

10/15
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:

Carol Granfield, Town Administrator

Name

14 Manning Street

Mailing Address

Derry

NH 03038

City/Town

State

(603) 432-6144

townadmin@ci.derry.nh.us

Telephone Number

Email (if available)

2. Municipality Name

Derry

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

**JUL 31 2003
MUNICIPAL ASSISTANCE UNIT**

NOTICE OF INTENT

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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
Beaver Lake 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
Hoods Pond Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
West Running Brook Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Shields Brook Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Rainbow Lake Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Lower Shields Pond Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Island Pond Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Cunningham Brook Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Horns Pond Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Drew Brook Name	unknown 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 #	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Written Summary of Existing Programs</u> Specify Measurable Goal
<u>Document and Continue Existing Programs</u> Specify Best Management Practice		
<u>2</u> BMP ID #	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Documentation of Meetings and Events</u> Specify Measurable Goal
<u>Coordinate Public Educators</u> Specify Best Management Practice		
<u>3</u> BMP ID #	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Contact 50% of Grade 1-12 Schools in MS4</u> Specify Measurable Goal
<u>Coordinate Information & Program Distribution within School Network</u> Specify Best Management Practice		

2. Public Participation:

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

NOTICE OF INTENT

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 (Cont.)

3. Illicit Discharge Detection and Elimination:

8

BMP ID #

Map Outfalls & Receiving Waters
Specify Best Management Practice

Department of Public Works
Responsible Dept./Person Name

Prepare Map Showing Outfalls & Receiving Waters
Specify Measurable Goal

9

BMP ID #

Evaluate Need for and Develop Storm Sewer Ordinance If Necessary
Specify Best Management Practice

Department of Public Works
Responsible Dept./Person Name

Document Need or Prepare an Ordinance
Specify Measurable Goal

10

BMP ID #

Train Volunteers in Illicit Discharge Identification
Specify Best Management Practice

Department of Public Works
Responsible Dept./Person Name

Complete Training Document by Creating Procedures for Identifying Illicit Discharges
Specify Measurable Goal

11

BMP ID #

Dry Weather Screening of Outfalls
Specify Best Management Practice

Department of Public Works
Responsible Dept./Person Name

Prepare List of Outfalls Requiring Follow-Up
Specify Measurable Goal

12

BMP ID #

Develop System and Initiate Elimination of Illicit Discharges
Specify Best Management Practice

Department of Public Works
Responsible Dept./Person Name

Prepare Plan & Document Progress of Elimination
Specify Measurable Goal

13

BMP ID #

Identify Magnitude of Effort to Continue Mapping Storm Sewer System
Specify Best Management Practice

Department of Public Works
Responsible Dept./Person Name

Prepare Assessment of Effort
Specify Measurable Goal

4. Construction Site Runoff Control:

14

BMP ID #

Document Existing Programs & Expand as Required
Specify Best Management Practice

Planning & Zoning/Department of Public Works
Responsible Dept./Person Name

Prepare Written Summary of Existing Program & Include Revisions as Necessary
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

NOTICE OF INTENT

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D. Storm Water Management Program Summary (Cont.)

5. Post Construction Runoff Control:

<u>15</u> BMP ID # Document & Enhance Procedures for MS4 Storm Sewer System Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Complete Procedure Manual for MS4 Maintenance</u> Specify Measurable Goal
<u>16</u> BMP ID # Incorporate Best Management Practices into Town's Master Plan Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Complete Town's Master Plan Update</u> Specify Measurable Goal
<u> </u> BMP ID # <u> </u> Specify Best Management Practice	<u> </u> Responsible Dept./Person Name	<u> </u> Specify Measurable Goal
<u> </u> BMP ID # <u> </u> Specify Best Management Practice	<u> </u> Responsible Dept./Person Name	<u> </u> Specify Measurable Goal
<u> </u> BMP ID # <u> </u> Specify Best Management Practice	<u> </u> Responsible Dept./Person Name	<u> </u> Specify Measurable Goal

6. Municipal Good Housekeeping:

<u>17</u> BMP ID # Document & Enhance Employee Training Procedures Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Complete Training Manual</u> Specify Measurable Goal
<u>18</u> BMP ID # Evaluate Use of Pesticides, Sand & Salt Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Complete Procedures Manual for Handling and Use</u> Specify Measurable Goal
<u> </u> BMP ID # <u> </u> Specify Best Management Practice	<u> </u> Responsible Dept./Person Name	<u> </u> Specify Measurable Goal
<u> </u> BMP ID # <u> </u> Specify Best Management Practice	<u> </u> Responsible Dept./Person Name	<u> </u> 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):

N/A

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.

Carol Granfield

Printed Name

Carol M. Granfield
Signature

7/29/03

Date

