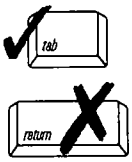
NOTICE OF INTENT

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

NEW HAMPSHIRE DEPARTMENT OF Environmental Services

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 Kingston/Kingston Town Hall

   12 Main Street
   Mailing Address

   Kingston — City/Town
   NH 03848 — State and Zip Code

   (603)-642-8042 — Telephone Number
   Email (if available)

2. Municipality Name

   Town of Kingston
   City/Town

3. Legal Status:

   ☐ Federal X City/Town ☐ State ☐ County ☐ Private

   ☐ Other public entity: _____
   Specify Public Entity

4. Other regulated MS4(s) within municipal boundaries:

   No

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 X pending ☐ no

JUL 30 2003

MUNICIPAL ASSISTANCE UNIT

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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 X 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: (Name)	No. of Outfalls (Number)	Listed as Impaired?	Impairment (Specify)
Little River	8	☐ Yes x No	
Greenwood Pond	0	☐ Yes x No	
Great Pond/Pow Wow River	10	☐ Yes x No	
Country Pond/Pow Wow River	18	☐ Yes x No	
Colby Brook	2	☐ Yes x No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	

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D. Storm Water Management Program Summary

1. Public Education:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1 PE	Targeting Public - Video	Health Inspector/Larry Middlemiss	-85% of viewers -No. people that call 800 number
2 PE	Educational Flyer	Highway Dept./Richard St. Hilaire	-Number of flyers distributed annually.
3 PE	Educational Display at Kingston Days, town meeting	Friends of Kingston Open Space/ Richard Russman	-Number of flyers distributed per event.
4 PE	Elementary school education program.	Highway Dept./Richard St. Hilaire	-Number of students per year.
5 PE	Flyer program on waste oil day	Highway Dept./Richard St. Hilaire	-Number of flyers distributed monthly.

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1 PP	Coordinate with Sate Highway Department	Highway Dept./Richard St. Hilaire	-Number of participants Number of meetings
2 PP	Coordinate with adjacent towns	Highway Dept./Richard St. Hilaire	-Number of meetings Number of participants
3 PP	Adopt-an-area	Highway Dept./Brian Martin	-Number of participants Quantity of debris
4 PP	Community hotline	-Selectman's office/Chairman Kevin Burke	-Number of calls -Number of problems identified

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BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
5 PP	Waste Oil Disposal	Highway Dept./Richard St. Hilaire	-Volume collected annually

3. Illicit Discharge Detection and Elimination:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1 ID	Update MS4 plan	Highway Dept./Richard St. Hilaire	-Number of outfalls confirmed
2 ID	Identify illicit connections	Highway Dept./Richard St. Hilaire	-Number of inspections per year -Number of connections repaired
3 ID	Failing septic systems	Health Inspector/Larry Middlemiss	-Number of installations inspected -Number of failing systems inspected
4 ID	Illegal Dumping	Highway Dept./Richard St. Hilaire	-Number of dumps reported -Number of dumps cleaned up. - Plan of prime dump areas

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1 CS	Sediment Control	Planning Board/Glenn Copelman	-Number of construction sites inspected. -Number of methods implemented
2 CS	Erosion Control	Planning Board/ Conservation Committee/Glenn Copelman	-Number and type of controls

3 CS BMP ID #		
SWPP review Specify Best Management Practice	Planning Board/Glenn Copelman	-Number of plans reviewed Specify Measurable Goal

D. Storm Water Management Program Summary (Cont.)

5. Post Construction Runoff Control:

1 PC BMP ID #		
Buffer zone Specify Best Management Practice	-Conservation Committee/Brian Quinlan Responsible Dept./Person Name	-Number of new SW BMP -Review and update code -Number of buffer inspections Specify Measurable Goal
2 PC BMP ID #		
Inspection Program Specify Best Management Practice	Planning Board/Glenn Copelman Responsible Dept./Person Name	-Number of inspections -Number of problems and repairs -Change in number of problems over time Specify Measurable Goal
3 PC BMP ID #		
Planning ordinance Specify Best Management Practice	Planning Board/Glenn Copelman Responsible Dept./Person Name	- Annual review of ordinances -Number of new Storm Water BMP's proposed Specify Measurable Goal
4 PC BMP ID #		
Catch basin Specify Best Management Practice	Highway Dept./Richard St. Hilaire Responsible Dept./Person Name	-Inventory catch basins -Quantity of sediments removed Specify Measurable Goal

6. Municipal Good Housekeeping:

1 MG BMP ID #		
Trained Lawncare/ Pesticide specialist. Specify Best Management Practice	Highway Dept./Richard St. Hilaire Responsible Dept./Person Name	-Minimum of 1 certified person -Minimum of 1 seminar annually Specify Measurable Goal
2 MG BMP ID #		
Illegal Dumping Specify Best Management Practice	Highway Dept./Richard St. Hilaire Responsible Dept./Person Name	-Number of signs -Number of dumps reported -Number of dumps cleaned Specify Measurable Goal

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
3 MG	Spill Control	Fire Department/Fire Chief Norman Hurley	-Number of vehicle releases -Number of non-vehicle releases -Number of hazardous waste releases
4 MG	Road Salt reduction	Highway Dept./Richard St. Hilaire	-MgCl additive, volume per year -Total salt volume per year
5 MG	Pet Waste	Highway Dept./Richard St. Hilaire	-Number of Signs -Presence of town ordinance
6 MG	Used Oil Recycling	Highway Dept./Richard St. Hilaire	-Volume of used oil collected -No. informational flyers distributed.

D. Storm water 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):

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.

Richard D. St. Hilaire Road Agent T/o Kingston N.H.

Printed Name

Signature

7/28/03

Date

SWMP Implementation Schedule

Regulated MS4: Kingston

Town/City:Kingston

	PERMIT YEAR ONE				PERMIT YEAR TWO				PERMIT YEAR THREE				PERMIT YEAR FOUR				PERMIT YEAR FIVE			
BMP ID #	**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**
1PE			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2PE						X				X				X				X		
3PE				X				X				X				X				
4PE			X				X				X				X				X	
5PE																				
1PP						X				X				X				X		
2PP						X				X				X				X		
3PP																				
4PP																				
5PP																				
1ID												X								
2ID			X				X				X				X				X	
3ID																				
4ID						X				X				X				X		
1CS																				
2CS																				
3CS																				
1PC																				
2PC																				
3PC			X				X				X				X				X	
4PC			X				X				X				X				X	
1MG					X				X				X				X			
2MG						X				X				X				X		
3MG																				
4MG				X				X				X				X				X
5MG						X				X				X				X		
6MG																				