

NH

NH 10/1

# 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:

TOWN OF HOLLIS, NH

Name

7 MONUMENT SQUARE

Mailing Address

HOLLIS

City/Town

NEW HAMPSHIRE

State

(603) 465-2246

Telephone Number

Email (if available)

2. Municipality Name

HOLLIS

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:

TO BE DETERMINED (TBD)

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

MAR 24 2003

MUNICIPAL ASSISTANCE UNIT

Received  
3/24/03

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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
Nashua River	TBD	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Tributary to Nashua River	TBD	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Flint's Pond	TBD	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Flint's Brook	TBD	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Tributary to Flint's Brook	TBD	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Sucker Brook	TBD	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Tributary to Sucker Brook	TBD	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Muddy Brook	TBD	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Name	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
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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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## 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

#### 1. Public Education:

1.1.A – 1.5.A

BMP ID #

See Attached SWPPP

Specify Best Management Practice

Board of Selectmen

Responsible Dept./Person Name

See Attached SWPPP

Specify Measurable Goal

1.1.B – 1.5.B

BMP ID #

See Attached SWPPP

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

See Attached SWPPP

Specify Measurable Goal

1.1.C

BMP ID #

See Attached SWPPP

Specify Best Management Practice

Board of Selectmen

Responsible Dept./Person Name

See Attached SWPPP

Specify Measurable Goal

1.2.C – 1.5.C

BMP ID #

See Attached SWPPP

Specify Best Management Practice

Board of Selectmen

Responsible Dept./Person Name

See Attached SWPPP

Specify Measurable Goal

1.1.D

BMP ID #

See Attached SWPPP

Specify Best Management Practice

Board of Selectmen

Responsible Dept./Person Name

See Attached SWPPP

Specify Measurable Goal

#### 2. Public Participation:

2.1.A – 2.5.A.

