

# NOTICE OF INTENT

## 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:

Board of Selectman

Name

Two Liberty Way, Suite 1

Mailing Address

Litchfield

City/Town

NH 03052-2345

State

(603) 424-4046

Telephone Number

Email (if available)

2. Municipality Name

Litchfield

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:

A. New Hampshire Department of Transportation (State Highway System)

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

AUG 04 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

Receiving Water:	No. of Outfalls	Listed as Impaired?	Impairment
Merrimack River Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
NesenKeag Brook Name	12 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Chase Brook Name	8 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Duck Pond Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Common Pond Name	4 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Darrah Pond Name	1 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
_____ Name	_____ Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
_____ Name	_____ Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
_____ Name	_____ Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
_____ Name	_____ Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
_____ Name	_____ Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
_____ Name	_____ Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
_____ Name	_____ Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
_____ Name	_____ Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
_____ Name	_____ Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
_____ Name	_____ Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
_____ Name	_____ Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
_____ Name	_____ Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
_____ Name	_____ Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify

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## For Coverage Under the NPDES General Permit for Storm Water Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)



### D. Storm Water Management Program Summary

#### 1. Public Education:

1A

BMP ID #

Prepare annual Town  
Stormwater Report

Specify Best Management Practice

Road Agent

Responsible Dept./Person Name

Maintain and report Town  
drainage system status. Keep  
copies and distribute annually.  
Specify Measurable Goal

1B

BMP ID #

Prepare annual Stormwater  
Newsletter

Specify Best Management Practice

Road Agent

Responsible Dept./Person Name

Annual mailing to active  
developers, contractors &  
vendors and make available at  
Town office/library.  
Specify Measurable Goal

1C

BMP ID #

Prepare or Obtain Stormwater  
Technology Brochures.

Specify Best Management Practice

Road Agent

Responsible Dept./Person Name

Distribute annually with tax bill  
and make available at Town  
office/library.  
Specify Measurable Goal

1D

BMP ID #

Obtain and Air Stormwater  
Technology informational  
videos on local cable TV

Specify Best Management Practice

Road Agent

Responsible Dept./Person Name

Monitor public perception and  
feedback through town  
meetings  
Specify Measurable Goal

1E

BMP ID #

Develop and Implement a  
Stormwater Stenciling  
program

Specify Best Management Practice

Road Agent

Responsible Dept./Person Name

biannual updates and  
monitoring of stenciling  
program  
Specify Measurable Goal

1F

BMP ID #

Develop and Implement a  
Stormwater Sign program

Specify Best Management Practice

Road Agent

Responsible Dept./Person Name

biannual updates and  
monitoring of sign program  
Specify Measurable Goal

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## For Coverage Under the NPDES General Permit for Storm Water Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)



### D. Storm Water Management Program Summary (Cont.)

#### 2. Public Participation:

2A

BMP ID #

Establish a Stormwater  
Advisory Committee.

Specify Best Management Practice

Board of Selectman

Responsible Dept./Person Name

Regular meetings with report  
filed in the town annual report.

Specify Measurable Goal

2B

BMP ID #

Identify and Utilize volunteer  
organizations & resources

Specify Best Management Practice

Stormwater Advisory  
Committee

Responsible Dept./Person Name

Cub Scouts, Girl Scouts, etc.

Specify Measurable Goal

2C

BMP ID #

Spring/Fall Clean-up  
community activity

Specify Best Management Practice

Stormwater Advisory  
Committee

Responsible Dept./Person Name

Bi-annual activities

Specify Measurable Goal

2D

BMP ID #

Partner with Federal and  
State Agencies

Specify Best Management Practice

Road Agent

Responsible Dept./Person Name

Periodic meetings & attending  
training seminars

Specify Measurable Goal

#### 3. Illicit Discharge Detection and Elimination:

3A

BMP ID #

Review all Federal and State  
Stormwater Legislation

Specify Best Management Practice

Town Counsel

Responsible Dept./Person Name

Subscribe to Federal Register  
and attend Stormwater  
Seminars

Specify Measurable Goal

3B

BMP ID #

Develop and revise local  
policies and regulations

Specify Best Management Practice

Planning Board

Responsible Dept./Person Name

Project review and approval  
through Town regulatory  
process.

