

MHR041004

10/31/03
Received

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:

Name Bruce Caillouette, Road Agent
Mailing Address PO Box 11
City/Town Danville State and Zip Code NH 03819
Telephone Number 603-382-0703 Email (if available) _____

2. Municipality Name

Town of Danville
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:

State highways Route 111 + 111A

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
unnamed brook to little cub Name _____ Number 2		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mercury Specify _____
Colby Brook Name _____ Number 1		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mercury Specify _____
Bartlett Brook Name _____ Number 1		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mercury Specify _____
Powwow River Name _____ Number 1		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mercury Specify _____
Diamond Pond Name _____ Number 1		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mercury Specify _____
cub pond little Name _____ Number 1		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mercury Specify _____
long pond Name _____ Number _____		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mercury 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:

1A BMP ID #	Elementary School Program	Highway/Other dept.
Specify Best Management Practice	Responsible Dept./Person Name	educate children Specify Measurable Goal
1B BMP ID #	Meetings	Town Highway/Engineer
Specify Best Management Practice	Responsible Dept./Person Name	Attend meetings with State + local officials Specify Measurable Goal
BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

2. Public Participation:

2A BMP ID #	Develop news articles	Highway/ other depts.
Specify Best Management Practice	Responsible Dept./Person Name	educate public + encourage participate Specify Measurable Goal
2B BMP ID #	Meetings	All depts.
Specify Best Management Practice	Responsible Dept./Person Name	Setup programs for all town depts. Specify Measurable Goal
BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

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D. Storm Water Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

<p><u>3A</u> BMP ID #</p> <p><u>map culverts</u> Specify Best Management Practice</p>	<p><u>Highway</u> Responsible Dept./Person Name</p>	<p><u>locate all culverts + drainages</u> Specify Measurable Goal</p>
<p><u>3B</u> BMP ID #</p> <p><u>driveway update permits</u> Specify Best Management Practice</p>	<p><u>Highway</u> Responsible Dept./Person Name</p>	<p><u>include info on stormwater</u> Specify Measurable Goal</p>
<p><u>3C</u> BMP ID #</p> <p><u>identify discharges</u> Specify Best Management Practice</p>	<p><u>Highway</u> Responsible Dept./Person Name</p>	<p><u>locate + determine illicit discharges</u> Specify Measurable Goal</p>
<p>_____ BMP ID #</p> <p>_____ Specify Best Management Practice</p>	<p>_____ Responsible Dept./Person Name</p>	<p>_____ Specify Measurable Goal</p>
<p>_____ BMP ID #</p> <p>_____ Specify Best Management Practice</p>	<p>_____ Responsible Dept./Person Name</p>	<p>_____ Specify Measurable Goal</p>

4. Construction Site Runoff Control:

<p><u>4A</u> BMP ID #</p> <p><u>Ordinances</u> Specify Best Management Practice</p>	<p><u>Highway/Planning</u> Responsible Dept./Person Name</p>	<p><u>setup ordinances to address construction</u> Specify Measurable Goal</p>
<p>_____ BMP ID #</p> <p>_____ Specify Best Management Practice</p>	<p>_____ Responsible Dept./Person Name</p>	<p>_____ Specify Measurable Goal</p>
<p>_____ BMP ID #</p> <p>_____ Specify Best Management Practice</p>	<p>_____ Responsible Dept./Person Name</p>	<p>_____ Specify Measurable Goal</p>
<p>_____ BMP ID #</p> <p>_____ Specify Best Management Practice</p>	<p>_____ Responsible Dept./Person Name</p>	<p>_____ Specify Measurable Goal</p>
<p>_____ BMP ID #</p> <p>_____ Specify Best Management Practice</p>	<p>_____ Responsible Dept./Person Name</p>	<p>_____ Specify Measurable Goal</p>

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D. Storm Water Management Program Summary (Cont.)

5. Post Construction Runoff Control:

<p><u>5A</u> BMP ID #</p> <p><u>Ordinances</u> Specify Best Management Practice</p>	<p><u>Highway/Planning</u> Responsible Dept./Person Name</p>	<p><u>setup/create ordinances to control</u> Specify Measurable Goal</p>
<p><u>5B</u> BMP ID #</p> <p><u>Routine Maintenance</u> Specify Best Management Practice</p>	<p><u>Highway</u> Responsible Dept./Person Name</p>	<p><u>record + maintain culverts + maintenance</u> Specify Measurable Goal</p>
<p>_____ BMP ID #</p> <p>_____ Specify Best Management Practice</p>	<p>_____ Responsible Dept./Person Name</p>	<p>_____ Specify Measurable Goal</p>
<p>_____ BMP ID #</p> <p>_____ Specify Best Management Practice</p>	<p>_____ Responsible Dept./Person Name</p>	<p>_____ Specify Measurable Goal</p>
<p>_____ BMP ID #</p> <p>_____ Specify Best Management Practice</p>	<p>_____ Responsible Dept./Person Name</p>	<p>_____ Specify Measurable Goal</p>

