source control and treatment Best Management Practices being claimed for phosphorus reduction credit have been inspected, maintained and repaired in accordance

- ☐ with manufacturer or design specification. I certify that, to the best of my knowledge, all Best Management Practices being claimed for a phosphorus reduction credit are performing as originally designed.
- ☐ All municipally owned and maintained turf grass areas are being managed in accordance with Massachusetts Regulation 331 CMR 31 pertaining to proper use of fertilizers on turf grasses
- ☐ Implemented all nonstructural control measures **during this reporting period** and documented the measures and their phosphorus reduction. The nonstructural control measure information:
- ☐ is attached to the email submission
 - ☐ can be found at the following publicly available website:

- ☐ Documented the structural control measures implemented during **this reporting period and all previous years**, including location, phosphorus reduction in mass/year, and date of last completed maintenance and inspection for each control. The structural control measure information:

- ☐ is not applicable; no structural control measures were implemented
- ☐ is attached to the email submission
- ☐ can be found at the following publicly available website:

Optional: If you would like to describe progress made on any incomplete requirements listed above or provide any additional details, please use the box below:

NON-TRADITIONAL AND TRANSPORTATION MS4s ONLY- municipalities please skip this section:

Describe the planned phosphorus reduction activities on site and coordination progress with the applicable municipality:

Lake and Pond Phosphorus TMDL

Below, calculate your current phosphorus export rate by first filling out the individual phosphorus loading components (labeled [A], [B], [C], and [D]) and then computing your current phosphorus export rate using the equation provided.

Baseline phosphorus export rate from LPCP Area (lbs/year) [A]:

Total phosphorus reduction from all nonstructural controls this reporting period (**lbs/year**) [B]:

0

Total phosphorus reduction from all structural controls installed this reporting period and all previous years (**lbs/year**) [C]:

0

Phosphorus load increase due to development incurred since baseline loading was calculated in **lbs/year** [D]:

0

Current phosphorus export rate from the LPCP Area in **lbs/year** [=A-(B+C)+D from above]:

0

I certify under penalty of law that all source control and treatment Best Management Practices being claimed for phosphorus reduction credit have been inspected, maintained and repaired in accordance ☐ with manufacturer or design specification. I certify that, to the best of my knowledge, all Best Management Practices being claimed for a phosphorus reduction credit are performing as originally designed.

☐ All municipally owned and maintained turf grass areas are being managed in accordance with Massachusetts Regulation 331 CMR 31.00 pertaining to proper use of fertilizers on turf grasses

☐ Implemented all nonstructural control measures **during this reporting period** and documented the measures and their phosphorus reduction. The nonstructural control measure information:

☐ is attached to the email submission

☐ can be found at the following publicly available website:

☐ Documented the structural control measures implemented during **this reporting period and all previous years**, including location, phosphorus reduction in weight/year, and date of last completed maintenance and inspection for each control. The structural control measure information:

☐ is not applicable; no structural control measures were implemented

☐ is attached to the email submission

☐ can be found at the following publicly available website:

The LPCP: (select one of the following options. If you submitted your LPCP in a prior year and have an updated website, please include the website below)

☐ was submitted with a prior annual report

☐ is attached to the email submission

☐ can be found at the following publicly available website:

Optional: If you would like to describe progress made on any incomplete requirements listed above or provide any additional details, please use the box below:

Optional: Use the box below to provide any additional information you would like to share as part of your self-assessment:

Part III: Receiving Waters/Impaired Waters/TMDL

Have you made any changes to your lists of receiving waters, outfalls, or impairments since the NOI was submitted?

☒ Yes

☐ No

If yes, describe below, including any relevant impairments or TMDLs:

Impairment update -

Ponkapoag Pond: added Fanwort, Eurasian Water Milfoil

Cochato River: added Chlordane in Sediment, DDT in Sediment, Copper, Lead

Mary Lee Brook: added E. coli

Farm River: Fish Passage Barrier, E. coli

Part IV: Minimum Control Measures

Please fill out all of the metrics below. If applicable, include in the description who completed the task if completed by a third party.

