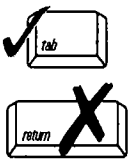
NOTICE OF INTENT

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 New Castle
Name

49 Main Street
Mailing Address

New Castle
City/Town

New Hampshire 03854
State

(603) 431-6710
Telephone Number

Email (if available)

2. Municipality Name

Town of New Castle
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:

US Coast Guard Station (Portsmouth Harbor), Fort Constitution, Fort Stark, Wentworth-By-The-Sea

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

Letters have been drafted to the New Hampshire Natural Heritage Division inquiring as to whether the Town's MS4 discharges impact any "listed species" or their habitats.

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

A letter has been drafted to the New Hampshire Division of Historic Resources inquiring about whether any of the Town's MS4 discharges impact any historic place.

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 Harbor	1	☒ Yes ☐ No	PCB's, Dioxin, F. Colliform
Portsmouth Harbor (Lower)	7	☒ Yes ☐ No	PCB's and Dioxins
		☐ Yes ☐ 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	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	

D. Storm Water Management Program Summary

1. Public Education:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
NC1-001	Quarterly Newsletter	Brad Meade	Add article re: Storm water
NC1-002	Household Hazardous Waste	Brad Meade	Increase # disposing HHzW
NC1-003	Pet Waste Management	Brad Meade	Stronger Enforcement

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
NC2-001	Conservation Commission	Brad Meade	Increase Funding
NC2-002	Storm Drain Stenciling	Brad Meade	Stencil all drains
NC2-003	Adopt-a-Highway Program	Brad Meade	Continue existing program
NC2-004	Beach Cleaning Program	Brad Meade	Continue existing program

D. Storm Water Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
NC3-001	Police Education	Brad Meade	Educate all force
NC3-002	Septic System Management	Brad Meade	Educate all septic users

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
NC4-001	Planning Board Site Plan Review	Brad Meade	Revise ordinances if needed
NC4-002	Building site inspection	Brad Meade	Increase # of inspections
NC4-003	Hay Bale and Silt Fence	Brad Meade	Increase use of such

D. Storm Water Management Program Summary (Cont.)

5. Post Construction Runoff Control:

NC5-001		
BMP ID #		
Investigate vegetative drain areas	Brad Meade	Inspect/improve all drain areas
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

6. Municipal Good Housekeeping:

NC6-001		
BMP ID #		
Purchase new snow plow	Brad Meade	Purchase/maintain new plow
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
NC6-002		
BMP ID #		
Inspect Common and Beach	Brad Meade	Continue existing program
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
NC6-003		
BMP ID #		
Street cleaning	Brad Meade	Do 2x/year up from once
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
NC6-004		
BMP ID #		
Lawn Care	Brad Meade	Continue existing practices to limit use of fertilizer/pesticides
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	

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):

NOT APPLICABLE AT THIS TIME

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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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.

Robert Beecher, Chairman, New Castle Board of Selectmen
Printed Name

Signature

8/20/03
Date