S.P. NHR04108

Town of Goffstown

DEPARTMENT OF PUBLIC WORKS

July 28, 2003

United States Environmental Protection Agency
Municipal Assistance Unit (CMU)
One Congress Street-Suite 1100
Boston, MA 02114-2023

JUL 31 2003

MUNICIPAL ASSISTANCE UNIT

Re: Goffstown MS4 – NOI

Dear Sir or Madam:

Enclosed, please find the Town of Goffstown NOI for the NPDES Phase II general permit covering storm water discharges from municipal separate storm sewer system (MS4). The Town has developed the framework for a Storm Water Management Plan utilizing the control measures outlined in the general permit.

If you have any questions regarding the Goffstown NOI please contact me at 603-497-3617, ext 27.

Thank you for the Agencies assistance with the matter.

Sincerely;

Thomas Fatcheric
Env. Projects Manager
Goffstown, NH
tfatcheric@ci.goffstown.nh.us

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:

   Town of Goffstown
   Name

   404 Elm Street
   Mailing Address

   Goffstown — City/Town
   03045 — State and Zip Code

   497-3617 — Telephone Number
   tfatcheric@ci.goffstown.nh.us — Email (if available)

2. Municipality Name

   Town of Goffstown
   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:

   Hillsborough County Complex

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

B. Applicant Information (cont.)

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

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

Receiving Water:	No. of Outfalls	Listed as Impaired?	Impairment
Glen Lake (Name)	(Number)	√ Yes ☐ No	Mercury (Specify)
Glen Lake-Public (Name)	(Number)	√ Yes ☐ No	Mercury (Specify)
Kelly Falls Pond (Name)	(Number)	√ Yes ☐ No	Mercury (Specify)
Hadley Falls (Name)	(Number)	√ Yes ☐ No	Mercury (Specify)
Whittle Brook, IMP (Name)	(Number)	√ Yes ☐ No	Mercury (Specify)
Unknown River- Rod.St.Dam (Name)	(Number)	√ Yes ☐ No	Mercury (Specify)
Dan Little Brook-IMP (Name)	(Number)	√ Yes ☐ No	Mercury (Specify)
Piscataquog River (Name)	(Number)	√ Yes ☐ No	Mercury, Lead, Bacteria (Specify)
Unnmed Brk to P.R. (Name)	(Number)	√ Yes ☐ No	Mercury (Specify)
Unnmed Bk to R.S.Dm (Name)	(Number)	√ Yes ☐ No	Mercury (Specify)
Unnmd RS-P.R (Name)	(Number)	√ Yes ☐ No	Mercury (Specify)
Cemetery Brook (Name)	(Number)	√ Yes ☐ No	Mercury (Specify)
Whitney Brook (Name)	(Number)	√ Yes ☐ No	Mercury (Specify)
Catamount Brook (Name)	(Number)	√ Yes ☐ No	Mercury (Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)
(Name)	(Number)	☐ Yes ☐ No	(Specify)

D. Storm Water Management Program Summary

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

1. Public Education:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
PE-A	Storm Water Page on Website	T.Fatcheric/DPW	Number of website hits
PE-B	Develop/Dist News Letter	T.Fatcheric/DPW	Number of N.L Dist.
PE-C	Storm Drain Stenciling	T.Fatcheric/DPW	Number of drains marked
PE-D	Evaluate existing outreach	T.Fatcheric/DPW	Number/type of existing prgms
PE-E	Utilize GTV for PE Video	T.Fatcheric/DPW	Hours shown/increase awnss

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
PP-F	Establish SWA Cmtte	T.Fatcheric/DPW	Improve prgm support
PP-G	Establish SW Hotline	T.Fatcheric/DPW	Log/Track concerns
PP-H	Implement AAS Program	T.Fatcheric/DPW	Reduce RS refuse/count bags
PP-I	School discharge and Detect Program	T.Fatcheric/DPW	Numbers of students involved
PP-J	Join Local orgs.	T.Fatcheric/DPW	Number of orgs contacted

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

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
ID-K	Research Existing Cmplnts	T.Fatcheric/DPW	Find/track problem areas
ID-L	Eval existing Maps for D-layer	T.Fatcheric/DPW	Count known discharge pnts
ID-M	Map Outfalls	T.Fatcheric/DPW	Finalize SW maps/count outfall
ID-N	Storm water Ord.	BOS/DPW	Increase compliance
ID-O	Devel I.D. Dect. Pln	T.Fatcheric/DPW	Count/ID polluters

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
CS-P	Review/Revise Ord.	Planning Brd/BOS	Track projects
CS-Q	Create Dtls for Control Msrs	T.Fatcheric/DPW	Number/type of BMP used
CS-R	Site Plan Procedure	T.Fatcheric/DPW	Track types of BMPS/number of prjcts
CS-S	Imp. Inspection prgm	Building Dept/DPW	Count/Doc. compliance

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

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
PC-T	Review Revise Current Ord	Planning Board/BOS	Enforce/Follow up of BMPs
PC-U	PC Mntnce/Ownership policy	Planning Board/BOS	Mntnce compliance

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
GH-V	Annual Employee Training	T.Fatcheric/DPW	Number of employees trained
GH-W	CB Cleaning	Jeff Sarette/DPW	Log Cleaning cycle/#cleaned
GH-X	Street Sweeping	Jeff Sarette/DPW	Log Cleaning cycle/tonnage
GH-Y	Provide HHW service	T.Fatcheric/DPW	Track tonnage
GH-Z	Used oil/Antifreeze Collection	T.Fatcheric/DPW	Total gallons collected
GH-AA	Determine Sand/Salt Usage	Mike Hillhouse/DPW	Tons used/collected
GH-AB	Calibrate Equipment	Steve Richardson/DPW	Tons spread
GH-AC	Develop Inspct Pro/Schedule	MH/JS/TF/DPW	Manage cleaning activities

7. BMPs for Meeting Requirements of Part I.C. (Discharges to Water Quality Impaired Waters) and Part I.D. (Total Maximum Daily Load Allocations):

IW-AD		
BMP ID #		
Eval/Modify Sewer Inspection Program	Mike Yergeau/Sewer	Find/eliminate leaks/crossover
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.

HENRY C BOYLE

Printed Name

Signature

8/11/03

Date

Date: 07/24/03

Stormwater Management
Permit Tracking

Town of Goffstown

BMP ID	Spring	Summer	Fall	Winter	Spring	Summer	Fall	Winter	Spring	Summer	Fall	Winter	Spring	Summer	Fall	Winter	Spring	Summer	Fall	Winter
	2003	2003	2003	2003-04	2004	2004	2004	2004-05	2005	2005	2005	2005-06	2006	2006	2006	2006-07	2007	2007	2007	2007-08
PE-A																				
PE-B																				
PE-C																				
PE-D																				
PE-E																				
PP-F																				
PP-G																				
PP-H																				
PP-I																				
PP-J																				
ID-K																				
ID-L																				
ID-M																				
ID-N																				
ID-O																				
CS-P																				
CS-Q																				
CS-R																				
CS-S																				
PC-T																				
PC-U																				
GH-V																				
GH-W																				
GH-X																				
GH-Y																				
GH-Z																				
GH-AA																				
GH-AB																				
GH-AC																				
IW-AD																				