

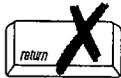
NOTICE OF INTENT

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:

Town of Auburn

Name

PO Box 309

Mailing Address

Auburn

City/Town

603-483-5052

Telephone Number

NH 03032

State and Zip Code

Townofauburn@townofauburnnh.com

Email (if available)

2. Municipality Name

Town of Auburn

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:

NHDOT, Manchester Water Works

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

Receiving Water:	No. of Outfalls	Listed as Impaired?	Impairment
Neal Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Severance Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Unknown 1 Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Fan Merrill Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Fan Merrill unnamed trib. Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Unknown 2 Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Unknown 3 Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Unknown 4 Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Unknown trib. 5 - seasonal Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Unknown trib. 6 - seasonal Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Unknown trib. 7 - seasonal Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Cohas Brook Name	Unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Lake Massabesic 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

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D. Storm Water Management Program Summary

1. Public Education:

<u>1A</u> BMP ID # <u>Lawn & Garden Activities</u> Specify Best Management Practice	<u>Board of Selectmen</u> Responsible Dept./Person Name	<u>Brochures & info posted on website by 2nd year</u>
<u>1B</u> BMP ID # <u>Proper disposal of household hazardous waste</u>	<u>Board of Selectmen</u> Responsible Dept./Person Name	<u>Brochures & info posted on website by 2nd year</u>
<u>1C</u> BMP ID # <u>Classroom education on storm water</u>	<u>Board of Selectmen</u> Responsible Dept./Person Name	<u>Educators trained, classroom material developed by year 3</u>
<u>1D</u> BMP ID # <u>Road signs</u> Specify Best Management Practice	<u>Road Agent</u> Responsible Dept./Person Name	<u>Install by end of year 1</u> Specify Measurable Goal
<u>1E</u> BMP ID # <u>Info page in annual town report</u>	<u>Board of Selectmen</u> Responsible Dept./Person Name	<u>First report in 2003 Annual Report</u>

2. Public Participation:

<u>2A</u> BMP ID # <u>Storm drain stenciling</u> Specify Best Management Practice	<u>Board of Selectmen/Road Agent</u>	<u>Organize with local youth organizations and HSC</u>
<u>2B</u> BMP ID # <u>Hazardous Waste Collection Day</u>	<u>Board of Selectmen</u> Responsible Dept./Person Name	<u>Annual event</u> Specify Measurable Goal
<u>2C</u> BMP ID # <u>Create/Organize database of volunteers/admin</u>	<u>Town Hall Admin Staff</u> Responsible Dept./Person Name	<u>Ongoing</u> Specify Measurable Goal
<u>2D</u> BMP ID # <u>Meet with Manchester Water Works</u>	<u>Selectmen and Conservation Commission</u>	<u>Annual meeting</u> Specify Measurable Goal
<u>2E</u> BMP ID # <u>Meet with DOT</u> Specify Best Management Practice	<u>Selectmen/Conservation Commission</u>	<u>Annual meeting</u> Specify Measurable Goal

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D. Storm Water Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

<u>3A</u> BMP ID # _____ Map existing drain systems and outfalls _____	<u>Road Agent</u> Responsible Dept./Person Name _____	<u>Create Map</u> Specify Measurable Goal _____
<u>3B</u> BMP ID # _____ Develop IDDE Program Specify Best Management Practice _____	<u>Board of Selectmen/Zoning Officer</u> _____	<u>Report progress to Selectmen two times annually</u> _____
<u>3C</u> BMP ID # _____ Develop ordinance to enforce IDDE Program _____	<u>Zoning Officer</u> Responsible Dept./Person Name _____	<u>Progress Report to Selectmen by Town Meeting</u> _____
<u>3D</u> BMP ID # _____ Brochures informing of hazards of illicit dumping _____	<u>Board of Selectmen</u> Responsible Dept./Person Name _____	<u>Created and distributed by year 3</u> _____
<u>3E</u> BMP ID # _____ Stream Monitoring Specify Best Management Practice _____	<u>Town engineer/Road Agent</u> Responsible Dept./Person Name _____	<u>Plan in place by year 3</u> Specify Measurable Goal _____

4. Construction Site Runoff Control:

<u>4A</u> BMP ID # _____ Notify contractors of need to file _____	<u>Building Inspector</u> Responsible Dept./Person Name _____	<u>In place</u> Specify Measurable Goal _____
<u>4B</u> BMP ID # _____ Erosion control procedures Specify Best Management Practice _____	<u>Zoning Officer</u> Responsible Dept./Person Name _____	<u>In place (see Subdivision and Site Plan Regulations)</u> _____
_____ 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 _____

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D. Storm Water Management Program Summary (Cont.)

5. Post Construction Runoff Control:

<u>5A</u> BMP ID # <u>Erosion Control Procedures</u> Specify Best Management Practice	<u>Zoning Officer</u> Responsible Dept./Person Name	<u>In place (see Subdivision and Site Plan Regulations)</u>
<u>5B</u> BMP ID # <u>Stream Monitoring</u> Specify Best Management Practice	<u>Town Engineer/Road Agent</u> Responsible Dept./Person Name	<u>Plan in place by year 3</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
_____ BMP ID # _____ Specify Best Management Practice	_____ Responsible Dept./Person Name	_____ Specify Measurable Goal

6. Municipal Good Housekeeping:

<u>6A</u> BMP ID # <u>Roadway & Bridge maintenance</u>	<u>Board of Selectmen/Road Agent</u>	<u>Report annually</u> Specify Measurable Goal
<u>6B</u> BMP ID # <u>Storm drain and catch basin cleaning</u>	<u>Road Agent</u> Responsible Dept./Person Name	<u>Report annually</u> Specify Measurable Goal
<u>6C</u> BMP ID # <u>Road salt application and storage</u>	<u>Road Agent</u> Responsible Dept./Person Name	<u>Report annually</u> Specify Measurable Goal
<u>6D</u> BMP ID # <u>Used oil recycling</u> Specify Best Management Practice	<u>Solid Waste Commission</u> Responsible Dept./Person Name	<u>Procedure in place</u> Specify Measurable Goal
<u>6E</u> BMP ID # <u>Employee Training</u> Specify Best Management Practice	<u>Zoning Officer/Road Agent</u> Responsible Dept./Person Name	<u>Participate in appropriate seminars and training</u>

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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 # _____

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.

Harland Eaton, Chairman, Board of Selectmen, Town of Auburn

Printed Name

Handwritten signature of Harland Eaton in black ink.

Signature

August 7, 2003
Date

