NH 1020

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:

   Town of Milton, New Hampshire
   Name

   599 White Mountain Highway
   Mailing Address

   Milton — City/Town
   New Hampshire — State

   (603) 652-4501 — Telephone Number
   Email (if available)

2. Municipality Name

   Town of Milton
   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 (DOT) State Highway 16 and State Route 125.

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

A letter has been prepared and sent to the New Hampshire Natural Heritage Division requesting information if Milton's MS4 discharge impacts any "listed species" or critical habitats.

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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

A letter has been prepared and sent to the New Hampshire Division of Historic Resources requesting information regarding the impact of Milton's MS4 discharges on historic places.

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
Milton Pond (Name)	Unknown (Number)	☐ Yes ☒ No	(Specify)
Townhouse Pond (Name)	Unknown (Number)	☐ Yes ☒ No	(Specify)
Salmon Falls River (Name)	Unknown (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)
(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
ML1-001	Newsletter	Christopher Rose	Relevant SW article
ML1-002	Household Hazardous Waste	Christopher Rose	Continue existing practice
ML1-003	Classroom Education	Christopher Rose	Educate grade schools

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
ML2-001	Storm Drain Stenciling	Christopher Rose	Stencil all drains
ML2-002	Volunteer Monitoring	Christopher Rose	Organize volunteer group

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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
ML3-001	Storm Drain Map	Christopher Rose	Develop storm drain map
ML3-002	Illicit Dumping	Christopher Rose	Reduce illicit dumping

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
ML4-001	Site Plan Zoning Review	Christopher Rose	Review/revise ordinances

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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
ML5-001	Construction SW mgmt.	Christopher Rose	Incorporate SW mgmt.
ML5-002	Buffer zones/easement	Christopher Rose	Evaluate use/implementation

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
ML6-001	Vehicle Maintenance	Christopher Rose	Continue existing program
ML6-002	Storm Drain Cleaning	Christopher Rose	Clean Storm Drains
ML6-003	Cover Salt Storage	Christopher Rose	Cover exposed salt pile
ML6-004	Used Oil Recycling	Christopher Rose	Continue existing program

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BMP ID # | Specify Best Management Practice

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):

NOT APPLICABLE AT THIS TIME, NO WATERS ARE LISTED AS IMPAIRED

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.

Christopher Rose
Printed Name

Signature

3-10-03
Date

SWMP Implementation Schedule

Regulated MS4: TOWN OF MILTON

Town/City: MILTON, NH

	PERMIT YEAR ONE				PERMIT YEAR TWO				PERMIT YEAR THREE				PERMIT YEAR FOUR				PERMIT YEAR FIVE				
BMP ID #	Spring 03	Summer 03	Fall 03	Winter 03-04	Spring 04	Summer 04	Fall 04	Winter 04-05	Spring 05	Summer 05	Fall 05	Winter 05-06	Spring 06	Summer 06	Fall 06	Winter 06-07	Spring 07	Summer 07	Fall 07	Winter 07-08	Next Permit
ML1-001	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
ML1-002	X				X				X				X				X				
ML1-003																					
ML2-001																					
ML2-002																					
ML3-001																					
ML3-002																					
ML4-001																					
ML5-001																					
ML5-002																					
ML6-001																					
ML6-002					X				X				X				X				
ML6-003																					
ML6-004																					