MCM1: Public Education

Number of educational messages completed **during this reporting period:**

*Below, report on the educational messages completed **during this reporting period**. For the measurable goal(s) please describe the method/measures used to assess the overall effectiveness of the educational program.*

BMP:[Message name here]

Message Description and Distribution Method:

Targeted Audience:

Responsible Department/Parties:

Measurable Goal(s):

Message Date(s):

Message Completed for: Appendix F Requirements ☐ Appendix H Requirements ☐

Was this message different than what was proposed in your NOI? Yes ☐ No ☐

If yes, describe why the change was made:

BMP:[Message name here]

Message Description and Distribution Method:

Targeted Audience:

Responsible Department/Parties:

Measurable Goal(s):

Message Date(s):

Message Completed for: Appendix F Requirements ☐ Appendix H Requirements ☐Was this message different than what was proposed in your NOI? Yes ☐ No ☐

If yes, describe why the change was made:

BMP:[Message name here]

Message Description and Distribution Method:

Targeted Audience:

Responsible Department/Parties:

Measurable Goal(s):

Message Date(s):

Message Completed for: Appendix F Requirements ☐ Appendix H Requirements ☐Was this message different than what was proposed in your NOI? Yes ☐ No ☐

If yes, describe why the change was made:

BMP:[Message name here]

Message Description and Distribution Method:

Targeted Audience:

Responsible Department/Parties:

Measurable Goal(s):

Message Date(s):

Message Completed for: Appendix F Requirements ☐ Appendix H Requirements ☐

Was this message different than what was proposed in your NOI? Yes ☐ No ☐

If yes, describe why the change was made:

BMP:[Message name here]

Message Description and Distribution Method:

Targeted Audience:

Responsible Department/Parties:

Measurable Goal(s):

Message Date(s):

Message Completed for: Appendix F Requirements ☐ Appendix H Requirements ☐

Was this message different than what was proposed in your NOI? Yes ☐ No ☐

If yes, describe why the change was made:

BMP:[Message name here]

Message Description and Distribution Method:

Targeted Audience:

Responsible Department/Parties:

Measurable Goal(s):

Message Date(s):

Message Completed for: Appendix F Requirements ☐ Appendix H Requirements ☐

Was this message different than what was proposed in your NOI? Yes ☐ No ☐

If yes, describe why the change was made:

BMP:[Message name here]

Message Description and Distribution Method:

Targeted Audience:

Responsible Department/Parties:

Measurable Goal(s):

Message Date(s):

Message Completed for: Appendix F Requirements ☐ Appendix H Requirements ☐

Was this message different than what was proposed in your NOI? Yes ☐ No ☐

If yes, describe why the change was made:

BMP:[Message name here]

Message Description and Distribution Method:

Targeted Audience:

Responsible Department/Parties:

Measurable Goal(s):

Message Date(s):

Message Completed for: Appendix F Requirements ☐ Appendix H Requirements ☐

Was this message different than what was proposed in your NOI? Yes ☐ No ☐

If yes, describe why the change was made:

BMP:[Message name here]

Message Description and Distribution Method:

Targeted Audience:

Responsible Department/Parties:

Measurable Goal(s):

Message Date(s):

Message Completed for: Appendix F Requirements ☐ Appendix H Requirements ☐

Was this message different than what was proposed in your NOI? Yes ☐ No ☐

If yes, describe why the change was made:

BMP:[Message name here]

Message Description and Distribution Method:

Targeted Audience:

Responsible Department/Parties:

Measurable Goal(s):

Message Date(s):

Message Completed for: Appendix F Requirements ☐ Appendix H Requirements ☐

Was this message different than what was proposed in your NOI? Yes ☐ No ☐

If yes, describe why the change was made:

BMP:[Message name here]

Message Description and Distribution Method:

Targeted Audience:

Responsible Department/Parties:

Measurable Goal(s):

Message Date(s):

Message Completed for: Appendix F Requirements ☐ Appendix H Requirements ☐

Was this message different than what was proposed in your NOI? Yes ☐ No ☐

If yes, describe why the change was made:

BMP:[Message name here]

Message Description and Distribution Method:

Targeted Audience:

Responsible Department/Parties:

Measurable Goal(s):

Message Date(s):

Message Completed for: Appendix F Requirements ☐ Appendix H Requirements ☐

Was this message different than what was proposed in your NOI? Yes ☐ No ☐

If yes, describe why the change was made:

BMP:[Message name here]

Message Description and Distribution Method:

Targeted Audience:

Responsible Department/Parties:

Measurable Goal(s):

Message Date(s):

Message Completed for: Appendix F Requirements ☐ Appendix H Requirements ☐

Was this message different than what was proposed in your NOI? Yes ☐ No ☐

If yes, describe why the change was made:

BMP:[Message name here]

Message Description and Distribution Method:

Targeted Audience:

Responsible Department/Parties:

Measurable Goal(s):

Message Date(s):

Message Completed for: Appendix F Requirements ☐ Appendix H Requirements ☐

Was this message different than what was proposed in your NOI? Yes ☐ No ☐

If yes, describe why the change was made:

BMP:[Message name here]

Message Description and Distribution Method:

Targeted Audience:

Responsible Department/Parties:

Measurable Goal(s):

Message Date(s):

Message Completed for: Appendix F Requirements ☐ Appendix H Requirements ☐

Was this message different than what was proposed in your NOI? Yes ☐ No ☐

If yes, describe why the change was made:

Add an Educational Message

MCM2: Public Participation

Describe the opportunity provided for public involvement in the development of the Stormwater Management Program (SWMP) **during this reporting period:**

Was this opportunity different than what was proposed in your NOI? Yes ☐ No ☐

Describe any other public involvement or participation opportunities conducted **during this reporting period:**

MCM3: Illicit Discharge Detection and Elimination (IDDE)

Sanitary Sewer Overflows (SSOs)

Check off the box below if the statement is true.

