

NHR041037 SP

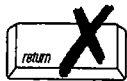
NOTICE OF INTENT

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:

JUL 31 2003

City of Dover
Name
288 Central Avenue
Mailing Address
Dover
City/Town
603-516-6094
Telephone Number

MUNICIPAL ASSISTANCE UNIT

NH - 03820
State
dean.peschel@ci.dover.nh.us
Email (if available)

2. Municipality Name

Dover
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

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?

X 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
Bellamy River Name	18 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Unnamed Streams to Bellamy Name	33 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Johnson Creek Name	5 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Little Bay Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Varney Brook Name	7 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Cochecho River Name	33 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Unnamed streams to Cochecho Name	12 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Berry Brook Name	16 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Emerson Brook Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Piscataqua River Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Unnamed streams to Piscataqua Name	8 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

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D. Storm Water Management Program Summary

1. Public Education:

A1

BMP ID #

Establish Pollution Hotline

Specify Best Management Practice

Community Services

Responsible Dept./Person Name

Track Calls

Specify Measurable Goal

A2

BMP ID #

Community Cleanup Project

Specify Best Management Practice

Community Services

Responsible Dept./Person Name

Monitor Participation

Specify Measurable Goal

A3

BMP ID #

Create Educational Video

Specify Best Management Practice

Coastal Stormwater Coalition

Responsible Dept./Person Name

Play Video on Channel 22

Specify Measurable Goal

A4

BMP ID #

Publish Storm Water Info

Specify Best Management Practice

Community Services

Responsible Dept./Person Name

Use City Web Page and Newsletter
Citizens to Educate

Specify Measurable Goal

A5

BMP ID #

Assist School in SW Education

Specify Best Management Practice

Community Services

Responsible Dept./Person Name

School Incorporates Storm Water
Pollution Prevention

Specify Measurable Goal

2. Public Participation:

B1

BMP ID #

Storm Drain Stenciling

Specify Best Management Practice

Community Services

Responsible Dept./Person Name

Stencil Catch Basins In High Profile
Areas Using Volunteers

Specify Measurable Goal

B2

BMP ID #

Sample Discharges With Volunteers

Specify Best Management Practice

Community Services

Responsible Dept./Person Name

Use volunteers to collect & Analyze
water samples

Specify Measurable Goal

B3

BMP ID #

Update Ordinances

Specify Best Management Practice

Community Services/Planning

Responsible Dept./Person Name

Have Ordinances Approved By Public
Process To Comply With Phase II
Requirements

Specify Measurable Goal

B4

BMP ID #

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<u>Establish Citizen Hotline</u> Specify Best Management Practice	<u>Community Services</u> Responsible Dept./Person Name	<u>Have Resource In Place To Provide Public Input</u> Specify Measurable Goal
BMP ID #		
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

D. Storm Water Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

<u>C1</u> BMP ID #	<u>Community Services</u> Responsible Dept./Person Name	<u>Have A Complete System Map For System Maintenance</u> Specify Measurable Goal
<u>Storm Water System Mapping</u> Specify Best Management Practice		
C2 BMP ID #	<u>Community Services</u> Responsible Dept./Person Name	<u>Establish Program And Implement</u> Specify Measurable Goal
<u>Establish Illicit Discharge Program</u> Specify Best Management Practice		
C3 BMP ID #	<u>Community Services</u> Responsible Dept./Person Name	<u>Raise Community Awareness Regarding Illicit Dumping</u> Specify Measurable Goal
<u>Catch Basin Stenciling</u> Specify Best Management Practice		
C4 BMP ID #	<u>Community Services/Planning</u> Responsible Dept./Person Name	<u>Ordinances In Place To Comply With Phase II</u> Specify Measurable Goal
<u>Update City Ordinance</u> Specify Best Management Practice		
C5 BMP ID #	<u>Community Services</u> Responsible Dept./Person Name	<u>Secure Funding And Remediate Illicit Discharges</u> Specify Measurable Goal
<u>Secure Funding For Illicit Discharge Removal</u> Specify Best Management Practice		

4. Construction Site Runoff Control:

<u>D1</u> BMP ID #	<u>Community Services/Planning</u> Responsible Dept./Person Name	<u>Have Legal Basis To review And Enforce Phase II</u> Specify Measurable Goal
<u>Review & Update Ordinances</u> Specify Best Management Practice		
D2 BMP ID #	<u>Community Services/Planning</u> Responsible Dept./Person Name	<u>Site Inspections To Enforce Phase II Requirements</u> Specify Measurable Goal
<u>Develop Inspection Program</u> Specify Best Management Practice		
D3 BMP ID #		

