

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:

City of Manchester (c/o Frank Thomas, DPW)

Name

227 Maple Street /

Mailing Address

Manchester

City/Town

NH (03103)

State

(603) 624-6444

Telephone Number

Email (if available)

2. Municipality Name

City of Manchester, New Hampshire

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:

Possibly include: Youth Development Center, NH Department of Transportation, Southern New Hampshire University

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

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
Merrimack River – Stark Brook to Cohas Brook Only Name	unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Bacteria Specify
Merrimack River – Whole Reach in Manchester Name	unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Wet weather E. coli, chronic wet weather lead Specify
Un-named trib. to Merrimack River at SNHUniversity Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	 Specify
Stark Brook Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	 Specify
Goldfish Pond Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	 Specify
Dorrs Pond Name	unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Phosphorus Specify
Ray Brook Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	 Specify
Christian Brook (discharges to sewer system) Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	 Specify
Stevens Pond (discharges into sewer system) Name	unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Phosphorus (tier 5) Specify
Cemetery Brook a.k.a. Humphreys' Brook (discharges to sewer system) Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	 Specify
McShane Brook (discharges to sewer system) Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	 Specify
Huse Pond Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	 Specify
Red Rock Pond Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	 Specify

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C. Names of (Presently Known) Receiving Waters (cont.)

<u>Nutts Pond</u>	<u>unknown</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
Name	Number		
<u>Baker Brook</u>	<u>unknown</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
Name	Number		
<u>Crystal Lake</u>	<u>unknown</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Phosphorus</u>
Name	Number		<u>Specify</u>
<u>Great Cohas Brook</u>	<u>unknown</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
Name	Number		
<u>Little Cohas Brook</u>	<u>unknown</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
Name	Number		
<u>Cohas Brook</u>	<u>unknown</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
Name	Number		
<u>Pine Island Pond</u>	<u>unknown</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
Name	Number		
<u>Long Pond</u>	<u>unknown</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
Name	Number		
<u>Massabesic Lake (out of urbanized area)</u>	<u>unknown</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
Name	Number		
<u>Milestone Brook a.k.a. Millstone Brook</u>	<u>unknown</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
Name	Number		
<u>Sweetwater Brook</u>	<u>unknown</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
Name	Number		
<u>Maxwell Pond</u>	<u>unknown</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
Name	Number		
<u>Black Brook</u>	<u>unknown</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
Name	Number		
<u>Piscataquog River</u>	<u>unknown</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Bacteria, E. coli, chronic wet weather lead, benthic deposits</u>
Name	Number		<u>Specify</u>
<u>College Brook</u>	<u>unknown</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
Name	Number		
<u>McQuesten Pond</u>	<u>unknown</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
Name	Number		
<u>McQuesten Brook</u>	<u>unknown</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Specify</u>
Name	Number		

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D. Storm Water Management Program Summary

1. Public Education:

1-1

BMP ID #

Assign Stormwater
Coordinator

Specify Best Management Practice

Dept. of Public Works (DPW)

Responsible Dept./Person Name

Assign and support
stormwater coordinator

Specify Measurable Goal

1-2

BMP ID #

Add Stormwater Information to
the City's Website

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Add a stormwater page to the
City website by the end of
Spring '04

Specify Measurable Goal

1-3

BMP ID #

Conduct Outreach/Coordinate
City Program with Initiatives of
Local Watershed Orgs.

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Identify interested groups,
annual contact

Specify Measurable Goal

1-4

BMP ID #

Make Brochures Available at
DPW and Libraries

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Brochures available years 3-5

Specify Measurable Goal

1-5

BMP ID #

Develop, Install and Maintain
Signage at Urban Ponds

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Watershed signs at 7 urban
ponds in the City

Specify Measurable Goal

1-6

BMP ID #

Distribute Pet Waste Brochure,
Increase Pet Waste Signage
at Parks

Specify Best Management Practice

DPW +/-or City Clerk

Responsible Dept./Person Name

Brochure to all licensed dog
owners during year 3, 5 signs
around City in year 3

Specify Measurable Goal

2. Public Participation:

2-1

BMP ID #

Comply with State Public
Notification Guidelines

Specify Best Management Practice

City Clerk and other Depts.

Responsible Dept./Person Name

Comply with State Guidelines

Specify Measurable Goal

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D. Storm Water Management Program Summary (Cont.)

