NH

NH 1011

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 HOLLIS, NH
   Name

   7 MONUMENT SQUARE
   Mailing Address

   HOLLIS — City/Town
   NEW HAMPSHIRE — State

   (603) 465-2246 — Telephone Number
   Email (if available)

2. Municipality Name

   HOLLIS
   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:

   TO BE DETERMINED (TBD)

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

MAR 24 2003

MUNICIPAL ASSISTANCE UNIT

Received 3/24/03

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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

Receiving Water:	No. of Outfalls	Listed as Impaired?	Impairment
Nashua River (Name)	TBD (Number)	☐ Yes ☒ No	Specify
Tributary to Nashua River (Name)	TBD (Number)	☐ Yes ☒ No	Specify
Flint's Pond (Name)	TBD (Number)	☐ Yes ☒ No	Specify
Flint's Brook (Name)	TBD (Number)	☐ Yes ☒ No	Specify
Tributary to Flint's Brook (Name)	TBD (Number)	☐ Yes ☒ No	Specify
Sucker Brook (Name)	TBD (Number)	☐ Yes ☒ No	Specify
Tributary to Sucker Brook (Name)	TBD (Number)	☐ Yes ☒ No	Specify
Muddy Brook (Name)	TBD (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
1.1.A – 1.5.A	See Attached SWPPP	Board of Selectmen	See Attached SWPPP
1.1.B – 1.5.B	See Attached SWPPP	Department of Public Works	See Attached SWPPP
1.1.C	See Attached SWPPP	Board of Selectmen	See Attached SWPPP
1.2.C – 1.5.C	See Attached SWPPP	Board of Selectmen	See Attached SWPPP
1.1.D	See Attached SWPPP	Board of Selectmen	See Attached SWPPP

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2.1.A – 2.5.A.	See Attached SWPPP	Board of Selectmen	See Attached SWPPP
2.1.B – 2.5.B	See Attached SWPPP	Board of Selectmen	See Attached SWPPP
2.1.C	See Attached SWPPP	Board of Selectmen	See Attached SWPPP
2.1.D	See Attached SWPPP	Board of Selectmen	See Attached SWPPP
2.2.C – 2.5.C	See Attached SWPPP	Board of Selectmen	See Attached SWPPP

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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
5.1.A	See Attached SWPPP	Planning Board	See Attached SWPPP
5.2.A	See Attached SWPPP	Planning Board	See Attached SWPPP
5.2.B	See Attached SWPPP	Planning Board	See Attached SWPPP
5.3.A	See Attached SWPPP	Planning Board	See Attached SWPPP
5.4.A	See Attached SWPPP	Planning Board	See Attached SWPPP
5.4.A	See Attached SWPPP	Planning Board	See Attached SWPPP

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
6.1.A	See Attached SWPPP	Department of Public Works	See Attached SWPPP
6.1.B	See Attached SWPPP	Department of Public Works	See Attached SWPPP
6.1.C – 6.2.C	See Attached SWPPP	Board of Selectmen	See Attached SWPPP
6.2.A – 6.5.A	See Attached SWPPP	Department of Public Works	See Attached SWPPP
6.2.B – 6.5.B			

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Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
See Attached SWPPP	Department of Public Works	See Attached SWPPP
BMP ID # 6.2.C – 6.5.C		
See Attached SWPPP	Board of Selectmen	See Attached SWPPP
BMP ID # 6.2.D – 6.5.D		
See Attached SWPPP	Department of Public Works	See Attached SWPPP
BMP ID # 6.3.E		
See Attached SWPPP	Department of Public Works	See Attached SWPPP

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):

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

NPDES Form 3510-6

EPA

United States Environmental Protection Agency
Washington, DC 20460

Form Approved
OMB No. 2040-0086

Notice of Intent for Storm Water Discharges Associated with INDUSTRIAL ACTIVITY Under the Multi-sector NPDES General Permit

Submission of this completed Notice of Intent (NOI) constitutes notice that the entitiy in Section B intends to be authorized to discharge pollutants to waters of the United States, from the facility or site identified in Section C, under EPA's Storm Water Multi-sector General Permit (MSGP). Submission of the NOI also constitutes notice that the party identified in Section B of this form has read, understands, and meets the eligibility conditions of Part I of the MSGP; agrees to comply with all applicable terms and conditions of the MSGP; understands that continued authorization under the MSGP is contigent on maintaining eligibility for coverage, and that implementation of the permittee's pollution prevention plan is required two days after a complete NOI is mailed. In order to be granted coverage, all information required on this form must be completed. Please read and make sure you comply with all permit requirements, including the requirement to prepare and implement a storm water pollution prevention plan.

A. Permit Selection

If new, enter generic permit, otherwise enter previous permit: NHR05*###

New Permit Number (EPA Use Only) R05

B. Facility Operator Information

1. Name: Town of Hollis, New Hampshire 2. Phone: 6034652246
3. Mailing Address: a. Street or P.O. Box: 7 Monument Square
   b. City: Hollis c. State: NH d. Zip Code: 03049

C. Facility/Site Information

1. Facility/Site Name: Stump Dump
2. Location Address: a. Street: 275 Depot Road
   b. City: Hollis c. County: Hillsborough
   d. State: NH e. Zip Code: 03049 f. Latitude: 42 43 02 g. Longitude: -71 33 18
3. If you are filing as a co-permittee, enter storm water general permit number:
4. a. Permit Applicant: ☐ Federal ☐ State ☐ Tribal ☐ Private ☑ Other public entity
   b. Is the facility located on Indian Country Lands? ☐ Yes ☑ No
5. Does the facility discharge storm water into:
   a. Receiving water(s)? ☐ Yes ☑ No If yes, name(s) of receiving water(s):
   b. A municipal separate storm sewer system (MS4)? ☑ Yes ☐ No
   If yes, name of the MS4 operator: Town of Hollis, NH
6. The 4-digit Standard Industrial Classification (SIC) codes or the 2-letter Activity Codes that best represent the principal products produced or services rendered by your facility and major co-located activities:
   Primary: 4953 Secondary (if applicable):
7. Applicable sector(s) of industrial activity, as designated in Part 1.2.1 of the MSGP, that include associated discharges that you seek to have covered under this permit (choose up to three):

☑ Sector A	☐ Sector F	☐ Sector K	☐ Sector P	☐ Sector U	☐ Sector Z
☐ Sector B	☐ Sector G	☐ Sector L	☐ Sector Q	☐ Sector V	☐ Sector AA
☐ Sector C	☐ Sector H	☐ Sector M	☐ Sector R	☐ Sector W	☐ Sector AB
☑ Sector D	☐ Sector I	☐ Sector N	☐ Sector S	☐ Sector X	☐ Sector AC
☐ Sector E	☑ Sector J	☐ Sector O	☐ Sector T	☐ Sector Y	☐ Sector AD

8. Additional Facility/Site Requirements:
   a. Based on the instructions provided in Addendum A of the MSGP, have the eligibility criteria for "listed species" and critical habitat been met? ☑ Yes ☐ No
   b. Based on the instructions provided in Addendum B of the MSGP, have the eligibility criteria for protection of historic properties been met? ☑ Yes ☐ No

D. Certification

Do you certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted? Based on your inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, do you certify that the information submitted is, to the best of your knowledge and belief, true, accurate, and complete? Do you certify that you are aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations?

Print Name: Board of Selectmen

Signature: Donald F Ryder Date: 03/07/03