

# 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 Kingston/Kingston Town Hall

12 Main Street

Mailing Address

Kingston

NH 03848

City/Town

State and Zip Code

(603)-642-8042

Telephone Number

Email (if available)

2. Municipality Name

Town of Kingston

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:

No

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

JUL 30 2003

MUNICIPAL ASSISTANCE UNIT



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### D. Storm Water Management Program Summary

1. Public Education:

<p><u>1 PE</u> BMP ID #</p> <p style="text-align: center;"><u>Targeting Public - Video</u></p> <p>Specify Best Management Practice</p>	<p>Health Inspector/Larry <u>Middlemiss</u></p> <p>Responsible Dept./Person Name</p>	<p>-85% of viewers -No. people that call 800 number</p>
<p><u>2 PE</u> BMP ID #</p> <p style="text-align: center;"><u>Educational Flyer</u></p> <p>Specify Best Management Practice</p>	<p>Highway Dept./Richard St. <u>Hilaire</u></p> <p>Responsible Dept./Person Name</p>	<p>-Number of flyers distributed annually.</p>
<p><u>3 PE</u> BMP ID #</p> <p style="text-align: center;"><u>Educational Display at Kingston Days, town meeting</u></p> <p>Specify Best Management Practice</p>	<p>Friends of Kingston Open Space/ <u>Richard Russman</u></p> <p>Responsible Dept./Person Name</p>	<p>-Number of flyers distributed per event. Specify Measurable Goal</p>
<p><u>4 PE</u> BMP ID #</p> <p style="text-align: center;"><u>Elementary school education program.</u></p>	<p>Highway Dept./Richard St. <u>Hilaire</u></p> <p>Responsible Dept./Person Name</p>	<p>-Number of students per year. Specify Measurable Goal</p>
<p><u>5 PE</u> BMP ID #</p> <p style="text-align: center;"><u>Flyer program on waste oil day</u></p>	<p>Highway Dept./Richard St. <u>Hilaire</u></p> <p>Responsible Dept./Person Name</p>	<p>-Number of flyers distributed monthly.</p>

2. Public Participation:

<p><u>1 PP</u> BMP ID #</p> <p style="text-align: center;"><u>Coordinate with Sate Highway Department</u></p> <p>Specify Best Management Practice</p>	<p>Highway Dept./Richard St. <u>Hilaire</u></p> <p>Responsible Dept./Person Name</p>	<p>-Number of participants Number of meetings Specify Measurable Goal</p>
<p><u>2 PP</u> BMP ID #</p> <p style="text-align: center;"><u>Coordinate with adjacent towns</u></p> <p>Specify Best Management Practice</p>	<p>Highway Dept./Richard St. <u>Hilaire</u></p> <p>Responsible Dept./Person Name</p>	<p>-Number of meetings Number of participants Specify Measurable Goal</p>
<p><u>3 PP</u> BMP ID #</p> <p style="text-align: center;"><u>Adopt-an-area</u></p> <p>Specify Best Management Practice</p>	<p>Highway Dept./Brian Martin <u>Hilaire</u></p> <p>Responsible Dept./Person Name</p>	<p>-Number of participants Quantity of debris</p>
<p><u>4 PP</u> BMP ID #</p> <p style="text-align: center;"><u>Community hotline</u></p> <p>Specify Best Management Practice</p>	<p>-Selectman's office/Chairman <u>Kevin Burke</u></p> <p>Responsible Dept./Person Name</p>	<p>-Number of calls -Number of problems identified Specify Measurable Goal</p>

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5 PP

BMP ID #		
Waste Oil Disposal	Highway Dept./Richard St. Hilaire	-Volume collected annually
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

3. Illicit Discharge Detection and Elimination:

1 ID

BMP ID #		
Update MS4 plan	Highway Dept./Richard St. Hilaire	-Number of outfalls confirmed
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

2 ID

BMP ID #		
Identify illicit connections	Highway Dept./Richard St. Hilaire	-Number of inspections per year -Number of connections repaired
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

3 ID

BMP ID #		
Failing septic systems	Health Inspector/Larry Middlemiss	-Number of installations inspected -Number of failing systems inspected
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

4 ID

BMP ID #		
Illegal Dumping	Highway Dept./Richard St. Hilaire	-Number of dumps reported -Number of dumps cleaned up. - Plan of prime dump areas
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

4. Construction Site Runoff Control:

1 CS

BMP ID #		
Sediment Control	Planning Board/Glenn Copelman	-Number of construction sites inspected. -Number of methods implemented
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

