

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:

City of Manchester (c/o Frank Thomas, DPW)

Name

227 Maple Street /

Mailing Address

Manchester

City/Town

(603) 624-6444

Telephone Number

NH (03103)

State

Email (if available)

2. Municipality Name

City of Manchester, 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:

Possibly include: Youth Development Center, NH Department of Transportation, Southern New Hampshire University

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

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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
Merrimack River – Stark Brook to Cohas Brook Only Name	unknown Number	☒ Yes ☐ No	Bacteria Specify
Merrimack River – Whole Reach in Manchester Name	unknown Number	☒ Yes ☐ No	Wet weather E. coli, chronic wet weather lead Specify
Un-named trib. to Merrimack River at SNHUniversity Name	unknown Number	☐ Yes ☒ No	 Specify
Stark Brook Name	unknown Number	☐ Yes ☒ No	 Specify
Goldfish Pond Name	unknown Number	☐ Yes ☒ No	 Specify
Dorrs Pond Name	unknown Number	☒ Yes ☐ No	Phosphorus Specify
Ray Brook Name	unknown Number	☐ Yes ☒ No	 Specify
Christian Brook (discharges to sewer system) Name	unknown Number	☐ Yes ☒ No	 Specify
Stevens Pond (discharges into sewer system) Name	unknown Number	☒ Yes ☐ No	Phosphorus (tier 5) Specify
Cemetery Brook a.k.a. Humphreys' Brook (discharges to sewer system) Name	unknown Number	☐ Yes ☒ No	 Specify
McShane Brook (discharges to sewer system) Name	unknown Number	☐ Yes ☒ No	 Specify
Huse Pond Name	unknown Number	☐ Yes ☒ No	 Specify
Red Rock Pond Name	unknown Number	☐ Yes ☒ No	 Specify

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C. Names of (Presently Known) Receiving Waters (cont.)

Nutts Pond	unknown	☐ Yes ☒ No	Specify
Name	Number		
Baker Brook	unknown	☐ Yes ☒ No	Specify
Name	Number		
Crystal Lake	unknown	☒ Yes ☐ No	Phosphorus
Name	Number		Specify
Great Cohas Brook	unknown	☐ Yes ☒ No	Specify
Name	Number		
Little Cohas Brook	unknown	☐ Yes ☒ No	Specify
Name	Number		
Cohas Brook	unknown	☐ Yes ☒ No	Specify
Name	Number		
Pine Island Pond	unknown	☐ Yes ☒ No	Specify
Name	Number		
Long Pond	unknown	☐ Yes ☒ No	Specify
Name	Number		
Massabesic Lake (out of urbanized area)	unknown	☐ Yes ☒ No	Specify
Name	Number		
Milestone Brook a.k.a. Millstone Brook	unknown	☐ Yes ☒ No	Specify
Name	Number		
Sweetwater Brook	unknown	☐ Yes ☒ No	Specify
Name	Number		
Maxwell Pond	unknown	☐ Yes ☒ No	Specify
Name	Number		
Black Brook	unknown	☐ Yes ☒ No	Specify
Name	Number		
Piscataquog River	unknown	☒ Yes ☐ No	Bacteria, E. coli, chronic wet weather lead, benthic deposits
Name	Number		Specify
College Brook	unknown	☐ Yes ☒ No	Specify
Name	Number		
McQuesten Pond	unknown	☐ Yes ☒ No	Specify
Name	Number		
McQuesten Brook	unknown	☐ Yes ☒ No	Specify
Name	Number		

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D. Storm Water Management Program Summary

1. Public Education:

1-1

BMP ID #

Assign Stormwater
Coordinator

Specify Best Management Practice

Dept. of Public Works (DPW)

Responsible Dept./Person Name

Assign and support
stormwater coordinator
Specify Measurable Goal

1-2

BMP ID #

Add Stormwater Information to
the City's Website

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Add a stormwater page to the
City website by the end of
Spring '04
Specify Measurable Goal

1-3

BMP ID #

Conduct Outreach/Coordinate
City Program with Initiatives of
Local Watershed Orgs.

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Identify interested groups,
annual contact
Specify Measurable Goal

1-4

BMP ID #

Make Brochures Available at
DPW and Libraries

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Brochures available years 3-5
Specify Measurable Goal

1-5

BMP ID #

Develop, Install and Maintain
Signage at Urban Ponds

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Watershed signs at 7 urban
ponds in the City
Specify Measurable Goal

1-6

BMP ID #

Distribute Pet Waste Brochure,
Increase Pet Waste Signage
at Parks

Specify Best Management Practice

DPW +/-or City Clerk

Responsible Dept./Person Name

Brochure to all licensed dog
owners during year 3, 5 signs
around City in year 3
Specify Measurable Goal

2. Public Participation:

2-1

BMP ID #

Comply with State Public
Notification Guidelines

Specify Best Management Practice

City Clerk and other Depts.

Responsible Dept./Person Name

Comply with State Guidelines
Specify Measurable Goal

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D. Storm Water Management Program Summary (Cont.)

