

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, and 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:

Katherine L. Chambers, Town Administrator

Name

289 South Street

Mailing Address

Milford

NH 03055

City/Town

State

(603) 673-1662

NA

Telephone Number

Email (if available)

2. Municipality Name

Milford

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:

New Hampshire Department of Transportation State Routes

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

(Note: to be confirmed during first permit term)

[illegible]

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D. Storm Water Management Program Summary

1. Public Education:

1 BMP ID # Document and Continue Existing Programs Specify Best Management Practice	Department of Public Works Responsible Dept./Person Name	Written Summary of Existing Programs Specify Measurable Goal
2 BMP ID # Coordinate Public Educators Specify Best Management Practice	Department of Public Works Responsible Dept./Person Name	Documentation of Meetings and Events Specify Measurable Goal
3 BMP ID # Coordinate Information & Program Distribution within School Network Specify Best Management Practice	Department of Public Works Responsible Dept./Person Name	Contact 90% of Grade 1-12 Schools in MS4 Specify Measurable Goal

2. Public Participation:

4 BMP ID # Create Task Committee Specify Best Management Practice	Department of Public Works Responsible Dept./Person Name	Task Committee Established/ Minutes of Meetings Specify Measurable Goal
5 BMP ID # Conduct Public Meeting/Acquire Public Input Specify Best Management Practice	Department of Public Works Responsible Dept./Person Name	Prepare Meeting Minutes Specify Measurable Goal
6 BMP ID # Establish Information Booths at Town Events Specify Best Management Practice	Department of Public Works Responsible Dept./Person Name	Attend One Event/Year Specify Measurable Goal
7 BMP ID # Storm Drain Stenciling/Community Clean-Up Day Specify Best Management Practice	Department of Public Works Responsible Dept./Person Name	50% of all Storm Drains Stenciled/Community Clean-Up Day Held Once Annually Specify Measurable Goal

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D. Storm Water Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

8 BMP ID #	Department of Public Works Responsible Dept./Person Name	Prepare Map Showing Outfalls & Receiving Waters Specify Measurable Goal
Map Outfalls & Receiving Waters Specify Best Management Practice		
9 BMP ID #	Department of Public Works Responsible Dept./Person Name	Document Need or Prepare an Ordinance Specify Measurable Goal
Evaluate Need for and Develop Storm Sewer Ordinance If Necessary Specify Best Management Practice		
10 BMP ID #	Department of Public Works Responsible Dept./Person Name	Complete Training Document by Creating Procedures for Identifying Illicit Discharges Specify Measurable Goal
Train Volunteers in Illicit Discharge Identification Specify Best Management Practice		
11 BMP ID #	Department of Public Works Responsible Dept./Person Name	Prepare List of Outfalls Requiring Follow-Up Specify Measurable Goal
Dry Weather Screening of Outfalls Specify Best Management Practice		
12 BMP ID #	Department of Public Works Responsible Dept./Person Name	Prepare Plan & Document Progress of Elimination Specify Measurable Goal
Develop System and Initiate Elimination of Illicit Discharges Specify Best Management Practice		
13 BMP ID #	Department of Public Works Responsible Dept./Person Name	Prepare Assessment of Effort Specify Measurable Goal
Identify Magnitude of Effort to Continue Mapping Storm Sewer System Specify Best Management Practice		

4. Construction Site Runoff Control:

14 BMP ID #	Department of Public Works Responsible Dept./Person Name	Prepare Written Summary of Existing Program & Include Revisions as Necessary Specify Measurable Goal
Document Existing Programs & Expand as Required Specify Best Management Practice		
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.)

5. Post Construction Runoff Control:

15 BMP ID #	Department of Public Works Responsible Dept./Person Name	Complete Procedure Manual for MS4 Maintenance Specify Measurable Goal
Document & Enhance Procedures for MS4 Storm Sewer System Specify Best Management Practice		
16 BMP ID #	Department of Public Works Responsible Dept./Person Name	Complete Town's Master Plan Update Specify Measurable Goal
Incorporate Best Management Practices into Town's Master Plan Specify Best Management Practice		
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

6. Municipal Good Housekeeping:

17 BMP ID #	Department of Public Works Responsible Dept./Person Name	Complete Training Manual Specify Measurable Goal
Document & Enhance Employee Training Procedures Specify Best Management Practice		
18 BMP ID #	Department of Public Works Responsible Dept./Person Name	Complete Procedures Manual for Handling and Use Specify Measurable Goal
Evaluate Use of Pesticides, Sand & Salt Specify Best Management Practice		
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. 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):

N/A

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

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.

Katherine L. Chambers

Printed Name

Signature

A handwritten signature in black ink, appearing to read "Katherine L. Chambers", written over a horizontal line.

7/29/03
Date

NPDES No. NHR04_____

NPDES No. NHR04_____

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