



S.P. NH041688

Town of Goffstown

DEPARTMENT OF PUBLIC WORKS

July 28, 2003

United States Environmental Protection Agency
Municipal Assistance Unit (CMU)
One Congress Street-Suite 1100
Boston, MA 02114-2023

JUL 31 2003

Re: Goffstown MS4 – NOI

MUNICIPAL ASSISTANCE UNIT

Dear Sir or Madam:

Enclosed, please find the Town of Goffstown NOI for the NPDES Phase II general permit covering storm water discharges from municipal separate storm sewer system (MS4). The Town has developed the framework for a Storm Water Management Plan utilizing the control measures outlined in the general permit.

If you have any questions regarding the Goffstown NOI please contact me at 603-497-3617, ext 27.

Thank you for the Agencies assistance with the matter.

Sincerely;

Thomas Fatcheric
Env. Projects Manager
Goffstown, NH
tfatcheric@ci.goffstown.nh.us

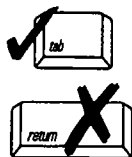
NOTICE OF INTENT

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 Goffstown

Name

404 Elm Street

Mailing Address

Goffstown

City/Town

497-3617

Telephone Number

03045

State and Zip Code

tfatcheric@ci.goffstown.nh.us

Email (if available)

2. Municipality Name

Town of Goffstown

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:

Hillsborough County Complex

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

B. Applicant Information (cont.)

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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
Glen Lake Name	Number	√ Yes ☐ No	Mercury Specify
Glen Lake-Public Name	Number	√ Yes ☐ No	Mercury Specify
Kelly Falls Pond Name	Number	√ Yes ☐ No	Mercury Specify
Hadley Falls Name	Number	√ Yes ☐ No	Mercury Specify
Whittle Brook, IMP Name	Number	√ Yes ☐ No	Mercury Specify
Unknown River- Rod.St.Dam Name	Number	√ Yes ☐ No	Mercury Specify
Dan Little Brook-IMP Name	Number	√ Yes ☐ No	Mercury Specify
Piscataquog River Name	Number	√ Yes ☐ No	Mercury, Lead, Bacteria Specify
Unnmed Brk to P.R. Name	Number	√ Yes ☐ No	Mercury Specify
Unnmed Bk to R.S.Dm Name	Number	√ Yes ☐ No	Mercury Specify
Unnmd RS-P.R Name	Number	√ Yes ☐ No	Mercury Specify
Cemetery Brook Name	Number	√ Yes ☐ No	Mercury Specify
Whitney Brook Name	Number	√ Yes ☐ No	Mercury Specify
Catamount Brook Name	Number	√ Yes ☐ No	Mercury Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify

D. Storm Water Management Program Summary

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



1. Public Education:

PE-A

BMP ID #

Storm Water Page on Website

Specify Best Management Practice

T.Fatcheric/DPW

Responsible Dept./Person Name

Number of website hits

Specify Measurable Goal

PE-B

BMP ID #

Develop/Dist News Letter

Specify Best Management Practice

T.Fatcheric/DPW

Responsible Dept./Person Name

Number of N.L Dist.

Specify Measurable Goal

PE-C

BMP ID #

Storm Drain Stenciling

Specify Best Management Practice

T.Fatcheric/DPW

Responsible Dept./Person Name

Number of drains marked

Specify Measurable Goal

PE-D

BMP ID #

Evaluate existing outreach

Specify Best Management Practice

T.Fatcheric/DPW

Responsible Dept./Person Name

Number/type of existing prgms

Specify Measurable Goal

PE-E

BMP ID #

Utilize GTV for PE Video

Specify Best Management Practice

T.Fatcheric/DPW

Responsible Dept./Person Name

Hours shown/increase awnss

Specify Measurable Goal

2. Public Participation:

PP-F

BMP ID #

Establish SWA Cmte

Specify Best Management Practice

T.Fatcheric/DPW

Responsible Dept./Person Name

Improve prgm support

Specify Measurable Goal

PP-G

BMP ID #

Establish SW Hotline

Specify Best Management Practice

T.Fatcheric/DPW

Responsible Dept./Person Name

Log/Track concerns

Specify Measurable Goal

PP-H

BMP ID #

Implement AAS Program

Specify Best Management Practice

T.Fatcheric/DPW

Responsible Dept./Person Name

Reduce RS refuse/count bags

Specify Measurable Goal

PP-I

BMP ID #

School discharge and Detect
Program

T.Fatcheric/DPW

Responsible Dept./Person Name

Numbers of students involved

Specify Measurable Goal

PP-J

BMP ID #

Join Local orgs.