BMP ID #

See Attached SWPPP

Specify Best Management Practice

Board of Selectmen

Responsible Dept./Person Name

See Attached SWPPP

Specify Measurable Goal

2.1.B – 2.5.B

BMP ID #

See Attached SWPPP

Specify Best Management Practice

Board of Selectmen

Responsible Dept./Person Name

See Attached SWPPP

Specify Measurable Goal

2.1.C

BMP ID #

See Attached SWPPP

Specify Best Management Practice

Board of Selectmen

Responsible Dept./Person Name

See Attached SWPPP

Specify Measurable Goal

2.1.D

BMP ID #

See Attached SWPPP

Specify Best Management Practice

Board of Selectmen

Responsible Dept./Person Name

See Attached SWPPP

Specify Measurable Goal

2.2.C – 2.5.C

BMP ID #

See Attached SWPPP

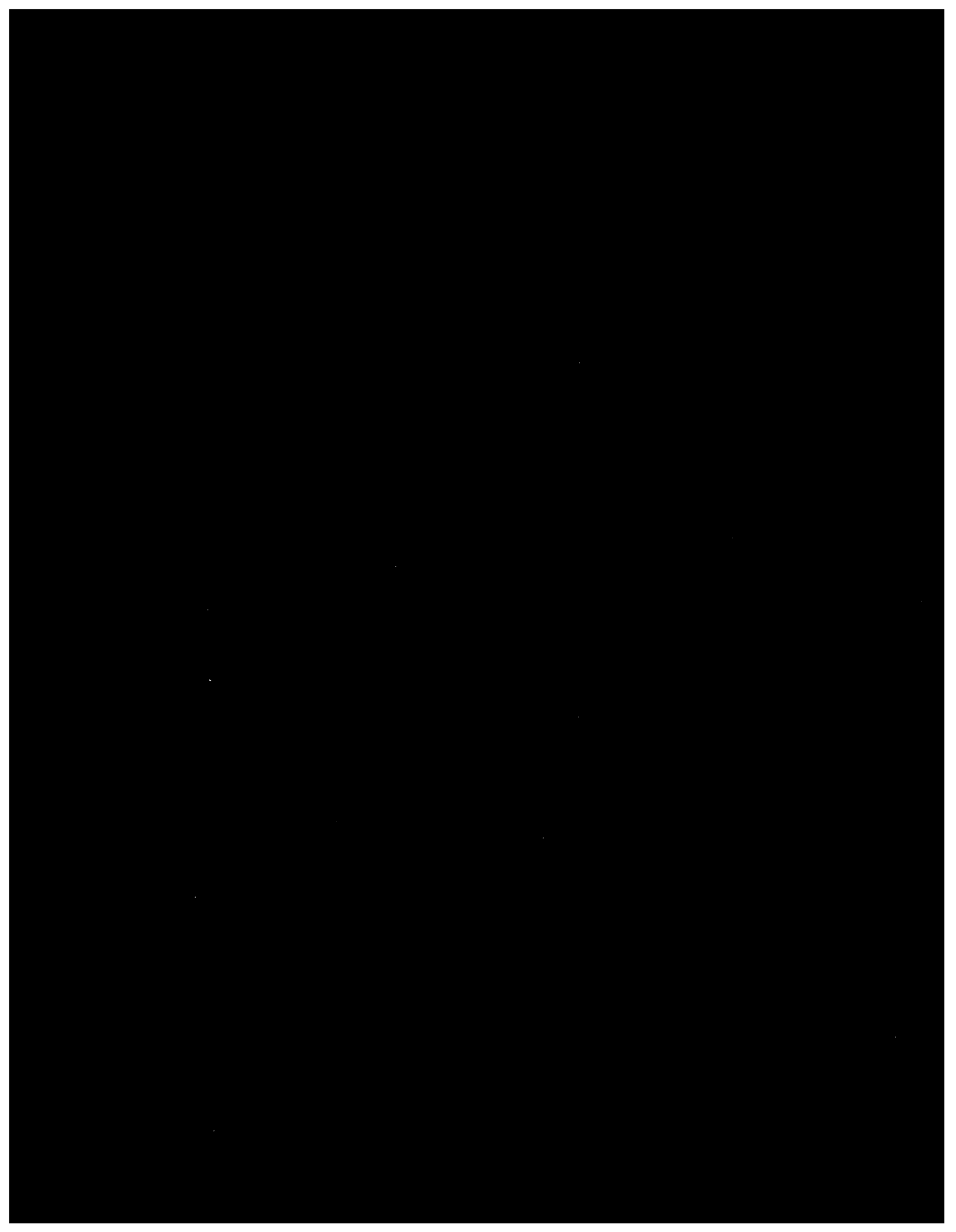
Specify Best Management Practice

Board of Selectmen

Responsible Dept./Person Name

See Attached SWPPP

Specify Measurable Goal



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### D. Storm Water Management Program Summary (Cont.)

