

NOTICE OF INTENT

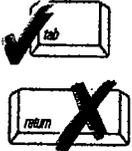
NH# 841029



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:

Edmund F. Jansen, Jr., Selectman

Name

PO Box 309

Mailing Address

Rollinsford

City/Town

N.H. 03869

State and Zip Code

603-742-2510

Telephone Number

efjj@comcast.net

Email (if available)

2. Municipality Name

Rollinsford

3. Legal Status:

Federal

City/Town

State

County

Private

Other public entity:

Specify Public Entity

4. Other regulated MS4(s) within municipal boundaries:

TRANSFER STATION

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

DEC - 2 2003

MUNICIPAL ASSISTANCE UNIT

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D. Storm Water Management Program Summary

1. Public Education:

<u>1</u> BMP ID # Distribute brochures and flyers Specify Best Management Practice	Selectmen & volunteers Responsible Dept./Person Name	Number distributed Specify Measurable Goal
<u>2</u> BMP ID # Create MS4 section on town web page	SELECTMEN & Web Master Responsible Dept./Person Name	Citizen Use Specify Measurable Goal

<u>3</u> BMP ID # Advise citizen of dates for cable tv specials on water BMP ID # Specify Best Management Practice	Responsible Dept./Person Name SELECTMEN & VOLUNTEERS Responsible Dept./Person Name	Specify Measurable Goal CITIZEN FEEDBACK Specify Measurable Goal Specify Measurable Goal
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2. Public Participation:

<u>4</u> BMP ID # ORGANIZE CITIZEN PANEL & PUBLIC INPUT MEETING	SELECTMEN & VOLUNTEERS	NUMBER OF PARTICIPANTS Specify Measurable Goal
<u>5</u> BMP ID # SPECIAL CLEANUP DAYS Specify Best Management Practice	SELECTMEN ,ROAD AGENT Responsible Dept./Person Name	CITIZEN INVOLVED AND MATERIAL COLLECTED.
<u>6</u> BMP ID # AMENDMENT OF LAND USE ORDINANCES BMP ID # Specify Best Management Practice	PLANNING BOARD Responsible Dept./Person Name Responsible Dept./Person Name	UPDATED RULES RELATED TO STORM WATER MGT. 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

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D. Storm Water Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

<u>7</u> BMP ID # Inventory and inspect condition of catch basins.	<u>Road Agent</u> Responsible Dept./Person Name	<u>Update information on town storm drainage system.</u>
<u>8</u> BMP ID # Survey surface drainage structures and drainage ditch.	<u>Road Agent</u> Responsible Dept./Person Name	<u>Identify and Plan improvement Specify Measurable Goal</u>
<u>9</u> BMP ID # Detect and correct septic failures	<u>Health Officer</u> Responsible Dept./Person Name	<u>Number of failures identified. Specify Measurable Goal</u>
<u>10</u> BMP ID # Specify Best Management Practice	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>BMP ID #</u> Specify Best Management Practice	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

4. Construction Site Runoff Control:

<u>11</u> BMP ID # Update land use ordinances Specify Best Management Practice	<u>Planning Board</u> Responsible Dept./Person Name	<u>Require storm water runoff controls</u>
<u>12</u> BMP ID # Update site plan requirements Specify Best Management Practice	<u>Planning Board</u> Responsible Dept./Person Name	<u>Check list of requirements Specify Measurable Goal</u>
<u>BMP ID #</u> Specify Best Management Practice	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>BMP ID #</u> Specify Best Management Practice	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>
<u>BMP ID #</u> Specify Best Management Practice	<u>Responsible Dept./Person Name</u>	<u>Specify Measurable Goal</u>

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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):

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.

Edmund F. Jansen, Jr.

Printed Name

Signature

November 26, 2003

Date