NOTICE OF INTENT

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

A. Instructions

Submission of this Notice of Intent constitutes notice that the entity named at item B.1. 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 B.2. of this form.

Submission of the Notice of Intent also constitutes notice that the party identified at item B.1. 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 Bedford
   Name
   24 North Amherst Road
   Mailing Address
   Bedford
   City/Town
   NH
   (603) 472-3070
   Telephone Number
   pworks@ci.bedford.nh.us
   Email (if available)

2. Municipality Name

   Town of Bedford, New Hampshire
   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:

   NH Department of Transportation – Routes 3/293

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

   [eligibility criteria for listed species and critical habitat shall be completed during system mapping]
### 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

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### C. Names of (Presently Known) Receiving Waters

<table>
<thead>
<tr>
<th>Receiving Water</th>
<th>No. of Outfalls</th>
<th>Listed as Impaired?</th>
<th>Impairment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sebbins Pond</td>
<td>TBD</td>
<td>☑ Yes ☐ No</td>
<td>Chlorophyll-a</td>
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<tr>
<td>Sebbins Brook</td>
<td>TBD</td>
<td>☑ Yes ☐ No</td>
<td>Specify</td>
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<tr>
<td>Riddle Brook</td>
<td>TBD</td>
<td>☑ Yes ☐ No</td>
<td>Specify</td>
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<tr>
<td>Bowman Brook</td>
<td>TBD</td>
<td>☑ Yes ☐ No</td>
<td>Specify</td>
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<tr>
<td>McQuade Brook</td>
<td>TBD</td>
<td>☑ Yes ☐ No</td>
<td>Specify</td>
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<tr>
<td>Pointer Club Brook</td>
<td>TBD</td>
<td>☑ Yes ☐ No</td>
<td>Specify</td>
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<tr>
<td>Baboosic Brook</td>
<td>TBD</td>
<td>☑ Yes ☐ No</td>
<td>Specify</td>
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<tr>
<td>McMahons Pond</td>
<td>TBD</td>
<td>☑ Yes ☐ No</td>
<td>Specify</td>
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<tr>
<td>Merrimack River</td>
<td>TBD</td>
<td>☑ Yes ☐ No</td>
<td>Specify</td>
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<td>Name</td>
<td>TBD</td>
<td>☑ Yes ☐ No</td>
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<td>Name</td>
<td>TBD</td>
<td>☑ Yes ☐ No</td>
<td>Specify</td>
</tr>
</tbody>
</table>

*Number of outfalls to be determined during system mapping.
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D. Storm Water Management Program Summary

1. Public Education:

1-1
BMP ID #
Maintain storm water information and links to Town's website
Specify Best Management Practice

DPW / J. Stanford
Responsible Dept./Person Name
Review and update each year; add reference links to NHDES storm water site
Specify Measurable Goal

1-2
BMP ID #
Publish information on storm water program and practices in local newspapers
Specify Best Management Practice

DPW / J. Stanford
Responsible Dept./Person Name
Publish articles each year in quarterly town bulletin and 2 local newspapers
Specify Measurable Goal

1-3
BMP ID #
Broadcast public meetings (see BMP 2-2 below)
Specify Best Management Practice

DPW / J. Stanford
Responsible Dept./Person Name
1 meeting per year
Specify Measurable Goal

2. Public Participation:

2-1
BMP ID #
Conduct public meetings on storm water program and solicit public feedback
Specify Best Management Practice

DPW / J. Stanford
Responsible Dept./Person Name
Conduct 4 meetings over the 5-year permit term
Specify Measurable Goal

2-2
BMP ID #
Establish a storm water management group to oversee the storm water management program
Specify Best Management Practice

DPW / J. Stanford
Responsible Dept./Person Name
Establish group of volunteers during first 2 years – include residents on committee
Specify Measurable Goal
NOTICE OF INTENT
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D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

3-1
BMP ID #
Map storm water drainage system & outfalls
Specify Best Management Practice
DPW/ J. Stanford
Responsible Dept./Person Name
Complete mapping by end of 5 year permit term.
Specify Measurable Goal

3-2
BMP ID #
Maintain map database on GIS system
Specify Best Management Practice
DPW/ J. Stanford
Responsible Dept./Person Name
Complete with system mapping [BMP 3-1]
Specify Measurable Goal

3-3
BMP ID #
Visually inspect outfalls for dry weather flows
Specify Best Management Practice
DPW/ P. Belanger
Responsible Dept./Person Name
Inspect a representative number of outfalls each year.
Complete inspection of all outfalls by end of 5 year permit term.
Specify Measurable Goal

3-4
BMP ID #
Implement a sampling and analysis program for dry weather flows
Specify Best Management Practice
DPW/ J. Stanford
Responsible Dept./Person Name
Sample any outfalls identified with dry weather flows under BMP 3-3 above.
Complete sampling at identified outfalls as budget permits.
Specify Measurable Goal

