

1035

# 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:

David Sullivan, Town of Windham, New Hampshire

Name

3 North Lowell Road

Mailing Address

Windham

City/Town

(603) 432-7732

Telephone Number

NH

State

Dsullivan@town.windham.nh.us

Email (if available)

2. Municipality Name

Town of Windham, New Hampshire

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

MUNICIPAL ASSISTANCE UNIT

AUG 04 2003

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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
Canobie Lake Name	unknown Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Excess Algal Growth Specify
Beaver Brook Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Rock Pond Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Golden Pond Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Simpson Pond Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Shadow Lake Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Cobbett's Pond Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Golden Brook Name	unknown Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Others, not verified 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

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### D. Storm Water Management Program Summary

#### 1. Public Education:

7

BMP ID #

Document and Continue Existing Programs

Specify Best Management Practice

Planning & Dev./AI Turner

Responsible Dept./Person Name

Written Summary of Existing Programs

Specify Measurable Goal

8

BMP ID #

Coordinate Public Educators

Specify Best Management Practice

David Poulson

Responsible Dept./Person Name

Minutes of Task Force Events

Specify Measurable Goal

9

BMP ID #

Coord. Information & Program Distribution within School Network

Specify Best Management Practice

Fire Department/Don Messier

Responsible Dept./Person Name

Contact 90% of Grade 1-12 Schools in MS4

Specify Measurable Goal

#### 2. Public Participation:

10

BMP ID #

Create Task Committee

Specify Best Management Practice

David Sullivan

Responsible Dept./Person Name

Task Committee Established/Minutes of Meetings

Specify Measurable Goal

11

BMP ID #

Conduct Public Meeting/Acquire Public Input

Specify Best Management Practice

David Sullivan

Responsible Dept./Person Name

Prepare Meeting Minutes

Specify Measurable Goal

12

BMP ID #

Establish Storm Water Information Display

Specify Best Management Practice

David Poulson

Responsible Dept./Person Name

Attend One Event/Year

Specify Measurable Goal

13

BMP ID #

Storm Drain Stenciling/Community Clean-Up Day

Specify Best Management Practice

Highway Department

Responsible Dept./Person Name

50% of All Storm Drains Stenciled/Community Clean-Up Day Held

Specify Measurable Goal

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

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

<u>14</u> BMP ID # Map Outfalls & Receiving Waters Specify Best Management Practice	<u>Planning and Development</u> Responsible Dept./Person Name	<u>Prepare Map Showing Outfalls &amp; Receiving Waters</u> Specify Measurable Goal
<u>15</u> BMP ID # Evaluate Need for Storm Sewer Ordinance; Develop if Necessary Specify Best Management Practice	<u>Task Force</u> Responsible Dept./Person Name	<u>Document Need or Prepare and Ordinance</u> Specify Measurable Goal
<u>16</u> BMP ID # Train Volunteers in Illicit Discharge Identification Specify Best Management Practice	<u>David Poulson</u> Responsible Dept./Person Name	<u>Create Procedures for Identifying Illicit Discharges</u> Specify Measurable Goal
<u>17</u> BMP ID # Dry Weather Screening of Outfalls Specify Best Management Practice	<u>Highway Department</u> Responsible Dept./Person Name	<u>Prepare List of Outfalls requiring Follow-up</u> Specify Measurable Goal
<u>18</u> BMP ID # Develop System of Identifying Illicit Discharges & Initiate Program to Eliminate Them Specify Best Management Practice	<u>David Poulson</u> Responsible Dept./Person Name	<u>Prepare Plan &amp; Document Progress of Elimination</u> Specify Measurable Goal
<u>19</u> BMP ID # Identify Magnitude of Effort to Continue Mapping Storm Sewer System Specify Best Management Practice	<u>Planning &amp; Development</u> Responsible Dept./Person Name	<u>Prepare Assessment of Effort</u> Specify Measurable Goal

#### 4. Construction Site Runoff Control:

<u>20</u> BMP ID # <span style="margin-left: 20px;">(Ordinances)</span> Document Existing Programs & Expand Them as Required Specify Best Management Practice	<u>Planning &amp; Development</u> Responsible Dept./Person Name	<u>Prepare Written Summary of Existing Program &amp; Include Revisions as Necessary</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

