# Year 2 Annual Report

# Massachusetts Small MS4 General Permit New Permittees

Reporting Period: July 1, 2019-June 30, 2020

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, 2019 and June 30, 2020 unless otherwise requested.

### **Part I: Contact Information**

Name o	of Municipality or Organiz	zation:Springfi	eld Tec	hnical C	ommunity	College	(STCC)	
EPA N	EPA NPDES Permit Number: MAR042060							
Primary MS4 Program Manager Contact Information								
Name:	me: Thomas Therrien		Title:	Director of	f Operati	ions		
Street	Address Line 1: 1 Armory	Sqaure						
Street A	Address Line 2:							
City:	Springfield	State:	MA	Zip Co	de: 01102			
Email:	twtherrien@stcc.edu			Phon	e Number:	(413) 75	55-4688	
Stormy	water Management Prog	ram (SWMP)	Inform	nation				
SWMF	SWMP Location (web address): https://www.stcc.edu							
Date S	WMP was Last Updated:	Sep 28, 2019						
If the S	SWMP is not available on	the web please	provid	le the ph	ysical addr	ess:		
Operat	ions Office							

<sup>\*\*</sup>Please DO NOT attach any documents to this form. Instead, attach all requested documents to an email when submitting the form\*\*

## Part II: Self-Assessment

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.

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
Properly stored and disposed of catch basin cleanings and street sweepings so they did not discharge to receiving waters
Optional: If you would like to describe progress made on any incomplete requirements listed above, provide any additional information for your self-assessment, and/or if any of the above year 2 requirements could not be completed due to the impacts of COVID-19, please identify the requirement that could not be completed, any actions taken to attempt to complete the requirement, and reason the requirement could not be completed below:

# 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? Make sure you are referring to the most recent EPA approved Section 303(d) Impaired Waters List
which can be found here: <a href="https://www.epa.gov/tmdl/region-1-impaired-waters-and-303d-lists-state">https://www.epa.gov/tmdl/region-1-impaired-waters-and-303d-lists-state</a>

$\odot$	Yes
$\bigcirc$	No

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

Subsequent to the Notice of Intent (NOI) submitted in 2018, Total Suspended Solids (TSS) was de-listed from the identified impaired waters for the section of the Connecticut River associated with STCC (water body section: MA34-05). As such, the only remaining impairment identified for the above-referenced water body section is for Bacteria/Pathogens.

Program (SWMP) during this reporting period:

### **Part IV: Minimum Control Measures**

Part IV includes some of the metrics that will be required in upcoming annual reports. For this annual report, these metrics are optional for new permittees; please fill out any of the metrics below that you have started within this reporting period. Then, proceed to Part V.

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 No
If yes, describe why the change was made:
Add an Educational Message
MCM2: Public Participation
Describe the apportunity provided for public involvement in the development of the Stormwater Management

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Was this opportunity different than what was proposed in your NOI? Yes No No	
Describe any other public involvement or portionation appartunities conducted during this repo	uting naviad
Describe any other public involvement or participation opportunities conducted <b>during this repo</b>	rung periou:
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	
This 550 section is 1001 applicable because we 50 1001 have samilarly sewer	
Below, report on the number of SSOs identified in the MS4 system and removed during this repor	ting period.
Number of SSOs identified: 0	
Number of SSOs removed: 0	
Below, report on the total number of SSOs identified in the MS4 system and removed to date. At a report SSOs identified since the effective date of the permit (July 1, 2018).	minimum,
Total number of SSOs identified: 0	
Total number of SSOs removed: 0	
MS4 System Mapping	
Below, check all that apply.	
The following elements of the Phase I map have been completed:	
<ul> <li>Outfalls and receiving waters</li> </ul>	
Open channel conveyances	
☐ Interconnections	
☐ Municipally-owned stormwater treatment structures	
☐ Waterbodies identified by name and indication of all use impairments	
☐ Initial catchment delineations	
Describe any additional progress you made on your map during this reporting period or provide a status information regarding your map:	dditional

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Screening of Outfalls/Interconnections	
If conducted, please submit any outfall monitoring results from this reporting period. O results should include the date, outfall/interconnection identifier, location, weather consampling, precipitation in previous 48 hours, field screening parameter results, and results.	ditions at time of
O The outfall screening data is attached to the email submission	
○ The outfall screening data can be found at the following website:	
Below, report on the number of outfalls/interconnections screened during this reporting	g period.
Number of outfalls screened: 0	
Catchment Investigations	
If conducted, please submit all data collected during this reporting period as part of the	e dry and wet weather
investigations. Also include the presence or absence of System Vulnerability Factors for	· each catchment.
<ul> <li>The catchment investigation data is attached to the email submission</li> </ul>	
The catchment investigation data can be found at the following websi	te:
Below, report on the number of catchment investigations completed during this reporting	ıg period.
Number of catchment investigations completed this reporting period: 0	
Below, report on the percent of catchments investigated to date.	
Percent of total catchments investigated: 0	
Optional: Provide any additional information for clarity regarding the catchment investi	igations below:
IDDE Duaguage	
<u>IDDE Progress</u> If illicit discharges were found, please submit a document describing work conducted ov	ver this reporting
period, and cumulative to date, including location source; description of the discharge;	1 0
date of discovery; and date of elimination, mitigation, or enforcement OR planned correschedule of removal.	•
The illicit discharge removal report is attached to the email submissio	ın
The illicit discharge removal report is attached to the chian submission.  The illicit discharge removal report can be found at the following web.	