Specify Best Management Practice

T.Fatcheric/DPW

Responsible Dept./Person Name

Number of orgs contacted

Specify Measurable Goal

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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:

ID-K

BMP ID #

Research Existing Cmplnts

Specify Best Management Practice

T.Fatcheric/DPW

Responsible Dept./Person Name

Find/track problem areas

Specify Measurable Goal

ID-L

BMP ID #

Eval existing Maps for D-layer

Specify Best Management Practice

T.Fatcheric/DPW

Responsible Dept./Person Name

Count known discharge pnts

Specify Measurable Goal

ID-M

BMP ID #

Map Outfalls

Specify Best Management Practice

T.Fatcheric/DPW

Responsible Dept./Person Name

Finalize SW maps/count outfall

Specify Measurable Goal

ID-N

BMP ID #

Storm water Ord.

Specify Best Management Practice

BOS/DPW

Responsible Dept./Person Name

Increase compliance

Specify Measurable Goal

ID-O

BMP ID #

Devel I.D. Dect. Pln

Specify Best Management Practice

T.Fatcheric/DPW

Responsible Dept./Person Name

Count/ID polluters

Specify Measurable Goal

4. Construction Site Runoff Control:

CS-P

BMP ID #

Review/Revise Ord.

Specify Best Management Practice

Planning Brd/BOS

Responsible Dept./Person Name

Track projects

Specify Measurable Goal

CS-Q

BMP ID #

Create Dtls for Control Msrs

Specify Best Management Practice

T.Fatcheric/DPW

Responsible Dept./Person Name

Number/type of BMP used

Specify Measurable Goal

CS-R

BMP ID #

Site Plan Procedure

Specify Best Management Practice

T.Fatcheric/DPW

Responsible Dept./Person Name

Track types of BMPS/number of prjcts

Specify Measurable Goal

CS-S

BMP ID #

Imp. Inspection prgm

Specify Best Management Practice

Building Dept/DPW

Responsible Dept./Person Name

Count/Doc. compliance

Specify Measurable Goal

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D. Storm Water Management Program Summary (Cont.)

5. Post Construction Runoff Control:

PC-T

BMP ID #

Review/Revise Current Ord

Specify Best Management Practice

Planning Board/BOS

Responsible Dept./Person Name

Enforce/Follow up of BMPs

Specify Measurable Goal

PC-U

BMP ID #

PC Mntnce/Ownership policy

Specify Best Management Practice

Planning Board/BOS

Responsible Dept./Person Name

Mntnce compliance

Specify Measurable Goal

6. Municipal Good Housekeeping:

GH-V

BMP ID #

Annual Employee Training

Specify Best Management Practice

T.Fatcheric/DPW

Responsible Dept./Person Name

Number of employees trained

Specify Measurable Goal

GH-W

BMP ID #

CB Cleaning

Specify Best Management Practice

Jeff Sarette/DPW

Responsible Dept./Person Name

Log Cleaning cycle/#cleaned

Specify Measurable Goal

GH-X

BMP ID #

Street Sweeping

Specify Best Management Practice

Jeff Sarette/DPW

Responsible Dept./Person Name

Log Cleaning cycle/tonnage

Specify Measurable Goal

GH-Y

BMP ID #

Provide HHW service

Specify Best Management Practice

T.Fatcheric/DPW

Responsible Dept./Person Name

Track tonnage

Specify Measurable Goal

GH-Z

BMP ID #

Used oil/Antifreeze Collection

Specify Best Management Practice

T.Fatcheric/DPW

Responsible Dept./Person Name

Total gallons collected

Specify Measurable Goal

GH-AA

BMP ID #

Determine Sand/Salt Usage

Specify Best Management Practice

Mike Hillhouse/DPW

Responsible Dept./Person Name

Tons used/collected

Specify Measurable Goal

GH-AB

BMP ID #

Calibrate Equipment

Specify Best Management Practice

Steve Richardson/DPW

Responsible Dept./Person Name

Tons spread

Specify Measurable Goal

GH-AC

BMP ID #

Develop Inspct Pro/Schedule

Specify Best Management Practice

MH/JS/TF/DPW

Responsible Dept./Person Name

Manage cleaning activities

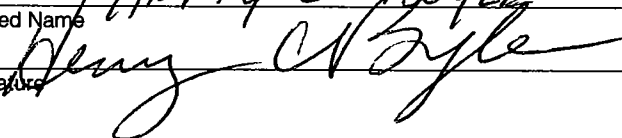
Specify Measurable Goal

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

<u>IW-AD</u>		
BMP ID #		
<u>Eval/Modify Sewer Inspection Program</u>	<u>Mike Yergeau/Sewer</u>	<u>Find/eliminate leaks/crossover</u>
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.

Printed Name	<u>HENRY C BOYER</u>	
Signature	<u></u>	<u>8/11/03</u>
		Date

Date: 07/24/03

Stormwater Management Permit Tracking

Town of Goffstown

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