

NHR 041009
NOTICE OF INTENT



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

SEP 29 2003

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 Greenland

Name

P.O. Box 100

Mailing Address

Greenland

City/Town

New Hampshire

State

(603) 431-7111

Telephone Number

Email (if available)

2. Municipality Name

Town of Greenland

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:

Interstate I-95, State Route 33, State Route 151

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

A letter has been prepared and sent to the New Hampshire Natural Heritage Division requesting information if Greenland's MS4 discharge impacts any "listed species" or critical habitat.

D. Storm Water Management Program Summary

1. Public Education:

GN1-001

BMP ID #

Household Hazardous Waste

Specify Best Management Practice

Richard Rugg

Responsible Dept./Person Name

Continue Existing Program

Specify Measurable Goal

GN1-002

BMP ID #

Town Wide Mailing

Specify Best Management Practice

Richard Rugg

Responsible Dept./Person Name

Mail flyer to all residents

Specify Measurable Goal

GN1-003

BMP ID #

Addition to Town Annual Rpt.

Specify Best Management Practice

Richard Rugg

Responsible Dept./Person Name

Add summary to annual report

Specify Measurable Goal

GN1-004

BMP ID #

Rockingham Co, Regional

Specify Best Management Practice

Richard Rugg

Responsible Dept./Person Name

Develop regional video

Specify Measurable Goal

GN1-005

BMP ID #

Web site

Specify Best Management Practice

Richard Rugg

Responsible Dept./Person Name

Tentative develop web site

Specify Measurable Goal

2. Public Participation:

GN2-001

BMP ID #

Storm Drain Stenciling

Specify Best Management Practice

Richard Rugg

Responsible Dept./Person Name

Stencil all storm drains

Specify Measurable Goal

GN2-002

BMP ID #

Public Meeting/Hearing

Specify Best Management Practice

Richard Rugg

Responsible Dept./Person Name

Hold Annual Meeting

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

D. Storm Water Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

GN3-001

BMP ID #

Sewer Map

Specify Best Management Practice

Richard Rugg

Responsible Dept./Person Name

Develop Sewer Map

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

4. Construction Site Runoff Control:

GN4-001

BMP ID #

Land Use Ordinance Review

Specify Best Management Practice

Richard Rugg

Responsible Dept./Person Name

Review/revise ordinances

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

D. Storm Water Management Program Summary (Cont.)

5. Post Construction Runoff Control:

BN5-001

BMP ID #

Land Use Ordinance Review

Specify Best Management Practice

Richard Rugg

Responsible Dept./Person Name

Review/revise ordinances

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

6. Municipal Good Housekeeping:

GN6-001

BMP ID #

Storm Drain Clean out

Specify Best Management Practice

Richard Rugg

Responsible Dept./Person Name

Continue Existing Practice

Specify Measurable Goal

GN6-002

BMP ID #

Employee Training

Specify Best Management Practice

Richard Rugg

Responsible Dept./Person Name

Establish Empl. Trng. Program

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

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):

NOT APPLICABLE AT THIS TIME

_____ 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

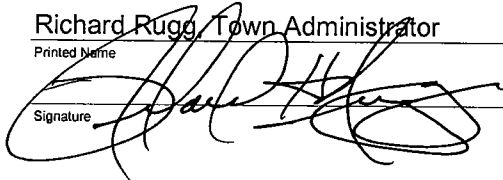
E. Certification

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.

Richard Rugg, Town Administrator

Printed Name

Signature



Date

9/27/03

SEP 29 2006

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
GN1-001	X				X				X				X				X				
GN1-002		X																			
GN1-003																					
GN1-004																					
GN1-005																					
GN2-001																					
GN2-002					X				X												
GN3-001																					
GN4-001																					
GN5-001																					
GN6-001	X				X				X					X							
GN6-002									X					X							