NHR041009

NOTICE OF INTENT

NEW HAMPSHIRE DEPARTMENT OF Environmental Services

SEP 29 2003

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:

Town of Greenland
Name

P.O. Box 100
Mailing Address

Greenland
City/Town

New Hampshire
State

(603) 431-7111
Telephone Number

Email (if available)

2. Municipality Name

Town of Greenland
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:

Interstate I-95, State Route 33, State Route 151

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

A letter has been prepared and sent to the New Hampshire Natural Heritage Division requesting information if Greenland's MS4 discharge impacts any "listed species" or critical habitat.

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

A letter has been prepared and sent to the New Hampshire Division of Historic Resources requesting information regarding the impact of Greenland's MS4 discharges on historic places.

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
Winnicut River (Name)	(see below) (Number)	☒ Yes ☐ No	PCBs and Dioxin (Specify)
Great Bay (Name)	112 (Number)	☒ Yes ☐ No	PCBs, Dioxin, Tot F. Coliform (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)
(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)

D. Storm Water Management Program Summary

1. Public Education:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
GN1-001	Household Hazardous Waste	Richard Rugg	Continue Existing Program
GN1-002	Town Wide Mailing	Richard Rugg	Mail flyer to all residents
GN1-003	Addition to Town Annual Rpt.	Richard Rugg	Add summary to annual report
GN1-004	Rockingham Co, Regional	Richard Rugg	Develop regional video
GN1-005	Web site	Richard Rugg	Tentative develop web site

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
GN2-001	Storm Drain Stenciling	Richard Rugg	Stencil all storm drains
GN2-002	Public Meeting/Hearing	Richard Rugg	Hold Annual Meeting

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
GN3-001	Sewer Map	Richard Rugg	Develop Sewer Map

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
GN4-001	Land Use Ordinance Review	Richard Rugg	Review/revise ordinances

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
BN5-001	Land Use Ordinance Review	Richard Rugg	Review/revise ordinances

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
GN6-001	Storm Drain Clean out	Richard Rugg	Continue Existing Practice
GN6-002	Employee Training	Richard Rugg	Establish Empl. Trng. Program

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):

NOT APPLICABLE AT THIS TIME

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.

Richard Rugg, Town Administrator
Printed Name

Signature

Date 9/24/03

SWMP Implementation Schedule

SEP 29 2003

Regulated MS4: _____

Town/City: _____

	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
GN1-001	X		X		X		X		X		X		X		X		X		X		
GN1-002																					
GN1-003																					
GN1-004																					
GN1-005																					
GN2-001																					
GN2-002					X				X				X				X				
GN3-001																					
GN4-001																					
GN5-001																					
GN6-001	X				X				X				X				X				
GN6-002					X				X				X				X				