

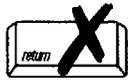
NOTICE OF INTENT

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:

Town of Pelham

Name

6 Main Street

Mailing Address

Pelham

City/Town

603 635-8233

Telephone Number

NH

State

03076

Email (if available)

2. Municipality Name

Town of Pelham

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:

State Roads and Highways

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

Checked EPA web site for listing of "listed species" for Hillsborough County. Three of species for Hillsborough County: Bald Eagle (bird), Indian Bat (mammal) and Small Whorled Pogonia (plant).

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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 Have look on State web site and have not found historic properties as of yet.

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 |
|------------------|-----------------|---|----------------------|
| Beaver Brook | Unknown | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Mercury & Esherichia |
| 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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D. Storm Water Management Program Summary

1. Public Education:

1.1 _____ Plan and research public education programs and plan for funding

BMP ID # _____

Plan public ed. programs

Specify Best Management Practice _____

Planning Director

Responsible Dept./Person Name _____

Plan and funds by 2004

Specify Measurable Goal _____

1.2 _____ Conduct public education programs

BMP ID # _____

Conduct programs

Specify Best Management Practice _____

Planning Director

Responsible Dept./Person Name _____

1 to 2 a year for permit term

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 _____

2. Public Participation:

2.1 _____ Solicit from the public as to the type of involvement of participation.

BMP ID # _____

Solicit the public

Specify Best Management Practice _____

Planning Director

Responsible Dept./Person Name _____

Complete by 2005

Specify Measurable Goal _____

2.2 _____ Conduct Public programs

BMP ID # _____

Conduct Public programs

Specify Best Management Practice _____

Planning Director

Responsible Dept./Person Name _____

2008

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 _____

NOTICE OF INTENT

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.)

3. Illicit Discharge Detection and Elimination:

| | | | |
|-----------------|--|--------------------------------------|---------------------------------|
| 3.1 | Plan and fund mapping of UA, need to look at overall mapping needs as it applies to illicit discharge detection & elimination control measure. | | |
| <u>BMP ID #</u> | <u>Plan and fund mapping of UA</u> | <u>Planning Director</u> | <u>Plan and funding by 2004</u> |
| | <u>Specify Best Management Practice</u> | <u>Responsible Dept./Person Name</u> | <u>Specify Measurable Goal</u> |
| 3.2 | Map outfalls & receiving water | | |
| <u>BMP ID #</u> | <u>Map outfalls & receiving water</u> | <u>Planning Director</u> | <u>Complete by 2008</u> |
| | <u>Specify Best Management Practice</u> | <u>Responsible Dept./Person Name</u> | <u>Specify Measurable Goal</u> |
| 3.3 | Develop storm sewer bylaw | | |
| <u>BMP ID #</u> | <u>Develop storm sewer bylaw</u> | <u>Planning Director</u> | <u>Complete by 2008</u> |
| | <u>Specify Best Management Practice</u> | <u>Responsible Dept./Person Name</u> | <u>Specify Measurable Goal</u> |
| 3.4 | Dry weather screening of outfalls | | |
| <u>BMP ID #</u> | <u>Dry weather screening</u> | <u>Planning Director</u> | <u>Complete by 2008</u> |
| | <u>Specify Best Management Practice</u> | <u>Responsible Dept./Person Name</u> | <u>Specify Measurable Goal</u> |
| 3.5 | Develop policy for elimination of illicit discharges | | |
| <u>BMP ID #</u> | <u>Develop policy</u> | <u>Planning Director</u> | <u>Complete by 2008</u> |
| | <u>Specify Best Management Practice</u> | <u>Responsible Dept./Person Name</u> | <u>Specify Measurable Goal</u> |

