NOTICE OF INTENT

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

NEW HAMPSHIRE DEPARTMENT OF Environmental Services

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: contact - Laura Petrain

Town of Hampstead — 603/329-4100 ext. 100
Name

11 Main Street
Mailing Address

Hampstead — NH 03841
City/Town — State and Zip Code

603-329-4100 — n/a
Telephone Number — Email (if available)

2. Municipality Name

Town of Hampstead
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:

NH Route 111, 121, 121A, East Road

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

C. Names of (Presently Known) Receiving Waters

Note: Section C may be duplicated to accommodate a larger list of 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:

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

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
	Program in Development		

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D. Storm Water Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

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

4. Construction Site Runoff Control:

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

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D. Storm Water Management Program Summary (Cont.)

5. Post Construction Runoff Control:

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

6. Municipal Good Housekeeping:

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

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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.

Nicholas J Cricenti JR, P.E. VP SFC ENG
Printed Name

Signature VP SFC ENG 8/21/03
Date

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

25 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	☐ Prints	☐ Copy of Letter
☐ Specifications	☐ Plans	☐ Change Order
☐ Samples	☐ Disks	☒ Other: NOI

Copies	Date	No.	Description
1			NOI

THESE ARE TRANSMITTED as checked below:

☐ For approval	☐ Approved as submitted
☒ For your use	☐ Approved as corrected/noted
☒ As requested	☐ Revise and resubmit
☐ For review & comment	☐ Resubmit copies for approval
☐ Submit copies	☐ Return corrected copies
☐ FOR BIDS DUE	☐ 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.