Specify Measurable Goal

3C

BMP ID #

Locate, catalog and maintain  
Townwide Stormwater Plan

Specify Best Management Practice

Road Agent

Responsible Dept./Person Name

Bi-annual review and plan  
updates

Specify Measurable Goal

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## For Coverage Under the NPDES General Permit for Storm Water Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)



### D. Storm Water Management Program Summary (Cont.)

3D

BMP ID #

Locate, catalog and maintain  
Townwide Water Body and  
Wetland Plan

Specify Best Management Practice

Conservation Commission

Responsible Dept./Person Name

Bi-annual review and plan  
updates

Specify Measurable Goal

3E

BMP ID #

Investigate and develop town-  
wide "GIS" Plans

Specify Best Management Practice

Planning Board

Responsible Dept./Person Name

RFQ & QBS process

Specify Measurable Goal

3F

BMP ID #

Develop and Implement  
annual water quality testing  
program

Specify Best Management Practice

Conservation Commission

Responsible Dept./Person Name

Water Quality testing results  
to be published in annual  
Town report

Specify Measurable Goal

3G

BMP ID #

Stormwater water quality  
monitoring

Specify Best Management Practice

Road Agent

Responsible Dept./Person Name

Construction observations

Specify Measurable Goal

3H

BMP ID #

Develop an Illicit Discharge  
Response Plan

Specify Best Management Practice

Code and Health Officer

Responsible Dept./Person Name

Report documentation and  
water quality testing

Specify Measurable Goal

3I

BMP ID #

Locate Illicit Discharges and  
determine the source.

Specify Best Management Practice

Code and Health Officer

Responsible Dept./Person Name

Field observations,  
investigations, illicit discharge  
report and public notification

Specify Measurable Goal

3J

BMP ID #

Remove, correct and monitor  
Illicit Discharges

Specify Best Management Practice

Code and Health Officer

Responsible Dept./Person Name

Field observations,  
investigations, illicit discharge  
report and public notification

Specify Measurable Goal

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## For Coverage Under the NPDES General Permit for Storm Water Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)



### D. Storm Water Management Program Summary (Cont.)

3K

BMP ID #

Illicit Discharges public  
notification

Specify Best Management Practice

Code and Health Officer

Responsible Dept./Person Name

Local newspaper and  
community bulletin

Specify Measurable Goal

#### 4. Construction Site Runoff Control:

4A

BMP ID #

Review all Federal and State  
Stormwater Legislation

Specify Best Management Practice

Town Counsel

Responsible Dept./Person Name

Subscribe to Federal Register  
and attend Stormwater  
Seminars

Specify Measurable Goal

4B

BMP ID #

Develop and revise local  
policies and regulations

Specify Best Management Practice

Planning Board

Responsible Dept./Person Name

Project review and approval  
through Town regulatory  
process.

Specify Measurable Goal

4C

BMP ID #

Update and continue ongoing  
construction observations

Specify Best Management Practice

Planning Board

Responsible Dept./Person Name

Preconstruction meeting

Specify Measurable Goal

4D

BMP ID #

Enforce, revise and amend  
present stormwater  
requirements in the  
subdivision and site  
development regulations

Specify Best Management Practice

Planning Board

Responsible Dept./Person Name

Erosion control measures  
indicated on the development  
plan(s), reviewed and  
approved during the municipal  
review process.

Specify Measurable Goal

4E

BMP ID #

Temporary erosion control  
methods:

- construction entrance
- silt fence & hay bales
- stone check dams
- sediment basins
- erosion matting
- erosion stone

Specify Best Management Practice

Planning Board

Responsible Dept./Person Name

Construction Observations

Specify Measurable Goal

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### D. Storm Water Management Program Summary (Cont.)

#### 5. Post Construction Runoff Control:

5A

BMP ID #

Develop ordinances,  
regulations and policies to  
permit access to all  
Stormwater outlets

Specify Best Management Practice

Board of Selectman

Responsible Dept./Person Name

Recorded easements and  
land owner agreements

Specify Measurable Goal

5B

BMP ID #

Develop and Implement  
Stormwater system  
maintenance regulations,  
procedures and manuals.

