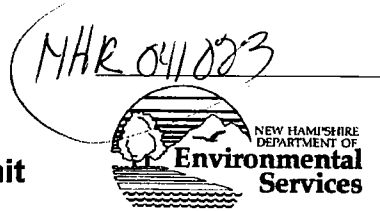


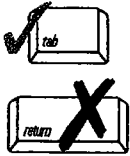
NOTICE OF INTENT



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 NEWTON, NH
Name

PO Box 378
Mailing Address

NEWTON, NH 03858 _____
City/Town State and Zip Code

603-382-6730 _____
Telephone Number Email (if available)

2. Municipality Name

NEWTON, NH
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:

NH DOT

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

NOTICE OF INTENT

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:

<u>1. a</u> BMP ID #	<u>Public education</u> Specify Best Management Practice	<u>Selectmen / Con Comm</u> Responsible Dept./Person Name	<u>program on local pag</u> Specify Measurable Goal
<u>1. b</u> BMP ID #	<u>Area meetings</u> Specify Best Management Practice	<u>Selectmen / Road Agent</u> Responsible Dept./Person Name	<u># of meetings attended</u> 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

2. Public Participation:

<u>2. a</u> BMP ID #	<u>ordinance</u> <u>Public hearing on</u> Specify Best Management Practice	<u>Planning board</u> Responsible Dept./Person Name	<u>notice/minutes</u> Specify Measurable Goal
<u>2. b</u> BMP ID #	<u>Stream monitoring</u> Specify Best Management Practice	<u>Con Commission</u> Responsible Dept./Person Name	<u>protocol</u> Specify Measurable Goal
<u>2. c</u> BMP ID #	<u>Stream monitoring</u> Specify Best Management Practice	<u>Con Commission</u> Responsible Dept./Person Name	<u>Student package</u> Specify Measurable Goal
<u>2. d</u> BMP ID #	<u>Stream monitoring</u> Specify Best Management Practice	<u>Con Comm</u> Responsible Dept./Person Name	<u># of field trips / reports</u> Specify Measurable Goal
_____ BMP ID #	_____ Specify Best Management Practice	_____ Responsible Dept./Person Name	_____ Specify Measurable Goal

NOTICE OF INTENT

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 (Cont.)

3. Illicit Discharge Detection and Elimination:

<p><u>3:a</u> BMP ID #</p> <p><u>Map & suspect areas</u> Specify Best Management Practice</p>	<p><u>Road agent</u> Responsible Dept./Person Name</p>	<p><u>map on file</u> Specify Measurable Goal</p>
<p><u>3:b</u> BMP ID #</p> <p><u>Schedule inspections</u> Specify Best Management Practice</p>	<p><u>Road agent</u> Responsible Dept./Person Name</p>	<p><u>inspection reports</u> Specify Measurable Goal</p>
<p>_____ BMP ID #</p> <p>_____ Specify Best Management Practice</p>	<p>_____ Responsible Dept./Person Name</p>	<p>_____ Specify Measurable Goal</p>
<p>_____ BMP ID #</p> <p>_____ Specify Best Management Practice</p>	<p>_____ Responsible Dept./Person Name</p>	<p>_____ Specify Measurable Goal</p>
<p>_____ BMP ID #</p> <p>_____ Specify Best Management Practice</p>	<p>_____ Responsible Dept./Person Name</p>	<p>_____ Specify Measurable Goal</p>

4. Construction Site Runoff Control:

<p><u>4:a</u> BMP ID #</p> <p><u>Update ordinance</u> Specify Best Management Practice</p>	<p><u>Planning board</u> Responsible Dept./Person Name</p>	<p><u>Update Sub division regula- tion</u> Specify Measurable Goal</p>
<p>_____ BMP ID #</p> <p>_____ Specify Best Management Practice</p>	<p>_____ Responsible Dept./Person Name</p>	<p>_____ Specify Measurable Goal</p>
<p>_____ BMP ID #</p> <p>_____ Specify Best Management Practice</p>	<p>_____ Responsible Dept./Person Name</p>	<p>_____ Specify Measurable Goal</p>
<p>_____ BMP ID #</p> <p>_____ Specify Best Management Practice</p>	<p>_____ Responsible Dept./Person Name</p>	<p>_____ Specify Measurable Goal</p>
<p>_____ BMP ID #</p> <p>_____ Specify Best Management Practice</p>	<p>_____ Responsible Dept./Person Name</p>	<p>_____ Specify Measurable Goal</p>

NOTICE OF INTENT

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 (Cont.)

5. Post Construction Runoff Control:

5.a		
BMP ID #	Responsible Dept./Person Name	Specify Measurable Goal
Ordinance	Road agent/planning board	Update procedure for inspection
BMP ID #	Responsible Dept./Person Name	Specify Measurable Goal
BMP ID #	Responsible Dept./Person Name	Specify Measurable Goal
BMP ID #	Responsible Dept./Person Name	Specify Measurable Goal
BMP ID #	Responsible Dept./Person Name	Specify Measurable Goal
BMP ID #	Responsible Dept./Person Name	Specify Measurable Goal

6. Municipal Good Housekeeping:

6.a	catch basins/culverts	
BMP ID #	Responsible Dept./Person Name	Specify Measurable Goal
Map out falls/	Road Agent	Map on file
BMP ID #	Responsible Dept./Person Name	Specify Measurable Goal
6.b	on basins/culverts	
BMP ID #	Responsible Dept./Person Name	Specify Measurable Goal
Schedule maintenance	Road Agent	Schedule and log
BMP ID #	Responsible Dept./Person Name	Specify Measurable Goal
BMP ID #	Responsible Dept./Person Name	Specify Measurable Goal
BMP ID #	Responsible Dept./Person Name	Specify Measurable Goal
BMP ID #	Responsible Dept./Person Name	Specify Measurable Goal
BMP ID #	Responsible Dept./Person Name	Specify Measurable Goal
BMP ID #	Responsible Dept./Person Name	Specify Measurable Goal
BMP ID #	Responsible Dept./Person Name	Specify Measurable Goal
BMP ID #	Responsible Dept./Person Name	Specify Measurable Goal
BMP ID #	Responsible Dept./Person Name	Specify Measurable Goal
BMP ID #	Responsible Dept./Person Name	Specify Measurable Goal
BMP ID #	Responsible Dept./Person Name	Specify Measurable Goal

NOTICE OF INTENT

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



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 _____

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.

Mary P. Marshall
Printed Name

Mary P. Marshall
Signature

Dec 15, 2003
Date

SWMP Implementation Schedule

Regulated MS4: NEWTON, NH

Town/City: *NEWTON, NH*

BMP ID #	PERMIT YEAR ONE		PERMIT YEAR TWO		PERMIT YEAR THREE		PERMIT YEAR FOUR			PERMIT YEAR FIVE			Next Permit						
	Spring 03	Summer 03	Fall 03	Winter 03-04	Spring 04	Summer 04	Fall 04	Winter 04-05	Spring 05	Summer 06	Fall 06	Winter 06-07		Spring 07	Summer 07	Fall 07	Winter 07-08		
1.a																			
1.b																			
2.a																			
2.b																			
2.c																			
2.d																			
3.a																			
3.b																			
4.a																			
5.a																			
6.a																			
6.b																			