

TOWN OF HOOKSETT

MUNICIPAL BUILDING

16 Main Street
Hooksett, New Hampshire 03106-1397



485-8472	Administration
268-0003	Assessing
485-4117	Building
485-4117	Code Enforcement
736-8801	Conservation
485-8769	Family Services
485-4423	Fax
485-2017	Finance
268-0279	Planning
485-9534	Tax Collector
485-9534	Town Clerk
485-8472	Town Council
268-0279	Zoning

November 21, 2003

Meg Tennant
U.S Environmental Protection Agency, Region 1
One Congress Street
Suite 1100 (SEW)
Boston, MA 02114-2023

Subject: Notice of Intent Application and Storm Water Management Implementation Schedule

Dear Ms. Tennant,

Enclosed are the Town of Hooksett's Notice of Intent Application and Storm Water Management Implementation Schedule as required by Section 308(a) of the Clean Water Act, 33 U.S.C. §1318(a). We believe this submission fulfills the requirements outlined in the letter of October 28, 2003 from Ken Moraff, Enforcement Office Manager. If this submission does not meet the requirement set forth by the Clean Water Act, you need additional information or you have any questions, please notify us as soon as possible.

Sincerely,

Paul Loiselle
Acting Town Administrator

c: Jeffrey G Andrews, PE
Sanitary Engineer
Wastewater Engineering Bureau
NH Department of Environmental Services
PO Box 95
Concord, NH 03302-0095

DEC - 2 2003

MUNICIPAL ASSISTANCE UNIT

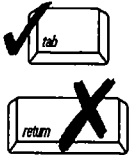
NOTICE OF INTENT

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 Hooksett

Name

16 Main Street

Mailing Address

Hooksett

City/Town

603-485-8472

Telephone Number

NH 03106

State and Zip Code

TownAdministrator@Hookett.org

Email (if available)

2. Municipality Name

Town of Hooksett

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:

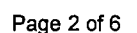
State Roads and Highways

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

EPA website of "endangered species" for Merrimack County, NH lists four species: Bald Eagle, Karner Blue Butterfly, and the Small Whorled Pogonia

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D. Storm Water Management Program Summary

1. Public Education:

1.1 Public Education and Outreach on Stormwater Impacts

BMP ID # _____

Plan public education programs

Specify Best Management Practice _____

Town Administrator _____

Responsible Dept./Person Name _____

Plan/fund by Spring 2005

Specify Measurable Goal _____

1.2

BMP ID # _____

Conduct programs

Specify Best Management Practice _____

Town Administrator _____

Responsible Dept./Person Name _____

Conduct minimum one per year
for permit term

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 _____

2. Public Involvement/Participation:

2.1

BMP ID # _____

Solicit the public/volunteers

Specify Best Management Practice _____

Town Administrator _____

Responsible Dept./Person Name _____

Complete by 2005

Specify Measurable Goal _____

2.2

BMP ID # _____

Conduct public programs

Specify Best Management Practice _____

Town Administrator _____

Responsible Dept./Person Name _____

Minimum one per year for
permit term

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 _____

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D. Storm Water Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

3.1	Plan and fund mapping of urbanized area stormwater sewer system.		
BMP ID #			
Plan & fund stormwater sewer system map	Town Administrator	Plan and funding by 2006	
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal	
3.2	Map location of outfalls, receiving waters, catch basins, drainage manholes and culvert pipes within the system.		
BMP ID #			
Map outfalls, receiving waters & system structures	Town Engineer	Complete by 2007	
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal	
3.3	Develop storm sewer bylaw ordinance prohibiting non-stormwater discharges into the system with appropriate enforcement procedures.		
BMP ID #			
Develop stormwater bylaw	Town Administrator	Complete by 2006	
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal	
3.4	Develop and implement plan to identify problem areas		
BMP ID #			
Dry weather outfall screening	Town Engineer	Complete by 2007	
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal	
3.5	Develop policy for elimination of illicit discharges		
BMP ID #			
Develop policy	Town Administrator	Complete by 2008	
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal	

4. Construction Site Runoff Control:

4.1	Review existing subdivision and site plan review regulations and identify deficiencies		
BMP ID #			
Review existing regs		Planning Director	Review complete Summer 2004
Specify Best Management Practice		Responsible Dept./Person Name	Specify Measurable Goal
4.2	Revise subdivision and site plan review regulations using BMP's with proposed		
BMP ID # procedures for penalties			
Revise regulations		Planning Director	Propose revisions Spring 2005
Specify Best Management Practice		Responsible Dept./Person Name	Specify Measurable Goal
4.3	Approval process for revisions to regulations		
BMP ID #			
Approval process		Planning Director	Complete by Fall 2005
Specify Best Management Practice		Responsible Dept./Person Name	Specify Measurable Goal
4.4	Implement new regulations		
BMP ID #			
Implement regulations		Planning Director	Complete by Summer 2006
Specify Best Management Practice		Responsible Dept./Person Name	Specify Measurable Goal
4.5	Evaluate implemented regulations		
BMP ID #			
Evaluate new regulations		Planning Director	Throughout permit term
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:

5.1 Review current structural and non-structural BMP's

BMP ID #

Review BMP's

Town Engineer

Complete by Spring 2005

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

5.2 Make recommendations for new structural and non-structural BMP's

BMP ID #

Revise BMP's

Town Engineer

Complete by Spring 2006

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

5.3 Incorporate BMP's into regulations and adopt ordinance ✓

BMP ID #

Incorporate BMP's

Town Engineer

Complete by Fall 2006

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

5.4 Evaluate new BMP's effectiveness

BMP ID #

Evaluation of adopted BMP's

Town Engineer

Throughout permit term

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:

6.1 Review existing Highway Department Policies

BMP ID #

Review existing policies

Highway Department

Complete in 2004

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

6.2 Revise Highway Department Policies to incorporate Pollution Prevention and Good Housekeeping for parks and open space, fleet maintenance, bldg maintenance, construction activities and stormwater drainage system maintenance.

BMP ID #

Revise Highway Dept policies

Highway Department

Complete in 2005

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

6.3 Train employees on revised policies for Pollution Prevention and Good Housekeeping Policies

BMP ID #

Employee PP & GH Training

Highway Department

Quarterly throughout permit term

Specify Best Management Practice

Responsible Dept./Person Name

BMP ID #

Develop schedules & inspection procedures

Town Administrator

Complete in 2005

Responsible Dept./Person Name

Specify Measurable Goal

6.5 Implement long term schedules and inspection procedures

BMP ID #

Implement schedule & inspection procedures

Highway Department

Complete by 2008

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):

7.1 Coordinate with NHDOT to review interconnected discharges impacting storm water

 BMP ID # system

 Coordinate with NHDOT

 Specify Best Management Practice

 Highway Department

 Responsible Dept./Person Name

 Throughout permit term

 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.

PAUL LOISELLE

Printed Name

Signature

11-21-03

Date

Town/City: Hooksett, NH

[illegible]