Specify Best Management Practice

Board of Selectman

Responsible Dept./Person Name

Annual stormwater  
observation process

Specify Measurable Goal

#### 6. Pollution Prevention / Good Housekeeping:

6A

BMP ID #

Review and Pursue alternative  
funding sources for additional  
staffing and resources

Specify Best Management Practice

Planning Board

Responsible Dept./Person Name

Completed grant, loan or bond  
applications

Specify Measurable Goal

6B

BMP ID #

Develop and Implement  
municipal Stormwater  
Pollution Prevention Plan

Specify Best Management Practice

Planning Board

Road Agent

Responsible Dept./Person Name

Annual meeting to review,  
update and revise plan

Specify Measurable Goal

6C

BMP ID #

Develop and Implement  
Hazardous Waste training  
program

Specify Best Management Practice

Planning Board

Code and Health Officer

Responsible Dept./Person Name

Annual training course

Specify Measurable Goal

6D

BMP ID #

Develop and Implement public  
stormwater contamination  
training program

Specify Best Management Practice

Planning Board

Code and Health Officer

Responsible Dept./Person Name

Annual presentations at public  
event(s)

Specify Measurable Goal

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## For Coverage Under the NPDES General Permit for Storm Water Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)



### D. Storm Water Management Program Summary (Cont.)

6E

BMP ID #

Develop a public snow storage  
and removal program

Specify Best Management Practice

Road Agent

Responsible Dept./Person Name

Record annual quantity of  
snow removal and storage

Specify Measurable Goal

6F

BMP ID #

Revise, update and monitor  
roadway cleaning &  
maintenance program

Specify Best Management Practice

Road Agent

Responsible Dept./Person Name

Record annual progress based  
on "Clean Miles". Litchfield  
currently sweeps all streets  
annually.

Specify Measurable Goal

6G

BMP ID #

Revise, update and monitor  
stormwater systems cleaning  
& maintenance program

Specify Best Management Practice

Road Agent

Responsible Dept./Person Name

Record annual progress based  
on "Clean Feet or Structures"

Specify Measurable Goal

6H

BMP ID #

Catch basin cleaning

Specify Best Management Practice

Road Agent

Responsible Dept./Person Name

Three (3) year Townwide  
program. Litchfield currently  
cleans all CB sumps, based  
on a 3-year rotation schedule.

Specify Measurable Goal

6I

BMP ID #

Employee Training

Specify Best Management Practice

Road Agent

Responsible Dept./Person Name

Annual Townwide program

Specify Measurable Goal

### 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 – please refer to section C

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### 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.

Frank A. Byron Chairman – Board of Selectman, Litchfield, NH

Printed Name

*Frank A. Byron*

Signature

7/28/03

Date

John E. Pinciario Vice Chairman – Board of Selectman, Litchfield, NH

Printed Name

*John E. Pinciario*

Signature

7/28/03

Date

M. Patricia Jewett – Board of Selectman, Litchfield, NH

Printed Name

*M. Patricia Jewett*

Signature

7-28-03

Date

Raymond C. Peeples Jr. – Board of Selectman, Litchfield, NH

Printed Name

*Raymond C. Peeples Jr.*

Signature

7/28/2003

Date

Eric S. Gibbons – Board of Selectman, Litchfield, NH

Printed Name

*Eric S. Gibbons*

Signature

7-28-03

Date

BMP ID #	PERMIT YEAR ONE			PERMIT YEAR TWO			PERMIT YEAR THREE			PERMIT YEAR FOUR			PERMIT YEAR FIVE			Next Permit							
	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		
1A					X	X			X	X			X	X			X	X					
1B																							
1C				X				X															
1D										X													
1E									X	X													
1F									X	X													
2A									X	X													
2B																							
2C																							
2D									X	X													
3A				X		X			X	X													
3B				X		X			X	X													
3C			X			X				X													
3D			X			X				X													
3E																							
3F																							
3G																							
3H																							
3I																							
3J																							
3K																							
4A				X					X	X													
4B	X			X					X	X													
4C	X																						
4D	X																						
4E	X																						
5A					X																		
5B					X																		
6A																							
6B				X					X	X													
6C							X																
6D										X													
6E																							
6F				X					X	X													
6G				X					X	X													
6H																							
6I				X					X	X													

X X X X

General Notes:

1. Identification of source and the removal/correction of illicit discharges under next permit.
2. BMP ID # 3E, 3H, 3I, 3J AND 3K will be begin development and implementation during the next NPDES Permit cycle.
3. BMP ID # 4C, 4D, and 4E have already been implemented with existing Town regulations.
4. BMP ID # 6H and 6I area presently implemented with existing Town procedures.