

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 Somersworth
Name
1 Government Way
Mailing Address
Somersworth
City/Town
603-692-4262
Telephone Number
NH 03878
State and Zip Code
9524
Email (if available)

2. Municipality Name

Somersworth
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 Department of Transportation

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

JUL 29 2003

MUNICIPAL ASSISTANCE UNIT

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D. Storm Water Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

<u>8</u> BMP ID # <u>Sewer system map</u> Specify Best Management Practice	<u>Engineering/David Foster</u> Responsible Dept./Person Name	<u>100 %</u> Specify Measurable Goal
<u>9</u> BMP ID # <u>Remove known illicit connections</u>	<u>Engineering/David Foster</u> Responsible Dept./Person Name	<u>Number removed</u> Specify Measurable Goal
<u>10</u> BMP ID # <u>Information Management System</u>	<u>Public Works/John Jackman</u> Responsible Dept./Person Name	<u>Number of outfalls screened</u> Specify Measurable Goal
<u>11</u> BMP ID # <u>Review City Ordinances</u> Specify Best Management Practice	<u>Engineering/David Foster</u> Responsible Dept./Person Name	<u>Number of changes/additions</u> Specify Measurable Goal
_____ BMP ID # _____ Specify Best Management Practice	_____ Responsible Dept./Person Name	_____ Specify Measurable Goal

4. Construction Site Runoff Control:

<u>12</u> BMP ID # <u>Review City Ordinances</u> Specify Best Management Practice	<u>Engineering/David Foster</u> Responsible Dept./Person Name	<u>Number of changes/additions</u> Specify Measurable Goal
<u>13</u> BMP ID # <u>Employee Training</u> Specify Best Management Practice	<u>Public Works/John Jackman</u> Responsible Dept./Person Name	<u>Number trained</u> Specify Measurable Goal
<u>14</u> BMP ID # <u>Begin inspection program</u> Specify Best Management Practice	<u>Public Works/John Jackman</u> Responsible Dept./Person Name	<u>Number of inspections</u> Specify Measurable Goal
<u>15</u> BMP ID # <u>Maximum compliance</u> Specify Best Management Practice	<u>Public Works/John Jackman</u> Responsible Dept./Person Name	<u>Number of inspections</u> 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.)

5. Post Construction Runoff Control:

16		
BMP ID #		
Identification of BMP's	Engineering/David Foster	Number of BMP's
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
17		
BMP ID #		
Post Construction Maintenance	Engineering/David Foster	Number of facilities
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

6. Municipal Good Housekeeping:

18		
BMP ID #		
Vehicle washings	Public Works/John Jackman	Employees trained
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
19		
BMP ID #		
Street Cleaning	Public Works/John Jackman	Manhours
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
20		
BMP ID #		
Train employees	Public Works/John Jackman	Employees trained
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
21		
BMP ID #		
Storm drain system cleaning	Public Works/John Jackman	Manhours
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
22		
BMP ID #		
Spill response & prevention	Public Works/John Jackman	Employees trained
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
BMP ID #	Specify Best Management Practice	

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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):

(There are no known toxins attributable to stormwater runoff.)

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.

Douglas R. Elliott, Jr.
Printed Name

City Manager

Signature

A handwritten signature in black ink, appearing to read "Douglas R. Elliott, Jr.", written over a horizontal line.

7/23/03
Date