NHR 04100

# 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:

   Carl Weber, Town Administrator
   Name

   P.O. Box 960
   Mailing Address

   Amherst — City/Town
   NH 03031 — State

   (603) 673-6041 — Telephone Number
   Cweber@town.amherst.nh.us — Email (if available)

2. Municipality Name

   Amherst
   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)***

| Receiving Water: | No. of Outfalls | Listed as Impaired? | Impairment |
|---|---|---|---|
| Baboosic Lake (Name) | unknown (Number) | ☐ Yes ☒ No | (Specify) |
| Honey Pot Pond (Name) | unknown (Number) | ☐ Yes ☒ No | (Specify) |
| Souhegan River (Name) | unknown (Number) | ☐ Yes ☒ No | (Specify) |
| Ceasar's Brook (Name) | unknown (Number) | ☐ Yes ☒ No | (Specify) |
| Beaver Brook (Name) | unknown (Number) | ☐ Yes ☒ No | (Specify) |
| Stump Pond (Name) | unknown (Number) | ☐ Yes ☒ No | (Specify) |
| Weston Pond (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) |
| (Name) | (Number) | ☐ Yes ☐ No | (Specify) |
| (Name) | (Number) | ☐ Yes ☐ No | (Specify) |

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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 | Document and Continue Existing Programs | Department of Public Works | Written Summary of Existing Programs |
| 2 | Coordinate Public Educators | Department of Public Works | Documentation of Meetings and Events |
| 3 | Coordinate Information & Program Distribution within School Network | Department of Public Works | Contact 90% of Grade 1-12 Schools in MS4 |

2. Public Participation:

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

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

4. Construction Site Runoff Control:

| BMP ID # | Specify Best Management Practice | Responsible Dept./Person Name | Specify Measurable Goal |
|---|---|---|---|
| 14 | Document Existing Programs & Expand as Required | Department of Public Works | Prepare Written Summary of Existing Program & Include Revisions as Necessary |
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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 |
|---|---|---|---|
| 15 | Document & Enhance Procedures for MS4 Storm Sewer System | Department of Public Works | Complete Procedure Manual for MS4 Maintenance |
| 16 | Incorporate Best Management Practices into Town's Master Plan | Department of Public Works | Complete Town's Master Plan Update |
| | | | |
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| | | | |

6. Municipal Good Housekeeping:

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

Carl Weber
Printed Name

Signature

7/29/03
Date

SWMP Summary
SCHEDULE

NPDES No. NHR04____

Name:Town of Amherst
Date: July 29, 2003

| | Permit | Year | One | | Permit | Year | Two | | Permit | Year | Three | | Permit | Year | Four | | Permit | Year | Five | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BMP Id. | Spring 03 | Summer 03 | Fall 03 | Winter 03-04 | Spring 04 | Summer 04 | Fall 04 | Winter 04-05 | Spring 05 | Summer 05 | Fall 05 | Winter 05-06 | Spring 06 | Summer 06 | Fall 06 | Winter 06-07 | Spring 07 | Summer 07 | Fall 07 | Winter 07-08 | New Permit |
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