- ☐ This SSO section is NOT applicable because we DO NOT have sanitary sewer

*Below, report on the number of SSOs identified in the MS4 system and removed **during this reporting period**.*

Number of SSOs identified:

Number of SSOs removed:

MS4 System Mapping

Percent of Phase II map complete:

Optional: Provide additional status information regarding your map:

Screening of Outfalls/Interconnections

If conducted, please submit any outfall monitoring results from this reporting period. Outfall monitoring results should include the date, outfall/interconnection identifier, location, weather conditions at time of sampling, precipitation in previous 48 hours, field screening parameter results, and results from all analyses. Please also include the updated inventory and ranking of outfalls/interconnections based on monitoring results.

- ☒ No outfalls were inspected
- ☐ The above referenced outfall screening data is attached to the email submission
- ☐ The above referenced outfall screening data can be found at the following publicly available website:

*Below, report on the number of outfalls/interconnections screened **during this reporting period**.*

Number of outfalls screened:

*Below, report on the percent of outfalls/interconnections screened **to date**.*

Percent of outfalls screened:

Optional: Provide additional information regarding your outfall/interconnection screening:

Catchment Investigations

If conducted, please submit all data collected during this reporting period as part of the dry and wet weather investigations. Also include the presence or absence of System Vulnerability Factors for each catchment.

- ☐ No catchment investigations were conducted
- ☒ The catchment investigation data is attached to the email submission
- ☐ The catchment investigation data can be found at the following publicly available website:

*Below, report on the number of catchment investigations completed **during this reporting period.***

Number of catchment investigations completed this reporting period:

*Below, report on the percent of catchments investigated **to date.***

Percent of total catchments investigated:

Optional: Provide any additional information for clarity regarding the catchment investigations below:

IDDE Progress

If illicit discharges were found, please submit a document describing work conducted over this reporting period, and cumulative to date, including location source; description of the discharge; method of discovery; date of discovery; and date of elimination, mitigation, or enforcement OR planned corrective measures and schedule of removal.

- ☒ No illicit discharges were found
- ☐ The illicit discharge removal report is attached to the email submission
- ☐ The illicit discharge removal report can be found at the following publicly available website:

*Below, report on the number of illicit discharges identified and removed, along with the volume of sewage removed **during this reporting period.***

Number of illicit discharges identified:

Number of illicit discharges removed:

Estimated volume of sewage removed: gallons/day

*Below, report on the total number of illicit discharges identified and removed to date. At a minimum, report on the number of illicit discharges identified and removed **since the effective date of the permit (July 1, 2018).***

Total number of illicit discharges identified:

Total number of illicit discharges removed:

Optional: Provide any additional information for clarity regarding illicit discharges identified, removed, or planned to be removed below:

Employee Training

Describe the frequency and type of employee training conducted **during this reporting period:**

MCM4: Construction Site Stormwater Runoff Control

*Below, report on the construction site plan reviews, inspections, and enforcement actions completed **during this reporting period.***

Number of site plan reviews completed:

Number of inspections completed:

Number of enforcement actions taken:

Optional: Enter any additional information relevant to construction site plan reviews, inspections, and enforcement actions:

MCM5: Post-Construction Stormwater Management in New Development and Redevelopment

As-built Drawings

*Below, report on the number of as-built drawings received **during this reporting period.***

Number of as-built drawings received:

Optional: Enter any additional information relevant to the submission of as-built drawings:

Street Design and Parking Lots Report

Below, describe any changes made or planned to be made to local regulations and guidelines based on the report completed in Year 4:

Green Infrastructure Report

Below, describe progress towards making green infrastructure practices allowable based on the report completed in Year 4:

Retrofit Properties Inventory

Below, list remaining permittee-owned properties that could be modified or retrofitted with BMPs to mitigate impervious areas (must maintain a minimum of 5 sites in inventory until less than 5 sites remain):

Below, list all properties that have been modified or retrofitted with BMPs to mitigate impervious area that were inventoried as part of 2.3.6.d of the permit and the type of BMP(s) implemented. Non-MS4 owned properties that have been modified or retrofitted with BMPs to mitigate impervious area may also be listed, but must be indicated as non-MS4.

