

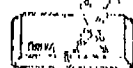
NOTICE OF INTENT

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

- Small MS4 Operator/Owner Information: contact - Laura Petrain
603/329-4100 ext. 100
 Town of Hampstead
 Name
11 Main Street
 Mailing Address
Hampstead
 City/Town
603-329-4100
 Telephone Number
NH 03841
 State and Zip Code
n/a
 Email (if available)
- Municipality Name
Town of Hampstead
 City/Town
- Legal Status:
☐ Federal ☒ City/Town ☐ State ☐ County ☐ Private
☐ Other public entity: Specify Public Entity
- Other regulated MS4(s) within municipal boundaries:
NH Route 111, 121, 121A, East Road
- 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

AUG 22 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
Wash Pond Name	1 Number	☐ Yes ☒ No	Specify
Angle Pond Name	1 Number	☐ Yes ☒ No	Specify
Shop Pond Name	1 Number	☐ Yes ☒ No	Specify
Island Pond Name	1 Number	☐ Yes ☒ No	Specify
Johnson's Pond Name	1 Number	☐ Yes ☒ No	Specify
Hog Hill Pond Name	1 Number	☐ Yes ☒ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify

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**D. Storm Water Management Program Summary****1. Public Education:**

1 BMP ID #	Hazardous Material Day	Highway Dept./Jon Worthen	
	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2 BMP ID #	TV Campaign	Highway Dept./Jon Worthen	
	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

2. Public Participation:

BMP ID #	Program in Development		
	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

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D. Storm Water Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

1 BMP ID #	Develop Storm Sewer Map Specify Best Management Practice	Highway Dept./Jon Worthen Responsible Dept./Person Name	Specify Measurable Goal
BMP ID #	Identify Failed Septic Systems Specify Best Management Practice	CEO/Kris Emerson 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

4. Construction Site Runoff Control:

1 BMP ID #	Erosion Control Plan Specify Best Management Practice	Planning Board/Bill Kelley Responsible Dept./Person Name	Specify Measurable Goal
2 BMP ID #	Site Inspections Specify Best Management Practice	SFC/Nicholas Cricenti, Jr. PE Responsible Dept./Person Name	Specify Measurable Goal
3 BMP ID #	Site Plan Review Specify Best Management Practice	Planning Board/Bill Kelley 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

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**D. Storm Water Management Program Summary (Cont.)****5. Post Construction Runoff Control:**

1			
BMP ID #			
Erosion Control Plan	Planning Board/Bill Kelley		
Specify Best Management Practice	Responsible Dept./Person Name		Specify Measurable Goal
2			
BMP ID #			
Site Inspections	CEO/Kris Emerson		
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:

1			
BMP ID #			
Yearly System Inspections	Highway Dept./Jon Worthen		
Specify Best Management Practice	Responsible Dept./Person Name		Specify Measurable Goal
2			
BMP ID #			
Street Maintenance	Highway Dept./Jon Worthen		
Specify Best Management Practice	Responsible Dept./Person Name		Specify Measurable Goal
3			
BMP ID #			
Auto Maintenance	Highway Dept./Jon Worthen		
Specify Best Management Practice	Responsible Dept./Person Name		Specify Measurable Goal
4			
BMP ID #			
Road Salt Storage	Highway Dept./Jon Worthen		
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

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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

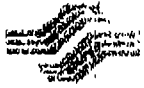
Responsible Dept./Person Name

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.

Printed Name: Nicholas J Cricenti JR, PE. VP SFC ENG
 Signature: [Signature] PE VP SFC ENG
 Date: 8/21/03


SFC ENGINEERING PARTNERSHIP, INC.
"Partnering With Clients for Success"

215 Sundial Avenue
 Manchester NH 03103
 Phone: (603) 647-8700

Fax: (603) 647-8711

Letter of Transmittal

TO: EPA Region 1

DATE: August 21, 2003 PROJECT:
 ATTN: Olga
 RE: NOI, Hampstead NH

We are sending you

☒ Attached

☐ Under separate cover via

The following items:

☐ Shop Drawings
☐ Specifications
☐ Samples

☐ Prints
☐ Plans
☐ Disks

☐ Copy of Letter
☐ Change Order
☒ Other: NOI

Copies	Date	No.	NOI	Description
1				

THESE ARE TRANSMITTED as checked below:

☐ For approval
☒ For your use
☒ As requested
☐ For review & comment
☐ Submit copies
☐ FOR BIDS DUE

☐ Approved as submitted
☐ Approved as corrected/noted
☐ Revise and resubmit
☐ Resubmit copies for approval
☐ Return corrected copies
☐ PRINTS RETURNED AFTER LOAN

REMARKS:

The balance of the program will be sent by mail most likely on 8/22/03
 Thanks for your help.

COPY TO FILE

SIGNED:

Nick

Nicholas J. Cricenti, Jr., P.E.