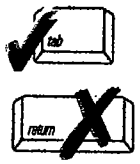
# NOTICE OF INTENT NHR041029

## 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:

Edmund F. Jansen, Jr., Selectman
Name

PO Box 309
Mailing Address

Rollinsford
City/Town

N.H. 03869
State and Zip Code

603-742-2510
Telephone Number

efjj@comcast.net
Email (if available)

2. Municipality Name

Rollinsford

3. Legal Status:

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

☐ Other public entity: _____
Specify Public Entity

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

TRANSFER STATION

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

DEC - 2 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 ☐ pending ☐ no

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

**Note:** Section C may be duplicated to accommodate a larger list of receiving waters

| Receiving Water: Name | No. of Outfalls: Number | Listed as Impaired? | Impairment: Specify |
|---|---|---|---|
| Salmon Falls River | 5 | ☐ Yes ☒ No | |
| Fresh Creek | 1 | ☐ 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 | |

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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 | Distribute brochures and flyers | Selectmen & volunteers | Number distributed |
| 2 | Create MS4 section on town web page | SELECTMEN & Web Master | Citizen Use |
| | | | |
| 3 | Advise citizen of dates for cable tv specials on water | SELECTMEN & VOLUNTEERS | CITIZEN FEEDBACK |
| | | | |

2. Public Participation:

| BMP ID # | Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
|---|---|---|---|
| 4 | ORGANIZE CITIZEN PANEL & PUBLIC INPUT MEETING | SELECTMEN & VOLUNTEERS | NUMBER OF PARTICIPANTS |
| 5 | SPECIAL CLEANUP DAYS | SELECTMEN ,ROAD AGENT | CITIZEN INVOLVED AND MATERIAL COLLECTED. |
| 6 | AMENDMENT OF LAND USE ORDINANCES | PLANNING BOARD | UPDATED RULES RELATED TO STORM WATER MGT. |
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## D. Storm Water Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

| | | |
|---|---|---|
| 7<br>BMP ID # | | |
| Inventory and inspect condition of catch basins.<br>Specify Best Management Practice | Road Agent<br>Responsible Dept./Person Name | Update information on town storm drainage system.<br>Specify Measurable Goal |
| 8<br>BMP ID # | | |
| Survey surface drainage structures and drainage ditch.<br>Specify Best Management Practice | Road Agent<br>Responsible Dept./Person Name | Identify and Plan improvement<br>Specify Measurable Goal |
| 9<br>BMP ID # | | |
| Detect and correct septic failures<br>Specify Best Management Practice | Health Officer<br>Responsible Dept./Person Name | Number of failures identified.<br>Specify Measurable Goal |
| 10<br>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 |

4. Construction Site Runoff Control:

| | | |
|---|---|---|
| 11<br>BMP ID # | | |
| Update land use ordinances<br>Specify Best Management Practice | Planning Board<br>Responsible Dept./Person Name | Require storm water runoff controls<br>Specify Measurable Goal |
| 12<br>BMP ID # | | |
| Update site plan requirements<br>Specify Best Management Practice | Planning Board<br>Responsible Dept./Person Name | Check list of requirements<br>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 |

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## D. Storm Water Management Program Summary (Cont.)

5. Post Construction Runoff Control:

| BMP ID # | Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
|---|---|---|---|
| 13 | Inspection procedure for runoff controls. | Building Inspector | Early detection of storm water runoff violations. |
| | | | |
| | | | |
| | | | |
| | | | |

6. Municipal Good Housekeeping:

| BMP ID # | Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
|---|---|---|---|
| 14 | Street sweeping to remove sand early in spring | Road Agent | Sweeping completed by May 15. |
| 15 | Spring litter pickup day | Road Agent and Volunteers | Amount of waste collected. |
| 16 | Household Hazardous Waste | Transfer Station Personnel | Amount of material disposed of properly. |
| | | | |
| | | | |

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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):

| 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.

Edmund F. Jansen, Jr.
Printed Name

Edmund F. Jansen, Jr.
Signature

November 26, 2003
Date