2 CS

BMP ID #		
Erosion Control	Planning Board/ Conservation Committee/Glenn Copelman	-Number and type of controls
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

<u>3 CS</u>		
<u>BMP ID #</u>		
<u>SWPP review</u>	<u>Planning Board/Glenn</u>	<u>-Number of plans reviewed</u>
<u>Specify Best Management Practice</u>	<u>Copelman</u>	<u>Specify Measurable Goal</u>

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

5. Post Construction Runoff Control:

<u>1 PC</u>		
<u>BMP ID #</u>		
<u>Buffer zone</u>	<u>-Conservation</u>	<u>-Number of new SW BMP</u>
<u>Specify Best Management Practice</u>	<u>Committee/Brian Quinlan</u>	<u>-Review and update code</u>
	<u>Responsible Dept./Person Name</u>	<u>-Number of buffer inspections</u>
		<u>Specify Measurable Goal</u>

<u>2 PC</u>		
<u>BMP ID #</u>		
<u>Inspection Program</u>	<u>Planning Board/Glenn</u>	<u>-Number of inspections</u>
<u>Specify Best Management Practice</u>	<u>Copelman</u>	<u>-Number of problems and</u>
	<u>Responsible Dept./Person Name</u>	<u>repairs</u>
		<u>-Change in number of problems</u>
		<u>over time</u>
		<u>Specify Measurable Goal</u>

<u>3 PC</u>		
<u>BMP ID #</u>		
<u>Planning ordinance</u>	<u>Planning Board/Glenn</u>	<u>- Annual review of ordinances</u>
<u>Specify Best Management Practice</u>	<u>Copelman</u>	<u>-Number of new Storm Water</u>
	<u>Responsible Dept./Person Name</u>	<u>BMP's proposed</u>
		<u>Specify Measurable Goal</u>

<u>4 PC</u>		
<u>BMP ID #</u>		
<u>Catch basin</u>	<u>Highway Dept./Richard St.</u>	<u>-Inventory catch basins</u>
<u>Specify Best Management Practice</u>	<u>Hilaire</u>	<u>-Quantity of sediments removed</u>
	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

6. Municipal Good Housekeeping:

<u>1 MG</u>		
<u>BMP ID #</u>		
<u>Trained Lawncare/ Pesticide specialist.</u>	<u>Highway Dept./Richard St.</u>	<u>-Minimum of 1 certified person</u>
<u>Specify Best Management Practice</u>	<u>Hilaire</u>	<u>-Minimum of 1 seminar annually</u>
	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

<u>2 MG</u>		
<u>BMP ID #</u>		
<u>Illegal Dumping</u>	<u>Highway Dept./Richard St.</u>	<u>-Number of signs</u>
<u>Specify Best Management Practice</u>	<u>Hilaire</u>	<u>-Number of dumps reported</u>
	<u>Responsible Dept./Person Name</u>	<u>-Number of dumps cleaned</u>
		<u>Specify Measurable Goal</u>

<u>3 MG</u> BMP ID # <u>Spill Control</u> Specify Best Management Practice	<u>Fire Department/Fire Chief</u> <u>Norman Hurley</u> Responsible Dept./Person Name	<u>-Number of vehicle releases</u> <u>-Number of non-vehicle releases</u> <u>-Number of hazardous waste releases</u> Specify Measurable Goal
<u>4 MG</u> BMP ID # <u>Road Salt reduction</u> Specify Best Management Practice	<u>Highway Dept./Richard St. Hilaire</u> Responsible Dept./Person Name	<u>-MgCl additive, volume per year</u> <u>-Total salt volume per year</u> Specify Measurable Goal
<u>5 MG</u> BMP ID # <u>Pet Waste</u> Specify Best Management Practice	<u>Highway Dept./Richard St. Hilaire</u> Responsible Dept./Person Name	<u>-Number of Signs</u> <u>-Presence of town ordinance</u> Specify Measurable Goal
<u>6 MG</u> BMP ID # <u>Used Oil Recycling</u> Specify Best Management Practice	<u>Highway Dept./Richard St. Hilaire</u> Responsible Dept./Person Name	<u>-Volume of used oil collected</u> <u>-No. informational flyers distributed.</u> Specify Measurable Goal

**D. Storm water 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>BMP ID #</u>	<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>BMP ID #</u>	<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

**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 D. St. Hilaire Road Agent T/O Kingston NH  
Printed Name  
[Signature]  
Signature  
7/28/03  
Date

