

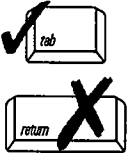
NOTICE OF INTENT

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 Bedford
Name

24 North Amherst Road

Mailing Address

Bedford

City/Town

(603) 472-3070

Telephone Number

NH

State

pworks@ci.bedford.nh.us

Email (if available)

2. Municipality Name

Town of Bedford, 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:

NH Department of Transportation – Routes 3/293

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

[eligibility criteria for listed species and critical habitat shall be completed during system mapping]

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

Receiving Water:	No. of Outfalls	Listed as Impaired?	Impairment
Sebbins Pond Name	TBD Number	☒ Yes ☐ No	Chlorophyll-a Specify
Sebbins Brook Name	TBD Number	☐ Yes ☒ No	Specify
Riddle Brook Name	TBD Number	☒ Yes ☐ No	E. Coli Specify
Bowman Brook Name	TBD Number	☐ Yes ☒ No	Specify
McQuade Brook Name	TBD Number	☐ Yes ☒ No	Specify
Pointer Club Brook Name	TBD Number	☐ Yes ☒ No	Specify
Baboosic Brook Name	TBD Number	☒ Yes ☐ No	Dissolved Oxygen, pH Specify
McMahons Pond Name	TBD Number	☐ Yes ☒ No	Specify
Merrimack River Name	TBD 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

*Number of outfalls to be determined during system mapping

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D. Storm Water Management Program Summary

1. Public Education:

1-1

BMP ID #

Maintain storm water
information and links to
Town's website

Specify Best Management Practice

DPW / J. Stanford

Responsible Dept./Person Name

Review and update each year;
add reference links to NHDES
storm water site

Specify Measurable Goal

1-2

BMP ID #

Publish information on storm
water program and practices
in local newspapers

Specify Best Management Practice

DPW / J. Stanford

Responsible Dept./Person Name

Publish articles each year in
quarterly town bulletin and 2
local newspapers

Specify Measurable Goal

1-3

BMP ID #

Broadcast public meetings
(see BMP 2-2 below)

Specify Best Management Practice

DPW / J. Stanford

Responsible Dept./Person Name

1 meeting per year

Specify Measurable Goal

2. Public Participation:

2-1

BMP ID #

Conduct public meetings on
storm water program and
solicit public feedback

Specify Best Management Practice

DPW / J. Stanford

Responsible Dept./Person Name

Conduct 4 meetings over the
5-year permit term

Specify Measurable Goal

2-2

BMP ID #

Establish a storm water
management group to oversee
the storm water management
program

Specify Best Management Practice

DPW / J. Stanford

Responsible Dept./Person Name

Establish group of volunteers
during first 2 years – include
residents on committee

Specify Measurable Goal

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D. Stormwater Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

3-1

BMP ID #

Map storm water drainage
system & outfalls

Specify Best Management Practice

DPW/ J. Stanford

Responsible Dept./Person Name

Complete mapping by end of 5
year permit term.

Specify Measurable Goal

3-2

BMP ID #

Maintain map database on
GIS system

Specify Best Management Practice

DPW/ J. Stanford

Responsible Dept./Person Name

Complete with system
mapping [BMP 3-1]

Specify Measurable Goal

3-3

BMP ID #

Visually inspect outfalls for dry
weather flows

Specify Best Management Practice

DPW/ P. Belanger

Responsible Dept./Person Name

Inspect a representative
number of outfalls each year.
Complete inspection of all
outfalls by end of 5 year permit
term.

Specify Measurable Goal

3-4

BMP ID #

Implement a sampling and
analysis program for dry
weather flows

Specify Best Management Practice

DPW/ J. Stanford

Responsible Dept./Person Name

Sample any outfalls identified
with dry weather flows under
BMP 3-3 above. Complete
sampling at identified outfalls
as budget permits.

Specify Measurable Goal

3-5

BMP ID #

Train DPW personnel to
recognize illicit discharge

Specify Best Management Practice

DPW / P. Belanger

Responsible Dept./Person Name

Annual training to include
information on recognizing and
reducing illicit discharges

Specify Measurable Goal

3-6

BMP ID #

Review and update Town
bylaws and regulations to
include illicit discharge
ordinance

Specify Best Management Practice

DPW / J. Stanford

Responsible Dept./Person Name

Years 1 and 2– review existing
ordinances; Year 3 – propose
changes (if necessary); Year 4
– implement changes (if
necessary)

Specify Measurable Goal

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D. Stormwater Management Program Summary (Cont.)

