

1074

# 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, and 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:

Katherine L. Chambers, Town Administrator	
Name	
289 South Street	
Mailing Address	
Milford	NH 03055
City/Town	State
(603) 673-1662	NA
Telephone Number	Email (if available)

2. Municipality Name

Milford  
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:

New Hampshire Department of Transportation State Routes

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

*(Note: to be confirmed during first permit term)*

Receiving Water:	No. of Outfalls	Listed as Impaired?	Impairment
Souhegan River Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Hartshorn Brook Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Tucker Brook Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Great Brook Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Ox Brook Name	unknown 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
_____ 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
_____ 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
_____ 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
_____ 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
_____ 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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### D. Storm Water Management Program Summary

#### 1. Public Education:

<u>1</u> BMP ID # Document and Continue Existing Programs Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Written Summary of Existing Programs</u> Specify Measurable Goal
<u>2</u> BMP ID # Coordinate Public Educators Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Documentation of Meetings and Events</u> Specify Measurable Goal
<u>3</u> BMP ID # Coordinate Information & Program Distribution within School Network Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Contact 90% of Grade 1-12 Schools in MS4</u> Specify Measurable Goal

#### 2. Public Participation:

<u>4</u> BMP ID # Create Task Committee Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Task Committee Established/ Minutes of Meetings</u> Specify Measurable Goal
<u>5</u> BMP ID # Conduct Public Meeting/Acquire Public Input Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Prepare Meeting Minutes</u> Specify Measurable Goal
<u>6</u> BMP ID # Establish Information Booths at Town Events Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Attend One Event/Year</u> Specify Measurable Goal
<u>7</u> BMP ID # Storm Drain Stenciling/Community Clean-Up Day Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>50% of all Storm Drains Stenciled/Community Clean-Up Day Held Once Annually</u> Specify Measurable Goal

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

#### 3. Illicit Discharge Detection and Elimination:

<u>8</u> BMP ID # Map Outfalls & Receiving Waters Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Prepare Map Showing Outfalls &amp; Receiving Waters</u> Specify Measurable Goal
<u>9</u> BMP ID # Evaluate Need for and Develop Storm Sewer Ordinance If Necessary Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Document Need or Prepare an Ordinance</u> Specify Measurable Goal
<u>10</u> BMP ID # Train Volunteers in Illicit Discharge Identification Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Complete Training Document by Creating Procedures for Identifying Illicit Discharges</u> Specify Measurable Goal
<u>11</u> BMP ID # Dry Weather Screening of Outfalls Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Prepare List of Outfalls Requiring Follow-Up</u> Specify Measurable Goal
<u>12</u> BMP ID # Develop System and Initiate Elimination of Illicit Discharges Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Prepare Plan &amp; Document Progress of Elimination</u> Specify Measurable Goal
<u>13</u> BMP ID # Identify Magnitude of Effort to Continue Mapping Storm Sewer System Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Prepare Assessment of Effort</u> Specify Measurable Goal

#### 4. Construction Site Runoff Control:

<u>14</u> BMP ID # Document Existing Programs & Expand as Required Specify Best Management Practice	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Prepare Written Summary of Existing Program &amp; Include Revisions as Necessary</u> Specify Measurable Goal
<u>          </u> BMP ID # Specify Best Management Practice	<u>          </u> Responsible Dept./Person Name	<u>          </u> Specify Measurable Goal
<u>          </u> BMP ID # Specify Best Management Practice	<u>          </u> Responsible Dept./Person Name	<u>          </u> Specify Measurable Goal

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

#### 5. Post Construction Runoff Control:

<u>15</u> BMP ID #	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Complete Procedure Manual for MS4 Maintenance</u> Specify Measurable Goal
<u>Document &amp; Enhance Procedures for MS4 Storm Sewer System</u> Specify Best Management Practice		
<u>16</u> BMP ID #	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Complete Town's Master Plan Update</u> Specify Measurable Goal
<u>Incorporate Best Management Practices into Town's Master Plan</u> Specify Best Management Practice		
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

#### 6. Municipal Good Housekeeping:

<u>17</u> BMP ID #	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Complete Training Manual</u> Specify Measurable Goal
<u>Document &amp; Enhance Employee Training Procedures</u> Specify Best Management Practice		
<u>18</u> BMP ID #	<u>Department of Public Works</u> Responsible Dept./Person Name	<u>Complete Procedures Manual for Handling and Use</u> Specify Measurable Goal
<u>Evaluate Use of Pesticides, Sand &amp; Salt</u> Specify Best Management Practice		
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>BMP ID #</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>Specify Best Management Practice</u>	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

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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):

N/A

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.

Katherine L. Chambers

Printed Name

Signature

A handwritten signature in black ink, appearing to read "Katherine L. Chambers", written over a horizontal line.

7/29/03  
Date