2-2

BMP ID #

Hold Annual Household
Hazardous Waste Day

Specify Best Management Practice

Recycling Coord., DPW

Responsible Dept./Person Name

One hazardous waste
collection day per year

Specify Measurable Goal

2-3

BMP ID #

Continue Regular Used Oil,
Batteries and Tires Collection
Specify Best Management Practice

Recycling Coord., DPW

Responsible Dept./Person Name

Used oil, batteries, tires
collected during transfer
center hours

Specify Measurable Goal

2-4

BMP ID #

Continue Urban Forestation
Through "Green Street"
Program

Specify Best Management Practice

Parks and Rec. Dept.

Responsible Dept./Person Name

Continue program of planting
trees at homeowner request

Specify Measurable Goal

2-5

BMP ID #

Publicize and Maintain
Stormwater and Combined
Sewer Hotline

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Hotline number established,
publicized (2x/year) and
maintained (checked at least
weekly), beginning in year 2 of
the permit

Specify Measurable Goal

3. Illicit Discharge Detection and Elimination:

3-1

BMP ID #

Develop and Present Draft
Storm Sewer Ordinance

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Draft storm sewer ordinance
developed and presented to
Board of Mayor and Aldermen

Specify Measurable Goal

3-2

BMP ID #

Continue Dry Weather
Screening of Outfalls

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Two complete rounds of dry
weather screening of all
outfalls by the end of the first
permit term

Specify Measurable Goal

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D. Storm Water Management Program Summary (Cont.)

3-3

BMP ID #

Develop and Implement
System for Detection and
Elimination of Illicit Discharges

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Investigate any suspect
outfalls identified

Specify Measurable Goal

3-4

BMP ID #

Map Outfalls and Receiving
Waters

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Map completed

Specify Measurable Goal

4. Construction Site Runoff Control:

4-1

BMP ID #

Develop/Present Ordinance to
Require Erosion and Sediment
Control Plan, Construction
Material Management Plan,
and Plan Review for Sites
Disturbing More than 1-acre

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Draft language for ordinance.
Present draft ordinance to
Board of Mayor and Aldermen

Specify Measurable Goal

4-2

BMP ID #

Develop Procedure for Receipt
and Consideration of Public
Comment

Specify Best Management Practice

Zoning & Planning Boards

Responsible Dept./Person Name

Procedure developed and
maintained, public comment
received at public hearings

Specify Measurable Goal

4-3

BMP ID #

Check Erosion Control
Measures and Construction
Material Management on Site
Inspection

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Site inspectors check erosion
control measures. Checklist of
erosion & construction
material BMPs developed

Specify Measurable Goal

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D. Storm Water Management Program Summary (Cont.)

5. Post Construction Runoff Control:

Develop Ordinance to Require
Runoff Controls for New and
Re-Development For Projects
Disturbing More Than 1-acre
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Draft ordinance developed and
presented to Board of Mayor
and Aldermen for
consideration
Specify Measurable Goal

5-2

BMP ID #

Recommend a BMP Manual
for Use by Planners and
Developers
Specify Best Management Practice

Planning Department
Responsible Dept./Person Name

BMP manual selected
Specify Measurable Goal

6. Municipal Good Housekeeping:

6-1

BMP ID #

Install Silt Fence Around the
Snow Dump Area
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Install fence
Specify Measurable Goal

6-2

BMP ID #

Continue Catchbasin Cleaning
Program, Including Cleaning
Priority Catchbasins Annually
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Continue current program
Specify Measurable Goal

6-3

BMP ID #

Sweep Streets Three Times
Annually
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Sweep all streets in city
Specify Measurable Goal

6-4

BMP ID #

Continue to Follow SOPs for
Disposal of Catchbasin and
Street Sweeping Residuals
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Properly dispose of residuals
Specify Measurable Goal

6-5

BMP ID #

Minimize Salt Usage and
Maintain Cover over Salt
Storage Area
Specify Best Management Practice

DPW
Responsible Dept./Person Name

Continue current program
Specify Measurable Goal

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D. Storm Water Management Program Summary (Cont.)

6-6

BMP ID #

Develop/Implement Program
for Cleaning Pond Inlets and
Trash Racks

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Program and schedule
developed

Specify Measurable Goal

6-7

BMP ID #

Develop/Implement Employee
Education Program

Specify Best Management Practice

DPW

Responsible Dept./Person Name

4 hours in the first year on
stormwater topics for DPW
staff, update as needed

Specify Measurable Goal

6-8

BMP ID #

Design and Construct Pond
Specific Pollution Prevention
Projects

Specify Best Management Practice

DPW Env. Protection Div.

Responsible Dept./Person Name

Designs completed and
approved. Construction of
approved designs completed

Specify Measurable Goal

6-9

BMP ID #

Best Management Practices
for Derryfield Country Club

Specify Best Management Practice

Stormwater Coordinator,
Derryfield Country Club

Responsible Dept./Person Name

Develop BMPs year 2 of
permit. Implement BMPs year
3 of permit

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):

BMPs to meet TMDL – N/A

BMP ID #

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

Signature

Date

