

NAR 04/00

NOTICE OF INTENT

For Coverage Under the NPDES General Permit for Storm Water Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)



A. Instructions

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



Submission of this Notice of Intent constitutes notice that the entity named at item B1. of this form intends to be authorized by the NPDES General Permit issued by EPA for storm water discharges from the small municipal separate storm sewer system (MS4), in the location identified at item B2. of this form. Submission of the Notice of Intent also constitutes notice that the party identified at item B1. has read, understands and meets the eligibility conditions of Part I.B. of the NPDES Small MS4 General Permit, agrees to comply with all applicable terms and conditions of the NPDES Small MS4 General Permit, and understands that continued authorization to discharge is contingent on maintaining eligibility for coverage. **In order to be granted coverage, all of the information required on this Notice of Intent form and the separate Storm Water Management Program (SWMP) Implementation Schedule form (Excel Spreadsheet), must be completed. Please read the permit and make sure you comply with all requirements, including the requirement to develop and implement a storm water management program.**

B. Applicant Information

1. Small MS4 Operator/Owner Information:

Carl Weber, Town Administrator

Name

P.O. Box 960

Mailing Address

Amherst

City/Town

(603) 673-6041

Telephone Number

NH 03031

State

Cweber@town.amherst.nh.us

Email (if available)

2. Municipality Name

Amherst

City/Town

3. Legal Status:

Federal

City/Town

State

County

Private

Other public entity:

Specify Public Entity

4. Other regulated MS4(s) within municipal boundaries:

New Hampshire Department of Transportation State Routes

5. Based on the instructions provided in Part I of the NPDES Small MS4 General Permit, have the eligibility criteria for "listed species" and critical habitat been met?

yes

pending

no

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B. Applicant Information (cont.)

6. Based on the instructions provided in Part I of the NPDES Small MS4 General Permit, have the eligibility criteria for protection of historic properties been met?

yes pending no

Note:
Section C may be duplicated to accommodate a larger list of receiving waters

C. Names of (Presently Known) Receiving Waters

(Note: to be confirmed during first permit term)

Receiving Water:	No. of Outfalls	Listed as Impaired?	Impairment
Baboosic Lake Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Honey Pot Pond Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Souhegan River Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Ceasar's Brook Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Beaver Brook Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Stump Pond Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
Weston Pond Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify _____
_____ Name	_____ Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
_____ Name	_____ Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
_____ Name	_____ Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
_____ Name	_____ Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
_____ Name	_____ Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
_____ Name	_____ Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
_____ Name	_____ Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
_____ Name	_____ Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
_____ Name	_____ Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
_____ Name	_____ Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
_____ Name	_____ Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
_____ Name	_____ Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____

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D. Storm Water Management Program Summary

1. Public Education:

<u>1</u> BMP ID # Document and Continue Existing Programs Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Written Summary of Existing Programs</u> Specify Measurable Goal
<u>2</u> BMP ID # Coordinate Public Educators Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Documentation of Meetings and Events</u> Specify Measurable Goal
<u>3</u> BMP ID # Coordinate Information & Program Distribution within School Network Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Contact 90% of Grade 1-12 Schools in MS4</u> Specify Measurable Goal

2. Public Participation:

<u>4</u> BMP ID # Create Task Committee Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Task Committee Established/ Minutes of Meetings</u> Specify Measurable Goal
<u>5</u> BMP ID # Conduct Public Meeting/Acquire Public Input Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Prepare Meeting Minutes</u> Specify Measurable Goal
<u>6</u> BMP ID # Establish Information Booths at Town Events Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Attend One Event/Year</u> Specify Measurable Goal
<u>7</u> BMP ID # Storm Drain Stenciling/Community Clean-Up Day Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>50% of all Storm Drains Stenciled/Community Clean-Up Day Held Once Annually</u> Specify Measurable Goal

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D. Storm Water Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

<u>8</u> BMP ID # Map Outfalls & Receiving Waters Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Prepare Map Showing Outfalls & Receiving Waters</u> Specify Measurable Goal
<u>9</u> BMP ID # Evaluate Need for and Develop Storm Sewer Ordinance If Necessary Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Document Need or Prepare an Ordinance</u> Specify Measurable Goal
<u>10</u> BMP ID # Train Volunteers in Illicit Discharge Identification Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Complete Training Document by Creating Procedures for Identifying Illicit Discharges</u> Specify Measurable Goal
<u>11</u> BMP ID # Dry Weather Screening of Outfalls Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Prepare List of Outfalls Requiring Follow-Up</u> Specify Measurable Goal
<u>12</u> BMP ID # Develop System and Initiate Elimination of Illicit Discharges Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Prepare Plan & Document Progress of Elimination</u> Specify Measurable Goal
<u>13</u> BMP ID # Identify Magnitude of Effort to Continue Mapping Storm Sewer System Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Prepare Assessment of Effort</u> Specify Measurable Goal

4. Construction Site Runoff Control:

<u>14</u> BMP ID # Document Existing Programs & Expand as Required Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Prepare Written Summary of Existing Program & Include Revisions as Necessary</u> Specify Measurable Goal
_____ BMP ID # _____ Specify Best Management Practice	_____ Responsible Dept./Person Name	_____ Specify Measurable Goal
_____ BMP ID # _____ Specify Best Management Practice	_____ Responsible Dept./Person Name	_____ Specify Measurable Goal

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D. Storm Water Management Program Summary (Cont.)

5. Post Construction Runoff Control:

15

BMP ID #

Document & Enhance Procedures for
MS4 Storm Sewer System

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

Complete Procedure Manual for MS4
Maintenance

Specify Measurable Goal

16

BMP ID #

Incorporate Best Management
Practices into Town's Master Plan

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

Complete Town's Master Plan Update

Specify Measurable Goal

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

6. Municipal Good Housekeeping:

17

BMP ID #

Document & Enhance Employee
Training Procedures

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

Complete Training Manual

Specify Measurable Goal

18

BMP ID #

Evaluate Use of Pesticides, Sand &
Salt

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

Complete Procedures Manual for
Handling and Use

Specify Measurable Goal

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

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D. Stormwater Management Program Summary (cont.)

7. BMPs for Meeting Requirements of Part I.C. (Discharges to Water Quality Impaired Waters) and Part I.D. (Total Maximum Daily Load Allocations):

BMP ID #	Responsible Dept./Person Name	Specify Measurable Goal
	N/A	
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
BMP ID #		
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
BMP ID #		
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
BMP ID #		
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
BMP ID #		
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

E. 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.

Carl Weber

Printed Name

Signature

Date

7/29/03