3-5
BMP ID #
Train DPW personnel to recognize illicit discharge
Specify Best Management Practice
DPW/P. Belanger
Responsible Dept./Person Name
Annual training to include information on recognizing and reducing illicit discharges
Specify Measurable Goal

3-6
BMP ID #
Review and update Town bylaws and regulations to include illicit discharge ordinance
Specify Best Management Practice
DPW/ J. Stanford
Responsible Dept./Person Name
Years 1 and 2 – review existing ordinances; Year 3 – propose changes (if necessary); Year 4 – implement changes (if necessary)
Specify Measurable Goal
D. Stormwater Management Program Summary (Cont.)

4. Construction Site Runoff Control:

4-1
BMP ID #
Storm water impact and design review process Specify Best Management Practice
Planning Board / K. White Responsible Dept./Person Name Continue current new-construction review process involving all appropriate departments Specify Measurable Goal

4-2
BMP ID #
Visually inspect construction sites for proper erosion control measures Specify Best Management Practice Planning Board/ K. White Responsible Dept./Person Name Continue to inspect sites, record inspections and track violations Specify Measurable Goal

5. Post Construction Runoff Control:

5-1
BMP ID #
Conduct storm water impact and design review process [in conjunction with BMP 4-1] Specify Best Management Practice Planning Board / K. White Responsible Dept./Person Name Continue current review process involving all appropriate departments Specify Measurable Goal

5-2
BMP ID #
Review and update Town bylaws and regulations regarding post construction storm water management provisions Specify Best Management Practice Planning Board / K. White Responsible Dept./Person Name Years 1 and 2—review existing ordinances; Year 3 – propose changes (if necessary); Year 4 – implement changes (if necessary) Specify Measurable Goal

6. Municipal Good Housekeeping:

6-1
BMP ID #
Street Sweeping Specify Best Management Practice DPW / P. Belanger Responsible Dept./Person Name Continue to sweep selected streets annually and increase frequency of sweeping as budget allows Specify Measurable Goal
### NOTICE OF INTENT

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**D. Stormwater Management Program Summary (Cont.)**

<table>
<thead>
<tr>
<th>BMP ID #</th>
<th>Catch basin cleaning Specify Best Management Practice</th>
<th>DPW / P. Belanger Responsible Dept./Person Name</th>
<th>Continue to clean catch basins annually and as needed in areas of high flooding Specify Measurable Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-3</td>
<td>Collect household hazardous waste Specify Best Management Practice</td>
<td>DPW / S. Crean Responsible Dept./Person Name</td>
<td>Continue hazardous waste collection days at transfer station, and collection of regular wastes (oil, antifreeze, batteries) year round Specify Measurable Goal</td>
</tr>
<tr>
<td>6-4</td>
<td>Collect yard waste Specify Best Management Practice</td>
<td>DPW / S. Crean Responsible Dept./Person Name</td>
<td>Continue yard waste drop off at transfer station Specify Measurable Goal</td>
</tr>
<tr>
<td>6-5</td>
<td>Maintain the storm water management program Specify Best Management Practice</td>
<td>DPW / J. Stanford Responsible Dept./Person Name</td>
<td>Maintain written program summary; update as necessary, submit reports annually in accordance with the permit Specify Measurable Goal</td>
</tr>
<tr>
<td>6-6</td>
<td>Implement Storm Water Pollution Prevention Plan for DPW garage and transfer station Specify Best Management Practice</td>
<td>DPW / J. Stanford Responsible Dept./Person Name</td>
<td>Maintain plan at each facility Specify Measurable Goal</td>
</tr>
</tbody>
</table>
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7. BMPs for Meeting Requirements of Part I.C. (Discharges to Water Quality Impaired Waters) and
Part I.D. (Total Maximum Daily Load Allocations):

<table>
<thead>
<tr>
<th>BMP ID #</th>
<th>Monitor and sample discharges to impaired water ways.</th>
<th>DPW / J. Stanford</th>
<th>Monitor discharges and collect samples of discharges to impaired waters as budget permits.</th>
<th>Specify Measurable Goal</th>
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<tr>
<td></td>
<td>Specify Best Management Practice</td>
<td>Responsible Dept./Person Name</td>
<td>Specify Measurable Goal</td>
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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.

Keith R. Hickey, Town Manager

Printed Name

Signature

Date 7/30/03
<table>
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<tr>
<th>BMP ID #</th>
<th>PERMIT YEAR ONE</th>
<th>PERMIT YEAR TWO</th>
<th>PERMIT YEAR THREE</th>
<th>PERMIT YEAR FOUR</th>
<th>PERMIT YEAR FIVE</th>
<th>Next Permit</th>
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<tr>
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July 2003