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

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As-built Drawings	
Describe the status of the measures the MS4 has utilized to require the submission of as-b ensure long term operation and maintenance of completed construction sites:	uilt drawings and
Street Design and Parking Lots Report	
Describe the status of the street design and parking lots assessment including any planned changes to local regulations and guidelines:	or completed
Green Infrastructure Report	
Describe the status of the green infrastructure report, including the findings and progress to practice allowable:	towards making the
Retrofit Properties Inventory	
Describe the status of the inventory of permittee-owned properties that could be modified BMPs to mitigate impervious areas and report on any properties that have been modified	

MCM6: Good Housekeeping

**Catch Basin Cleaning** 

Describe the status of the catch basin cleaning optimization	plan:	
If complete, attach the catch basin cleaning optimization plathe optimization plan:	an or the schedule to gather	information to develop
<ul> <li>The catch basin cleaning optimization pla</li> <li>The catch basin cleaning optimization pla</li> <li>website:</li> </ul>		
Below, report on the number of catch basins inspected and cremoved from the catch basins during this reporting period		volume of material
Number of catch basins inspected: 0		
Number of catch basins cleaned: 0		
Total volume or mass of material removed fr	rom all catch basins: 0	[Select Units]
Below, report on the total number of catch basins in the MS	4 system, if known.	
Total number of catch basins: 0		
If applicable:		
Report on the actions taken if a catch basin sump is more the inspections/cleaning events:	an 50% full during two cons	secutive routine
Street Sweeping		
Describe the status of the written procedures for sweeping s	streets and municipal-owned	lots:
Report on street sweeping completed during the reporting p	eriod using one of the three	metrics below.
O Number of miles cleaned:		
O Volume of material removed:	[Select Units]	
○ Weight of material removed:	[Select Units]	

If applicable:
For rural uncurbed roadways with no catch basins, describe the progress of the inspection, documentation, and targeted sweeping plan:
O&M Procedures and Inventory of Permittee-Owned Properties
Below, check all that apply.
The following permittee-owned properties have been inventoried:
Parks and open spaces
☐ Buildings and facilities
☐ Vehicles and equipment
The following O&M procedures for permittee-owned properties have been completed:
☐ Parks and open spaces
☐ Buildings and facilities
☐ Vehicles and equipment
Winter Road Maintenance
Describe the status of the written procedures for winter road maintenance including the storage of salt and sand:
Stormwater Pollution Prevention Plan (SWPPP)
Describe the status of any SWPPP for permittee-owned or operated facilities including maintenance garages, public works yards, transfer stations, and other waste handling facilities where pollutants are exposed to stormwater:
Below, report on the number of site inspections for facilities that require a SWPPP completed during this reporting period.
Number of site inspections completed: 0
Describe any corrective actions taken at a facility with a SWPPP:
-

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O&M Procedures for Stormwater Treatment Structures	
Describe the status of the written procedure for stormwater treatment structure maintenance	: 

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# Part V: Additional Information

### **Monitoring or Study Results**

THOUSE OF A	ready itesuits
reporting period	other stormwater or receiving water quality monitoring or studies conducted during the not otherwise mentioned above, where the data is being used to inform permit compliance or ess must be attached.
1 33	
	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 website(s):

O 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 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
<i>Optional:</i> 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:
COVID-19 Impacts
Optional: If any of the above year 2 requirements could not be completed due to the impacts of COVID-19, please identify the requirement that could not be completed, any actions taken to attempt to complete the requirement, and reason the requirement could not be completed below:

**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 3 requirements summarized below. (Note: impaired waters and TMDL requirements are not listed below)

Yes, I agree |

- Complete IDDE ordinance
- Complete Construction/ Erosion and Sediment Control (ESC) ordinance
- Develop written procedures for site inspections and enforcement of sediment and erosion control
- Develop written procedures for site plan review

#### **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

- Continue public education and outreach program										
Provide any additional details on activities planned for permit year 3 below:										

# Part VI: Certification of Small MS4 Annual Report 2020

#### 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:		Title:	»:	
•	Signatory may be a duly authorized representative]	Date:	e:	
Note: When pro	mpted during signing, save the doc	ument una	nder a new file name.	
Annual Report				
below or using the e	•		d MassDEP by clicking on one of the links that all required attachments are included in	

MassDEP: laura.schifman@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

EPA: stormwater.reports@epa.gov

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