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:

   Carol Granfield, Town Administrator
   Name

   14 Manning Street
   Mailing Address

   Derry — NH 03038
   City/Town — State

   (603) 432-6144 — townadmin@ci.derry.nh.us
   Telephone Number — Email (if available)

2. Municipality Name

   Derry
   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

JUL 31 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

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
Beaver Lake (Name)	unknown (Number)	☐ Yes ☒ No	(Specify)
Beaver Brook (Name)	unknown (Number)	☐ Yes ☒ No	(Specify)
Hoods Pond (Name)	unknown (Number)	☐ Yes ☒ No	(Specify)
West Running Brook (Name)	unknown (Number)	☐ Yes ☒ No	(Specify)
Shields Brook (Name)	unknown (Number)	☐ Yes ☒ No	(Specify)
Rainbow Lake (Name)	unknown (Number)	☐ Yes ☒ No	(Specify)
Lower Shields Pond (Name)	unknown (Number)	☐ Yes ☒ No	(Specify)
Island Pond (Name)	unknown (Number)	☐ Yes ☒ No	(Specify)
Cunningham Brook (Name)	unknown (Number)	☐ Yes ☒ No	(Specify)
Horns Pond (Name)	unknown (Number)	☐ Yes ☒ No	(Specify)
Drew Brook (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)

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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 50% 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	Planning & Zoning/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

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.

Carol Granfield
Printed Name

Carol M. Granfield
Signature

7/29/03
Date

SWMP Summary
SCHEDULE

NPDES No. NHR04_ _ _ _

Name:Town of Derry
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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