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<u>Direct Contractors To Educational Resources</u> Specify Best Management Practice	<u>Community Services</u> Responsible Dept./Person Name	<u>Provide Educational Resources To Site Contractors During Preconstruction Conference</u> Specify Measurable Goal
D4 BMP ID #		
<u>Provide City Staff Training</u> Specify Best Management Practice	<u>Community Services</u> Responsible Dept./Person Name	<u>Have Educated Workforce To Provide Oversight And Implement Phase II Requirement</u> Specify Measurable Goal
BMP ID #		
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

D. Storm Water Management Program Summary (Cont.)

5. Post Construction Runoff Control:

E1 BMP ID #	<u>Review and Update Ordinances</u> Specify Best Management Practice	<u>Community Services/Planning</u> Responsible Dept./Person Name	<u>Have City Ordinances That Comply With Phase II Requirements</u> Specify Measurable Goal
E2 BMP ID #	<u>Develop and Implement O & M Plans For Private Sites</u> Specify Best Management Practice	<u>Community Services/Planning</u> Responsible Dept./Person Name	<u>Design and Implement Program Which Tracks Maintenance on Private Sites</u> Specify Measurable Goal
E3 BMP ID #	<u>Implement Inspection Program</u> Specify Best Management Practice	<u>Community Services</u> Responsible Dept./Person Name	<u>Inspect BMP's For Completion According To Plan</u> Specify Measurable Goal
E4 BMP ID #	<u>Review & Update BMP List</u> Specify Best Management Practice	<u>Community Services</u> Responsible Dept./Person Name	<u>Maintain List of Acceptable BMP's</u> Specify Measurable Goal
BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

6. Municipal Good Housekeeping:

F1 BMP ID #	<u>Create Storm Drain Inspection Program</u> Specify Best Management Practice	<u>Community Services</u> Responsible Dept./Person Name	<u>Have A Record of System Conditions</u> Specify Measurable Goal
F2 BMP ID #			

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<u>Implement Inspection Program</u> Specify Best Management Practice	<u>Community Services</u> Responsible Dept./Person Name	<u>Collect Data Useful For Prioritization of Maintenance</u> Specify Measurable Goal
F3 BMP ID #		
<u>Create Street Sweeping Plan</u> Specify Best Management Practice	<u>Community Services</u> Responsible Dept./Person Name	<u>Cleaner Storm Water System</u> Specify Measurable Goal
F4 BMP ID #		
<u>Implement Catch Basin Cleaning Program</u> Specify Best Management Practice	<u>Community Services</u> Responsible Dept./Person Name	<u>Clean Each Catch Basin Once Every 4 Years</u> Specify Measurable Goal
F5 BMP ID #		
<u>Explore Establishment of Stormwater Utility</u> Specify Best Management Practice	<u>Community Services</u> Responsible Dept./Person Name	<u>Reliable Funding Source For Stormwater System</u> Specify Measurable Goal
BMP ID #	Specify Best Management Practice	

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):

<u>G1</u> BMP ID #	<u>Community Services</u> Responsible Dept./Person Name	<u>Identify Problem Sites</u> Specify Measurable Goal
<u>Illicit Discharge Detection</u> Specify Best Management Practice		
G2 BMP ID #		
<u>Remediate Illicit Discharge</u> Specify Best Management Practice	<u>Community Services</u> Responsible Dept./Person Name	<u>Reduce Bacteria To Water Bodies</u> Specify Measurable Goal
G3 BMP ID #		
<u>Video</u> Specify Best Management Practice	<u>Community Services</u> Responsible Dept./Person Name	<u>Educated Public</u> Specify Measurable Goal
G4 BMP ID #		
<u>Stormwater Articles in Newsletter</u> Specify Best Management Practice	<u>Community Services</u> Responsible Dept./Person Name	<u>Educated Public</u> Specify Measurable Goal
G5 BMP ID #		
<u>Discharge Water Sampling</u> Specify Best Management Practice	<u>Community Services/Public Partner</u> Responsible Dept./Person Name	<u>Monitor Fecal Coliform Levels</u> 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

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Paul Beecher City Manager

Printed Name

Paul Beecher

Signature

1/28/03
Date