6. Municipal Good Housekeeping:

<p><u>6A</u> BMP ID #</p> <p><u>Employee Training</u> Specify Best Management Practice</p>	<p><u>Highway/^{town} Engineer</u> Responsible Dept./Person Name</p>	<p><u>meet w/all depts to establish what needs to be done.</u> Specify Measurable Goal</p>
<p>_____ BMP ID #</p> <p>_____ Specify Best Management Practice</p>	<p>_____ Responsible Dept./Person Name</p>	<p>_____ Specify Measurable Goal</p>
<p>_____ BMP ID #</p> <p>_____ Specify Best Management Practice</p>	<p>_____ Responsible Dept./Person Name</p>	<p>_____ Specify Measurable Goal</p>
<p>_____ BMP ID #</p> <p>_____ Specify Best Management Practice</p>	<p>_____ Responsible Dept./Person Name</p>	<p>_____ Specify Measurable Goal</p>
<p>_____ BMP ID #</p> <p>_____ Specify Best Management Practice</p>	<p>_____ Responsible Dept./Person Name</p>	<p>_____ Specify Measurable Goal</p>
<p>_____ BMP ID #</p> <p>_____ Specify Best Management Practice</p>	<p>_____ Responsible Dept./Person Name</p>	<p>_____ Specify Measurable Goal</p>

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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.

Bruce Caillouette
Printed Name

Bruce Caillouette
Signature

Oct. 27, 2003
Date

	BMP	Responsible Dept/Person	Measurable Goal
Public Education:			
A. Program with Elementary School		Highway	set up program for education
B. Meetings		Highway/Engineer	Attend meetings & educate other depts.
C.			
D.			
Public Participation			
A. Develop Newspaper Articles		Highway/Any Dept.	Educate public through newspaper
B. Meetings		All depts.	set up programs for all town depts.
Illicit Discharge Detection & Elimination			
A. culvert mapping		Highway	locate all culverts & drains
B. update driveway permit		Highway	include info on stormwater
C. illicit discharge types		Highway	detect & determine any illicit discharges
Construction Site Runoff control			
A. Begin process of ordinances		Highway/Planning/Engineer	work with planning to set up ordinances
Post construction runoff control			
A. Ordinances		Planning	work on setting up ordinances to deal with
B. Routine Maintenance		Highway	record & maintain culverts
Good Housekeeping			
A. Employee training		Highway	meet with depts to establish training/education
B.			
C.			
D.			

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D. Storm Water Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

<p><u>3A</u> BMP ID # <u>map culverts</u> Specify Best Management Practice</p>	<p><u>Highway</u> Responsible Dept./Person Name</p>	<p><u>locate all culverts + drainages</u> Specify Measurable Goal</p>
<p><u>3B</u> BMP ID # <u>driveway update permits</u> Specify Best Management Practice</p>	<p><u>Highway</u> Responsible Dept./Person Name</p>	<p><u>include info on stormwater</u> Specify Measurable Goal</p>
<p><u>3C</u> BMP ID # <u>identify discharges</u> Specify Best Management Practice</p>	<p><u>Highway</u> Responsible Dept./Person Name</p>	<p><u>locate + determine illicit discharges</u> Specify Measurable Goal</p>
<p><u>3D</u> BMP ID # <u>NH RSA's</u> Specify Best Management Practice</p>	<p><u>all town depts.</u> Responsible Dept./Person Name</p>	<p><u>to effectively prohibit discharges</u> Specify Measurable Goal</p>
<p>BMP ID # Specify Best Management Practice</p>	<p>Responsible Dept./Person Name</p>	<p>Specify Measurable Goal</p>

4. Construction Site Runoff Control:

<p><u>4A</u> BMP ID # <u>Ordinances</u> Specify Best Management Practice</p>	<p><u>Highway/Planning</u> Responsible Dept./Person Name</p>	<p><u>setup ordinances to address construction</u> Specify Measurable Goal</p>
<p>BMP ID # Specify Best Management Practice</p>	<p>Responsible Dept./Person Name</p>	<p>Specify Measurable Goal</p>
<p>BMP ID # Specify Best Management Practice</p>	<p>Responsible Dept./Person Name</p>	<p>Specify Measurable Goal</p>
<p>BMP ID # Specify Best Management Practice</p>	<p>Responsible Dept./Person Name</p>	<p>Specify Measurable Goal</p>
<p>BMP ID # Specify Best Management Practice</p>	<p>Responsible Dept./Person Name</p>	<p>Specify Measurable Goal</p>