4. Construction Site Runoff Control:

4-1

BMP ID #

Storm water impact and
design review process

Specify Best Management Practice

Planning Board / K. White

Responsible Dept./Person Name

Continue current new-
construction review process
involving all appropriate
departments

Specify Measurable Goal

4-2

BMP ID #

Visually inspect construction
sites for proper erosion control
measures

Specify Best Management Practice

Planning Board/ K. White

Responsible Dept./Person Name

Continue to inspect sites,
record inspections and track
violations

Specify Measurable Goal

5. Post Construction Runoff Control:

5-1

BMP ID #

Conduct storm water impact
and design review process [in
conjunction with BMP 4-1]

Specify Best Management Practice

Planning Board / K. White

Responsible Dept./Person Name

Continue current review
process involving all
appropriate departments

Specify Measurable Goal

5-2

BMP ID #

Review and update Town
bylaws and regulations
regarding post construction
storm water management
provisions

Specify Best Management Practice

Planning Board / K. White

Responsible Dept./Person Name

Years 1 and 2– review existing
ordinances; Year 3 – propose
changes (if necessary); Year 4
– implement changes (if
necessary)

Specify Measurable Goal

6. Municipal Good Housekeeping:

6-1

BMP ID #

Street Sweeping

Specify Best Management Practice

DPW / P. Belanger

Responsible Dept./Person Name

Continue to sweep selected
streets annually and increase
frequency of sweeping as
budget allows.

Specify Measurable Goal

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D. Stormwater Management Program Summary (Cont.)

6-2

BMP ID #

Catch basin cleaning

Specify Best Management Practice

DPW / P. Belanger

Responsible Dept./Person Name

Continue to clean catch basins
annually and as needed in
areas of high flooding

Specify Measurable Goal

6-3

BMP ID #

Collect household hazardous
waste

Specify Best Management Practice

DPW / S. Crean

Responsible Dept./Person Name

Continue hazardous waste
collection days at transfer
station, and collection of
regular wastes (oil, antifreeze,
batteries) year round

Specify Measurable Goal

6-4

BMP ID #

Collect yard waste

Specify Best Management Practice

DPW / S. Crean

Responsible Dept./Person Name

Continue yard waste drop off
at transfer station

Specify Measurable Goal

6-5

BMP ID #

Maintain the storm water
management program

Specify Best Management Practice

DPW / J. Stanford

Responsible Dept./Person Name

Maintain written program
summary; update as
necessary; submit reports
annually in accordance with
the permit

Specify Measurable Goal

6-6

BMP ID #

Implement Storm Water
Pollution Prevention Plan for
DPW garage and transfer
station

Specify Best Management Practice

DPW / J. Stanford

Responsible Dept./Person Name

Maintain plan at each facility

Specify Measurable Goal

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7. BMPs for Meeting Requirements of Part I.C. (Discharges to Water Quality Impaired Waters) and Part I.D. (Total Maximum Daily Load Allocations):

7-1

BMP ID #

Monitor and sample
discharges to impaired water
ways.

Specify Best Management Practice

DPW / J. Stanford

Responsible Dept./Person Name

Monitor discharges and collect
samples of discharges to
impaired waters as budget
permits.

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.

Keith R. Hickey, Town Manager

Printed Name

Signature

Date

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 05	Fall 05	Winter 05-06	Spring 06	Summer 06	Fall 06		Winter 06-07	Spring 07	Summer 07	Fall 07	Winter 07-08
1-1				X				X				X					X				X
1-2					X				X					X				X			
1-3					X				X					X				X			
2-1					X				X					X							
2-2																					
3-1																					
3-2																					
3-3																					
3-4																					
3-5				X				X				X					X				X
3-6																					
4-1																					
4-2																					
5-1																					
5-2																					
6-1																					
6-2																					
6-3	X		X		X		X		X		X		X		X		X		X		
6-4																					
6-5										X				X				X			
6-6																					
7-1																					