NHR 041083

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 NEWTON, NH
   Name

   PO BOX 378
   Mailing Address

   NEWTON, NH 03858
   City/Town

   State and Zip Code

   603-382-6730
   Telephone Number

   Email (if available)

2. Municipality Name

   NEWTON, NH
   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:

   NH DOT

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

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

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: Name	No. of Outfalls: Number	Listed as Impaired?	Impairment: Specify
Unnamed wetland to LITTLE RIVER	1	☒ Yes ☐ No	mercury
Unnamed intermittent stream to Little River	1	☒ Yes ☐ No	mercury
Unnamed stream to Country Pond	5	☒ Yes ☐ No	mercury
unnamed wetlands to Country Pond	7	☒ Yes ☐ No	mercury
Unnamed brook to Powwow River	1	☒ Yes ☐ No	mercury
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	

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

1. Public Education:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1.a	Public education	Selectmen / Con Comm	program on local peg
1.b	Area meetings	Selectmen / Road Agent	# of meetings attended

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
2.a	Public hearing on ordinance	Planning board	notice/minutes
2.b	Stream monitoring	Con Commission	protocol
2.c	stream monitoring	Con Commission	student package
2.d	stream monitoring	Con Comm	# of field trips/reports

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
3:a	Map & Suspect areas	Road agent	map on file
3:b	Schedule Inspections	Road agent	inspection reports

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
4:a	Update ordinance	Planning board	Update Subdivision regulations

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
5.a	Ordinance	Road agent/planning Board	Update procedure for inspection

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
6.a	Map outfalls/ catch basins/ culverts	Road Agent	Map on file
6.b	Schedule maintenance on basins/culverts	Road Agent	Schedule and log

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. 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

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.

Mary P. Marshall
Printed Name

Mary P. Marshall — Dec 15, 2003
Signature — Date

SWMP Implementation Schedule

Partially Regulated MS4: NEWTON, NH

Town/City: NEWTON, NH

	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**
1:a								x													
1:b																					
2:a							x														
2:b																					
2:c									x												
2:d												x									
3:a							x														
3:b								x													
4:a								x													
5:a								x													
6:a							x														
6:b																					