NHR041037 SP

NOTICE OF INTENT

NEW HAMPSHIRE DEPARTMENT OF Environmental Services

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:

JUL 31 2003

MUNICIPAL ASSISTANCE UNIT

City of Dover
Name

288 Central Avenue
Mailing Address

Dover
City/Town

NH - 03820
State

603-516-6094
Telephone Number

dean.peschel@ci.dover.nh.us
Email (if available)

2. Municipality Name

Dover
City/Town

3. Legal Status:

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

☐ Other public entity: _____
Specify Public Entity

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

NHDOT

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?

X 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?

X yes ☐ pending ☐ no

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

C. Names of (Presently Known) Receiving Waters

Receiving Water:	No. of Outfalls	Listed as Impaired?	Impairment
Bellamy River (Name)	18 (Number)	☐ Yes X No	Specify
Unnamed Streams to Bellamy (Name)	33 (Number)	☐ Yes X No	Specify
Johnson Creek (Name)	5 (Number)	☐ Yes X No	Specify
Little Bay (Name)	3 (Number)	☐ Yes X No	Specify
Varney Brook (Name)	7 (Number)	☐ Yes X No	Specify
Cochecho River (Name)	33 (Number)	☐ Yes X No	Specify
Unnamed streams to Cochecho (Name)	12 (Number)	☐ Yes X No	Specify
Berry Brook (Name)	16 (Number)	☐ Yes X No	Specify
Emerson Brook (Name)	2 (Number)	☐ Yes X No	Specify
Piscataqua River (Name)	1 (Number)	☐ Yes X No	Specify
Unnamed streams to Piscataqua (Name)	8 (Number)	☐ Yes X 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:

A1
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Establish Pollution Hotline	Community Services	Track Calls

A2
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Community Cleanup Project	Community Services	Monitor Participation

A3
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Create Educational Video	Coastal Stormwater Coalition	Play Video on Channel 22

A4
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Publish Storm Water Info	Community Services	Use City Web Page and Newsletter Citizens to Educate

A5
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Assist School in SW Education	Community Services	School Incorporates Storm Water Pollution Prevention

2. Public Participation:

B1
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Storm Drain Stenciling	Community Services	Stencil Catch Basins In High Profile Areas Using Volunteers

B2
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Sample Discharges With Volunteers	Community Services	Use volunteers to collect & Analyze water samples

B3
BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Update Ordinances	Community Services/Planning	Have Ordinances Approved By Public Process To Comply With Phase II Requirements

B4
BMP ID #

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NEW HAMPSHIRE DEPARTMENT OF Environmental Services

Establish Citizen Hotline Specify Best Management Practice	Community Services Responsible Dept./Person Name	Have Resource In Place To Provide Public Input Specify Measurable Goal
BMP ID #		
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

D. Storm Water Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

C1 BMP ID #		
Storm Water System Mapping Specify Best Management Practice	Community Services Responsible Dept./Person Name	Have A Complete System Map For System Maintenance Specify Measurable Goal
C2 BMP ID #		
Establish Illicit Discharge Program Specify Best Management Practice	Community Services Responsible Dept./Person Name	Establish Program And Implement Specify Measurable Goal
C3 BMP ID #		
Catch Basin Stenciling Specify Best Management Practice	Community Services Responsible Dept./Person Name	Raise Community Awareness Regarding Illicit Dumping Specify Measurable Goal
C4 BMP ID #		
Update City Ordinance Specify Best Management Practice	Community Services/Planning Responsible Dept./Person Name	Ordinances In Place To Comply With Phase II Specify Measurable Goal
C5 BMP ID #		
Secure Funding For Illicit Discharge Removal Specify Best Management Practice	Community Services Responsible Dept./Person Name	Secure Funding And Remediate Illicit Discharges Specify Measurable Goal

4. Construction Site Runoff Control:

D1 BMP ID #		
Review & Update Ordinances Specify Best Management Practice	Community Services/Planning Responsible Dept./Person Name	Have Legal Basis To review And Enforce Phase II Specify Measurable Goal
D2 BMP ID #		
Develop Inspection Program Specify Best Management Practice	Community Services/Planning Responsible Dept./Person Name	Site Inspections To Enforce Phase II Requirements Specify Measurable Goal
D3 BMP ID #		

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Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Direct Contractors To Educational Resources	Community Services	Provide Educational Resources To Site Contractors During Preconstruction Conference

BMP ID # D4

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Provide City Staff Training	Community Services	Have Educated Workforce To Provide Oversight And Implement Phase II Requirement

BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

D. Storm Water Management Program Summary (Cont.)

5. Post Construction Runoff Control:

BMP ID # E1

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Review and Update Ordinances	Community Services/Planning	Have City Ordinances That Comply With Phase II Requirements

BMP ID # E2

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Develop and Implement O & M Plans For Private Sites	Community Services/Planning	Design and Implement Program Which Tracks Maintenance on Private Sites

BMP ID # E3

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Implement Inspection Program	Community Services	Inspect BMP's For Completion According To Plan

BMP ID # E4

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Review & Update BMP List	Community Services	Maintain List of Acceptable BMP's

BMP ID #

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

6. Municipal Good Housekeeping:

BMP ID # F1

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Create Storm Drain Inspection Program	Community Services	Have A Record of System Conditions

BMP ID # F2

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Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
Implement Inspection Program	Community Services	Collect Data Useful For Prioritization of Maintenance
BMP ID # F3		
Create Street Sweeping Plan	Community Services	Cleaner Storm Water System
BMP ID # F4		
Implement Catch Basin Cleaning Program	Community Services	Clean Each Catch Basin Once Every 4 Years
BMP ID # F5		
Explore Establishment of Stormwater Utility	Community Services	Reliable Funding Source For Stormwater System
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):

Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
BMP ID # G1		
Illicit Discharge Detection	Community Services	Identify Problem Sites
BMP ID # G2		
Remediate Illicit Discharge	Community Services	Reduce Bacteria To Water Bodies
BMP ID # G3		
Video	Community Services	Educated Public
BMP ID # G4		
Stormwater Articles in Newsletter	Community Services	Educated Public
BMP ID # G5		
Discharge Water Sampling	Community Services/Public Partner	Monitor Fecal Coliform Levels

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

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NEW HAMPSHIRE DEPARTMENT OF Environmental Services

Paul Beecher City Manager
Printed Name

Signature

7/28/03
Date

SWMP Implementation Schedule

Regulated MS4: _____

Town/City: Dover N.H.

	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	Next Permit
A1	■																				
A2	■		■		■		■		■		■		■		■		■		■		
A3	■	■	■																		
A4	■		■		■		■		■		■		■		■		■		■		
A5									■		■		■		■		■		■		
B1	■		■		■		■		■		■		■		■		■		■		
B2		■																			
B3	■	■	■	■	■	■	■	■													
B4	■																				
C1	■	■	■	■	■	■	■	■	■	■	■	■									
C2	■	■	■	■																	
C3	■				■				■				■								
C4	■	■	■	■	■	■	■	■									■				
C5	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
D1	■	■	■	■	■	■	■	■													
D2	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
D3	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
D4				■				■				■								■	
E1	■	■	■	■	■	■	■	■													
E2				■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
E3	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
E4				■				■				■								■	
F1			■	■	■																
F2						■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
F3				■																	
F4					■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
F5				■																	
G1				■				■				■				■					
G2					■				■				■				■			■	■
G3	■	■			■	■				■	■	■		■	■	■	■	■			■
G4	■		■		■		■		■		■		■		■		■		■		■
G5		■																			