2-2

BMP ID #

Hold Annual Household
Hazardous Waste Day
Specify Best Management Practice

Recycling Coord., DPW
Responsible Dept./Person Name

One hazardous waste
collection day per year
Specify Measurable Goal

2-3

BMP ID #

Continue Regular Used Oil,
Batteries and Tires Collection
Specify Best Management Practice

Recycling Coord., DPW
Responsible Dept./Person Name

Used oil, batteries, tires
collected during transfer
center hours
Specify Measurable Goal

2-4

BMP ID #

Continue Urban Forestation
Through "Green Street"
Program
Specify Best Management Practice

Parks and Rec. Dept.
Responsible Dept./Person Name

Continue program of planting
trees at homeowner request
Specify Measurable Goal

2-5

BMP ID #

Publicize and Maintain
Stormwater and Combined
Sewer Hotline
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Hotline number established,
publicized (2x/year) and
maintained (checked at least
weekly), beginning in year 2 of
the permit
Specify Measurable Goal

3. Illicit Discharge Detection and Elimination:

3-1

BMP ID #

Develop and Present Draft
Storm Sewer Ordinance
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Draft storm sewer ordinance
developed and presented to
Board of Mayor and Aldermen
Specify Measurable Goal

3-2

BMP ID #

Continue Dry Weather
Screening of Outfalls
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Two complete rounds of dry
weather screening of all
outfalls by the end of the first
permit term
Specify Measurable Goal

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D. Storm Water Management Program Summary (Cont.)

3-3

BMP ID #

Develop and Implement
System for Detection and
Elimination of Illicit Discharges
Specify Best Management Practice

DPW

Responsible Dept./Person Name

Investigate any suspect
outfalls identified
Specify Measurable Goal

3-4

BMP ID #

Map Outfalls and Receiving
Waters
Specify Best Management Practice

DPW

Responsible Dept./Person Name

Map completed

Specify Measurable Goal

4. Construction Site Runoff Control:

4-1

BMP ID #

Develop/Present Ordinance to
Require Erosion and Sediment
Control Plan, Construction
Material Management Plan,
and Plan Review for Sites
Disturbing More than 1-acre
Specify Best Management Practice

DPW

Responsible Dept./Person Name

Draft language for ordinance.
Present draft ordinance to
Board of Mayor and Aldermen
Specify Measurable Goal

4-2

BMP ID #

Develop Procedure for Receipt
and Consideration of Public
Comment
Specify Best Management Practice

Zoning & Planning Boards

Responsible Dept./Person Name

Procedure developed and
maintained, public comment
received at public hearings
Specify Measurable Goal

4-3

BMP ID #

Check Erosion Control
Measures and Construction
Material Management on Site
Inspection
Specify Best Management Practice

DPW

Responsible Dept./Person Name

Site inspectors check erosion
control measures. Checklist of
erosion & construction
material BMPs developed
Specify Measurable Goal

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D. Storm Water Management Program Summary (Cont.)

5. Post Construction Runoff Control:

Develop Ordinance to Require
Runoff Controls for New and
Re-Development For Projects
Disturbing More Than 1-acre
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Draft ordinance developed and
presented to Board of Mayor
and Aldermen for
consideration
Specify Measurable Goal

5-2
BMP ID #

Recommend a BMP Manual
for Use by Planners and
Developers
Specify Best Management Practice

Planning Department
Responsible Dept./Person Name

BMP manual selected
Specify Measurable Goal

6. Municipal Good Housekeeping:

6-1
BMP ID #

Install Silt Fence Around the
Snow Dump Area
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Install fence
Specify Measurable Goal

6-2
BMP ID #

Continue Catchbasin Cleaning
Program, Including Cleaning
Priority Catchbasins Annually
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Continue current program
Specify Measurable Goal

6-3
BMP ID #

Sweep Streets Three Times
Annually
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Sweep all streets in city
Specify Measurable Goal

6-4
BMP ID #

Continue to Follow SOPs for
Disposal of Catchbasin and
Street Sweeping Residuals
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Properly dispose of residuals
Specify Measurable Goal

6-5
BMP ID #

Minimize Salt Usage and
Maintain Cover over Salt
Storage Area
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Continue current program
Specify Measurable Goal

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D. Storm Water Management Program Summary (Cont.)

<u>6-6</u> BMP ID # Develop/Implement Program for Cleaning Pond Inlets and Trash Racks Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	Program and schedule developed Specify Measurable Goal
<u>6-7</u> BMP ID # Develop/Implement Employee Education Program Specify Best Management Practice	<u>DPW</u> Responsible Dept./Person Name	4 hours in the first year on stormwater topics for DPW staff, update as needed Specify Measurable Goal
<u>6-8</u> BMP ID # Design and Construct Pond Specific Pollution Prevention Projects Specify Best Management Practice	<u>DPW Env. Protection Div.</u> Responsible Dept./Person Name	Designs completed and approved. Construction of approved designs completed Specify Measurable Goal
<u>6-9</u> BMP ID # Best Management Practices for Derryfield Country Club Specify Best Management Practice	<u>Stormwater Coordinator, Derryfield Country Club</u> Responsible Dept./Person Name	Develop BMPs year 2 of permit. Implement BMPs year 3 of permit Specify Measurable Goal

7. BMPs for Meeting Requirements of Part I.C. (Discharges to Water Quality Impaired Waters) and Part I.D. (Total Maximum Daily Load Allocations):

BMPs to meet TMDL – N/A
 BMP ID #

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.

Frank Thomas
 Printed Name
Frank Thomas
 Signature
 Date 7/11/03