MCM6: Good Housekeeping

Catch Basin Cleaning

*Below, report on the number of catch basins inspected and cleaned, along with the total volume of material removed from the catch basins **during this reporting period**.*

Number of catch basins inspected:

Number of catch basins cleaned:

Total volume or mass of material removed from all catch basins:

Below, report on the total number of catch basins in the MS4 system.

Total number of catch basins:

If applicable:

Report on the actions taken if a catch basin sump is more than 50% full during two consecutive routine inspections/cleaning events:

Street Sweeping

*Report on street sweeping completed **during this reporting period** using one of the three metrics below.*

☐ Number of miles cleaned:

☐ Volume of material removed:

☒ Weight of material removed:

Stormwater Pollution Prevention Plan (SWPPP)

*Below, report on the number of site inspections for facilities that require a SWPPP completed **during this reporting period**.*

Number of site inspections completed:

Describe any corrective actions taken at a facility with a SWPPP:

Additional Information

Monitoring or Study Results

Results from any other stormwater or receiving water quality monitoring or studies conducted during the reporting period not otherwise mentioned above, where the data is being used to inform permit compliance or permit effectiveness must be attached.

- ☒ Not applicable
- ☐ The results from additional reports or studies are attached to the email submission
- ☐ The results from additional reports or studies can be found at the following publicly available website(s):

If such monitoring or studies were conducted on your behalf or if monitoring or studies conducted by other entities were reported to you, a brief description of the type of information gathered or received shall be described below:

Additional Information

Enter any additional information relevant to your stormwater management program implementation during the reporting period. Include any BMP modifications made by the MS4 if not already discussed above.

Year 8

Activities Planned for Next Reporting Period

Please confirm that your SWMP has been, or will be, updated to comply with all applicable permit requirements including but not limited to the year 8 requirements summarized below. (Note: impaired waters and TMDL requirements are not listed below)

Yes, I agree ☒

Annual Requirements

- Annual report submitted and available to the public
- Annual opportunity for public participation in review and implementation of SWMP
- Keep records relating to the permit available for 5 years and make available to the public
- Properly store and dispose of catch basin cleanings and street sweepings so they do not discharge to receiving waters
- Annual training to employees involved in IDDE program
- Update inventory of all known locations where SSOs have discharged to the MS4
- Continue public education and outreach program
- Update outfall and interconnection inventory and priority ranking and include data collected in connection with the dry weather screening and other relevant inspections conducted
- Implement IDDE program
- Review site plans of construction sites as part of the construction stormwater runoff control program
- Conduct site inspection of construction sites as necessary
- Inspect and maintain stormwater treatment structures
- Log catch basins cleaned or inspected
- Sweep all curbed streets at least annually
- Continue investigations of catchments associated with Problem Outfalls
- Implemented SWPPPs for all permittee owned or operated maintenance garages, public works yards, transfer stations, and other waste handling facilities
- Review inventory of all permittee owned facilities in the categories of parks and open space, buildings and facilities, and vehicles and equipment; update if necessary
- Review O&M programs for all permittee owned facilities; update if necessary
- Implement all maintenance procedures for permittee owned facilities in accordance with O&M programs
- Implement program for MS4 infrastructure maintenance to reduce the discharge of pollutants
- Enclose all road salt storage piles or facilities and implemented winter road maintenance procedures to minimize the use of road salt
- Review as-built drawings for new and redevelopment to ensure compliance with post construction bylaws, regulations, or regulatory mechanism consistent with permit requirements
- Inspect all permittee owned treatment structures (excluding catch basins)
- Identify additional permittee-owned properties that could potentially be modified or retrofitted with BMPs to reduce impervious areas so that the permittee maintains a minimum of 5 sites in their inventory, until such a time when the permittee has less than 5 sites remaining

Provide any additional details on activities planned for permit year 8 below:

Part V: Certification of Small MS4 Annual Report 2025

40 CFR 144.32(d) 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.

Name:

Neil McCole

Title:

DPW Superintendent

Signature:

Date:

*[Signatory may be a duly authorized
representative]*

Note: When prompted during signing, save the document under a new file name.

Annual Report Submission

Please submit the form electronically via email to both EPA and MassDEP by clicking on one of the links below or using the email addresses listed below. Please ensure that all required attachments are included in the email and not attached to this PDF.

EPA: stormwater.reports@epa.govMassDEP: Stormwater.DEP@mass.gov

Paper Signature:

If you did not sign electronically above, you can print the signature page by clicking the button below.

[Print Signature Page](#)

Optional: If you did not sign electronically above, you may lock the form by clicking the "Lock Form" button below which will prompt you to save the locked version of the form. Save this locked version under a new file name.

[Lock Form](#)