#### 5. Post Construction Runoff Control:

5.1.A

BMP ID #

See Attached SWPPP

Specify Best Management Practice

Planning Board

Responsible Dept./Person Name

See Attached SWPPP

Specify Measurable Goal

5.2.A

BMP ID #

See Attached SWPPP

Specify Best Management Practice

Planning Board

Responsible Dept./Person Name

See Attached SWPPP

Specify Measurable Goal

5.2.B

BMP ID #

See Attached SWPPP

Specify Best Management Practice

Planning Board

Responsible Dept./Person Name

See Attached SWPPP

Specify Measurable Goal

5.3.A

BMP ID #

See Attached SWPPP

Specify Best Management Practice

Planning Board

Responsible Dept./Person Name

See Attached SWPPP

Specify Measurable Goal

5.4.A

BMP ID #

See Attached SWPPP

Specify Best Management Practice

Planning Board

Responsible Dept./Person Name

See Attached SWPPP

Specify Measurable Goal

5.4.A

BMP ID #

See Attached SWPPP

Specify Best Management Practice

Planning Board

Responsible Dept./Person Name

See Attached SWPPP

Specify Measurable Goal

#### 6. Municipal Good Housekeeping:

6.1.A

BMP ID #

See Attached SWPPP

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

See Attached SWPPP

Specify Measurable Goal

6.1.B

BMP ID #

See Attached SWPPP

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

See Attached SWPPP

Specify Measurable Goal

6.1.C – 6.2.C

BMP ID #

See Attached SWPPP

Specify Best Management Practice

Board of Selectmen

Responsible Dept./Person Name

See Attached SWPPP

Specify Measurable Goal

6.2.A – 6.5.A

BMP ID #

See Attached SWPPP

Specify Best Management Practice

Department of Public Works

Responsible Dept./Person Name

See Attached SWPPP

Specify Measurable Goal

6.2.B – 6.5.B

BMP ID #

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



<u>See Attached SWPPP</u> Specify Best Management Practice 6.2.C – 6.5.C BMP ID #	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>See Attached SWPPP</u> Specify Measurable Goal
<u>See Attached SWPPP</u> Specify Best Management Practice 6.2.D – 6.5.D BMP ID #	<u>Board of Selectmen</u> Responsible Dept./Person Name	<u>See Attached SWPPP</u> Specify Measurable Goal
<u>See Attached SWPPP</u> Specify Best Management Practice 6.3.E BMP ID #	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>See Attached SWPPP</u> Specify Measurable Goal
<u>See Attached SWPPP</u> Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>See Attached SWPPP</u> Specify Measurable Goal

### 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



Notice of Intent for Storm Water Discharges Associated with INDUSTRIAL ACTIVITY Under the Multi-sector NPDES General Permit

Submission of this completed Notice of Intent (NOI) constitutes notice that the entity in Section B intends to be authorized to discharge pollutants to waters of the United States, from the facility or site identified in Section C, under EPA's Storm Water Multi-sector General Permit (MSGP).

A. Permit Selection

If new, enter generic permit, otherwise enter previous permit: NH05\*###

New Permit Number (EPA Use Only)

R05

B. Facility Operator Information

1. Name: Town of Hollis, New Hampshire 2. Phone: 6034652246
3. Mailing Address: a. Street or P.O. Box: 7 Monument Square
b. City: Hollis c. State: NH d. Zip Code: 03049

C. Facility/Site Information

1. Facility/Site Name: Stump Dump
2. Location Address: a. Street: 275 Depot Road
b. City: Hollis c. County: Hillsborough
d. State: NH e. Zip Code: 03049 f. Latitude: 42 43 02 g. Longitude: -71 33 18
3. If you are filing as a co-permittee, enter storm water general permit number:
4.a. Permit Applicant: Other public entity
b. Is the facility located on Indian Country Lands? No
5. Does the facility discharge storm water into:
a. Receiving water(s)? No
b. A municipal separate storm sewer system (MS4)? Yes
If yes, name of the MS4 operator: Town of Hollis, NH
6. The 4-digit Standard Industrial Classification (SIC) codes or the 2-letter Activity Codes that best represent the principal products produced or services rendered by your facility and major co-located activities:
Primary: 4953 Secondary:

8. Additional Facility/Site Requirements:

a. Based on the instructions provided in Addendum A of the MSGP, have the eligibility criteria for "listed species" and critical habitat been met? Yes
b. Based on the instructions provided in Addendum B of the MSGP, have the eligibility criteria for protection of historic properties been met? Yes

- Grid of checkboxes for Sector A through Sector Z and Sector AA through Sector AD.

D. Certification

Do you certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted? Based on your inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, do you certify that the information submitted is, to the best of your knowledge and belief, true, accurate, and complete? Do you certify that you are aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations?

Print Name: Board of Selectmen

Signature: Donald Fryder

Date: 03/07/03