

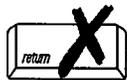
# NOTICE OF INTENT

## 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 Bedford  
Name

*James B. Stanford*

24 North Amherst Road

Mailing Address

Bedford

City/Town

(603) 472-3070

Telephone Number

NH

State

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]

MUNICIPAL ASSISTANCE UNIT  
AUG 04 2003

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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
Sebbins Pond Name	TBD Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Chlorophyll-a Specify
Sebbins Brook Name	TBD Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Riddle Brook Name	TBD Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	E. Coli Specify
Bowman Brook Name	TBD Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
McQuade Brook Name	TBD Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Pointer Club Brook Name	TBD Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Baboosic Brook Name	TBD Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Dissolved Oxygen, pH Specify
McMahons Pond Name	TBD Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Merrimack River Name	TBD 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

\*Number of outfalls to be determined during system mapping

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



### 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

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



### 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

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### 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

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

6-2

BMP ID #

Catch basin cleaning  
Specify Best Management Practice

DPW / P. Belanger  
Responsible Dept./Person Name

Continue to clean catch basins  
annually and as needed in  
areas of high flooding  
Specify Measurable Goal

6-3

BMP ID #

Collect household hazardous  
waste  
Specify Best Management Practice

DPW / S. Crean  
Responsible Dept./Person Name

Continue hazardous waste  
collection days at transfer  
station, and collection of  
regular wastes (oil, antifreeze,  
batteries) year round  
Specify Measurable Goal

6-4

BMP ID #

Collect yard waste  
Specify Best Management Practice

DPW / S. Crean  
Responsible Dept./Person Name

Continue yard waste drop off  
at transfer station  
Specify Measurable Goal

6-5

BMP ID #

Maintain the storm water  
management program  
Specify Best Management Practice

DPW / J. Stanford  
Responsible Dept./Person Name

Maintain written program  
summary; update as  
necessary; submit reports  
annually in accordance with  
the permit  
Specify Measurable Goal

6-6

BMP ID #

Implement Storm Water  
Pollution Prevention Plan for  
DPW garage and transfer  
station  
Specify Best Management Practice

DPW / J. Stanford  
Responsible Dept./Person Name

Maintain plan at each facility  
Specify Measurable Goal

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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):

7-1

BMP ID #

Monitor and sample discharges to impaired water ways.

Specify Best Management Practice

DPW / J. Stanford

Responsible Dept./Person Name

Monitor discharges and collect samples of discharges to impaired waters as budget permits.

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.

Keith R. Hickey, Town Manager

Printed Name

Signature

Date

BMP ID #	PERMIT YEAR ONE			PERMIT YEAR TWO			PERMIT YEAR THREE			PERMIT YEAR FOUR				PERMIT YEAR FIVE			Next Permit				
	Spring 03	Summer 03	Fall 03	Winter 03-04	Spring 04	Summer 04	Fall 04	Winter 04-05	Spring 05	Summer 05	Fall 05	Winter 05-06	Spring 06	Summer 06	Fall 06	Winter 06-07		Spring 07	Summer 07	Fall 07	Winter 07-08
1-1				X				X													X
1-2					X				X				X								
1-3					X				X				X								
2-1					X				X				X								
2-2																					
3-1																					
3-2																					
3-3																					
3-4																					X
3-5				X				X					X								
3-6																					
4-1																					
4-2																					
5-1																					
5-2																					
6-1																					
6-2																					
6-3	X				X		X		X				X			X				X	
6-4																					
6-5									X					X							
6-6																					
7-1																					