

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:

David Sullivan, Town of Windham, New Hampshire

Name

3 North Lowell Road

Mailing Address

Windham

City/Town

(603) 432-7732

Telephone Number

NH

State

Dsullivan@town.windham.nh.us

Email (if available)

2. Municipality Name

Town of Windham, 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:

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

MUNICIPAL ASSISTANCE UNIT
AUG 04 2003

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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)

Receiving Water:	No. of Outfalls	Listed as Impaired?	Impairment
Canobie Lake Name	unknown Number	☒ Yes ☐ No	Excess Algal Growth Specify
Beaver Brook Name	unknown Number	☐ Yes ☒ No	Specify
Rock Pond Name	unknown Number	☐ Yes ☒ No	Specify
Golden Pond Name	unknown Number	☐ Yes ☒ No	Specify
Simpson Pond Name	unknown Number	☐ Yes ☒ No	Specify
Shadow Lake Name	unknown Number	☐ Yes ☒ No	Specify
Cobbett's Pond Name	unknown Number	☐ Yes ☒ No	Specify
Golden Brook Name	unknown Number	☐ Yes ☒ No	Specify
Others, not verified Name	unknown Number	☐ Yes ☒ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify

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D. Storm Water Management Program Summary

1. Public Education:

7

BMP ID #

Document and Continue Existing
Programs

Specify Best Management Practice

Planning & Dev./Al Turner

Responsible Dept./Person Name

Written Summary of Existing
Programs

Specify Measurable Goal

8

BMP ID #

Coordinate Public Educators

Specify Best Management Practice

David Poulson

Responsible Dept./Person Name

Minutes of Task Force Events

Specify Measurable Goal

9

BMP ID #

Coord. Information & Program
Distribution within School Network

Specify Best Management Practice

Fire Department/Don Messier

Responsible Dept./Person Name

Contact 90% of Grade 1-12 Schools in
MS4

Specify Measurable Goal

2. Public Participation:

10

BMP ID #

Create Task Committee

Specify Best Management Practice

David Sullivan

Responsible Dept./Person Name

Task Committee Established/Minutes
of Meetings

Specify Measurable Goal

11

BMP ID #

Conduct Public Meeting/Acquire
Public Input

Specify Best Management Practice

David Sullivan

Responsible Dept./Person Name

Prepare Meeting Minutes

Specify Measurable Goal

12

BMP ID #

Establish Storm Water Information
Display

Specify Best Management Practice

David Poulson

Responsible Dept./Person Name

Attend One Event/Year

Specify Measurable Goal

13

BMP ID #

Storm Drain Stenciling/Community
Clean-Up Day

Specify Best Management Practice

Highway Department

Responsible Dept./Person Name

50% of All Storm Drains
Stenciled/Community Clean-Up Day
Held

Specify Measurable Goal

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D. Storm Water Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

14

BMP ID #

Map Outfalls & Receiving Waters
Specify Best Management Practice

Planning and Development
Responsible Dept./Person Name

Prepare Map Showing Outfalls &
Receiving Waters
Specify Measurable Goal

15

BMP ID #

Evaluate Need for Storm Sewer
Ordinance; Develop if Necessary
Specify Best Management Practice

Task Force
Responsible Dept./Person Name

Document Need or Prepare and
Ordinance
Specify Measurable Goal

16

BMP ID #

Train Volunteers in Illicit Discharge
Identification
Specify Best Management Practice

David Poulson
Responsible Dept./Person Name

Create Procedures for Identifying Illicit
Discharges
Specify Measurable Goal

17

BMP ID #

Dry Weather Screening of Outfalls
Specify Best Management Practice

Highway Department
Responsible Dept./Person Name

Prepare List of Outfalls requiring
Follow-up
Specify Measurable Goal

18

BMP ID #

Develop System of Identifying Illicit
Discharges & Initiate Program to
Eliminate Them
Specify Best Management Practice

David Poulson
Responsible Dept./Person Name

Prepare Plan & Document Progress of
Elimination
Specify Measurable Goal

19

BMP ID #

Identify Magnitude of Effort to
Continue Mapping Storm Sewer
System
Specify Best Management Practice

Planning & Development
Responsible Dept./Person Name

Prepare Assessment of Effort
Specify Measurable Goal

4. Construction Site Runoff Control:

20

BMP ID #

Document Existing Programs &
Expand Them as Required
Specify Best Management Practice

Planning & Development
Responsible Dept./Person Name

Prepare Written Summary of Existing
Program & Include Revisions as
Necessary
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:

21 BMP ID #	<i>sediment</i>	Planning & Development Responsible Dept./Person Name	Complete Procedure Manual Specify Measurable Goal
Document & Enhance Procedures for MS4 Storm Sewer System Specify Best Management Practice			
22 BMP ID #		David Poulson Responsible Dept./Person Name	Complete Master Plan Update Specify Measurable Goal
Incorporate Best Management Practices into Town 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:

23 BMP ID #		Don Messier/David Poulson Responsible Dept./Person Name	Complete Training Manual Specify Measurable Goal
Document & Enhance Employee Training Procedures Specify Best Management Practice			
2418 BMP ID #		Jack McCartney/Al Barlow Responsible Dept./Person Name	Complete Procedures for Storing, Use and Maintenance Specify Measurable Goal
Evaluate Use of Pesticides, Sand and 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):

1 BMP ID # Locate Canobie Lake Outfall Locations Specify Best Management Practice	Planning and Development Responsible Dept./Person Name	Produce a Map showing Canobie Lake Outfalls Specify Measurable Goal
2 BMP ID # Set up Testing Program, Including Timing and Parameters Specify Best Management Practice	Task Force Responsible Dept./Person Name	Produce a program and schedule Specify Measurable Goal
3 BMP ID # Perform Canobie Lake Outfall Testing Specify Best Management Practice	Planning and Development Responsible Dept./Person Name	Tabulate Data Specify Measurable Goal
4 BMP ID # Update Canobie Lake Educational Program Specify Best Management Practice	Task Force Responsible Dept./Person Name	Flyers created and distributed Specify Measurable Goal
5 BMP ID # Review NHDES Report Specify Best Management Practice	David Poulson Responsible Dept./Person Name	To Be Determined Specify Measurable Goal
6 BMP ID # Coordinate BMP's with Canobie Lake Report Specify Best Management Practice	Task Force Responsible Dept./Person Name	To Be Determined 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.

David Sullivan
Printed Name

Signature

Date

7/29/03

[illegible]