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

#### 5. Post Construction Runoff Control:

<u>21</u> BMP ID #	<i>Sediment</i>		
Document & Enhance Procedures for MS4 Storm Sewer System	Specify Best Management Practice	<u>Planning &amp; Development</u> Responsible Dept./Person Name	<u>Complete Procedure Manual</u> Specify Measurable Goal
<u>22</u> BMP ID #			
Incorporate Best Management Practices into Town Master Plan	Specify Best Management Practice	<u>David Poulson</u> Responsible Dept./Person Name	<u>Complete Master Plan Update</u> Specify Measurable Goal
<u>          </u> BMP ID #			
<u>          </u> Specify Best Management Practice		<u>          </u> Responsible Dept./Person Name	<u>          </u> Specify Measurable Goal
<u>          </u> BMP ID #			
<u>          </u> Specify Best Management Practice		<u>          </u> Responsible Dept./Person Name	<u>          </u> Specify Measurable Goal
<u>          </u> BMP ID #			
<u>          </u> Specify Best Management Practice		<u>          </u> Responsible Dept./Person Name	<u>          </u> Specify Measurable Goal

#### 6. Municipal Good Housekeeping:

<u>23</u> BMP ID #			
Document & Enhance Employee Training Procedures	Specify Best Management Practice	<u>Don Messier/David Poulson</u> Responsible Dept./Person Name	<u>Complete Training Manual</u> Specify Measurable Goal
<u>2418</u> BMP ID #			
Evaluate Use of Pesticides, Sand and Salt	Specify Best Management Practice	<u>Jack McCartney/Al Barlow</u> Responsible Dept./Person Name	<u>Complete Procedures for Storing, Use and Maintenance</u> Specify Measurable Goal
<u>          </u> BMP ID #			
<u>          </u> Specify Best Management Practice		<u>          </u> Responsible Dept./Person Name	<u>          </u> Specify Measurable Goal
<u>          </u> BMP ID #			
<u>          </u> Specify Best Management Practice		<u>          </u> Responsible Dept./Person Name	<u>          </u> Specify Measurable Goal

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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):

<p>1</p> <p>BMP ID # _____</p> <p>Locate Canobie Lake Outfall Locations _____</p> <p>Specify Best Management Practice _____</p>	<p><u>Planning and Development</u></p> <p>Responsible Dept./Person Name _____</p>	<p>Produce a Map showing Canobie Lake Outfalls _____</p> <p>Specify Measurable Goal _____</p>
<p>2</p> <p>BMP ID # _____</p> <p>Set up Testing Program, Including Timing and Parameters _____</p> <p>Specify Best Management Practice _____</p>	<p><u>Task Force</u></p> <p>Responsible Dept./Person Name _____</p>	<p>Produce a program and schedule _____</p> <p>Specify Measurable Goal _____</p>
<p>3</p> <p>BMP ID # _____</p> <p>Perform Canobie Lake Outfall Testing _____</p> <p>Specify Best Management Practice _____</p>	<p><u>Planning and Development</u></p> <p>Responsible Dept./Person Name _____</p>	<p>Tabulate Data _____</p> <p>Specify Measurable Goal _____</p>
<p>4</p> <p>BMP ID # _____</p> <p>Update Canobie Lake Educational Program _____</p> <p>Specify Best Management Practice _____</p>	<p><u>Task Force</u></p> <p>Responsible Dept./Person Name _____</p>	<p>Flyers created and distributed _____</p> <p>Specify Measurable Goal _____</p>
<p>5</p> <p>BMP ID # _____</p> <p>Review NHDES Report _____</p> <p>Specify Best Management Practice _____</p>	<p><u>David Poulson</u></p> <p>Responsible Dept./Person Name _____</p>	<p>To Be Determined _____</p> <p>Specify Measurable Goal _____</p>
<p>6</p> <p>BMP ID # _____</p> <p>Coordinate BMP's with Canobie Lake Report _____</p> <p>Specify Best Management Practice _____</p>	<p><u>Task Force</u></p> <p>Responsible Dept./Person Name _____</p>	<p>To Be Determined _____</p> <p>Specify Measurable Goal _____</p>

### 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.

David Sullivan  
Printed Name

Signature

Date

7/29/03