4. Construction Site Runoff Control:

| | | | |
|-----------------|---|--------------------------------------|----------------------------------|
| 4.1 | Review existing subdivision and site plan review regulations | | |
| <u>BMP ID #</u> | <u>Review existing rules</u> | <u>Planning Director</u> | <u>Review complete 2004</u> |
| | <u>Specify Best Management Practice</u> | <u>Responsible Dept./Person Name</u> | <u>Specify Measurable Goal</u> |
| 4.2 | Revise subdivision and site plan review regulations | | |
| <u>BMP ID #</u> | <u>Revise regulations</u> | <u>Planning Director</u> | <u>Revisions complete 2005</u> |
| | <u>Specify Best Management Practice</u> | <u>Responsible Dept./Person Name</u> | <u>Specify Measurable Goal</u> |
| 4.3 | Approval process for revised subdivision and site plan review regulations | | |
| <u>BMP ID #</u> | <u>Approval process</u> | <u>Planning Director</u> | <u>Spring 2006</u> |
| | <u>Specify Best Management Practice</u> | <u>Responsible Dept./Person Name</u> | <u>Specify Measurable Goal</u> |
| 4.4 | Implement new subdivision and site plan review regulations | | |
| <u>BMP ID #</u> | <u>Implement new rules</u> | <u>Planning Director</u> | <u>End of 2007</u> |
| | <u>Specify Best Management Practice</u> | <u>Responsible Dept./Person Name</u> | <u>Specify Measurable Goal</u> |
| 4.5 | Evaluate new subdivision and site plan review regulations | | |
| <u>BMP ID #</u> | <u>Evaluate new regulations</u> | <u>Planning Director</u> | <u>End of permit term - 2008</u> |
| | <u>Specify Best Management Practice</u> | <u>Responsible Dept./Person Name</u> | <u>Specify Measurable Goal</u> |

NOTICE OF INTENT

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.)

5. Post Construction Runoff Control:

5.1 _____ Review current structural BMPs

BMP ID # _____

Structural BMPs

Specify Best Management Practice _____

Planning Director

Responsible Dept./Person Name _____

Summer 2005

Specify Measurable Goal _____

5.2 _____ Review current non-structural BMPs

BMP ID # _____

Non-structural BMPs

Specify Best Management Practice _____

Planning Director

Responsible Dept./Person Name _____

Summer 2005

Specify Measurable Goal _____

5.3 _____ Make recommendations for new structural and non structural BMPs

BMP ID # _____

Revise BMPs

Specify Best Management Practice _____

Planning Director

Responsible Dept./Person Name _____

Summer 2006

Specify Measurable Goal _____

5.4 _____ Seek approval of new BMPs

BMP ID # _____

Seek approval of new BMPs

Specify Best Management Practice _____

Planning Director

Responsible Dept./Person Name _____

2007

Specify Measurable Goal _____

5.5 _____ Incorporate BMPs into regulations

BMP ID # _____

Incorporate BMPs

Specify Best Management Practice _____

Planning Director

Responsible Dept./Person Name _____

2008

Specify Measurable Goal _____

6. Municipal Good Housekeeping:

6.1 _____ Complete Spill Prevention Control & Countermeasure Plan

BMP ID # _____

SPCCP

Specify Best Management Practice _____

Highway Department

Responsible Dept./Person Name _____

Complete by 2003

Specify Measurable Goal _____

6.2 _____ Submit Storm Water multi-sector (industrial) permit

BMP ID # _____

Multi-sector permit

Specify Best Management Practice _____

Highway Department

Responsible Dept./Person Name _____

Completed 2003

Specify Measurable Goal _____

6.3 _____ Train employees on SPCCP

BMP ID # _____

Training

Specify Best Management Practice _____

Administrator/Hwy Department

Responsible Dept./Person Name _____

Throughout permit term

Specify Measurable Goal _____

6.4 _____ Review existing P2 and Good Housekeeping policies and practices

BMP ID # _____

Review existing policies

Specify Best Management Practice _____

Highway Department

Responsible Dept./Person Name _____

Complete 2005

Specify Measurable Goal _____

6.5 _____ Revise and implement P2 and Good Housekeeping policies and practices

BMP ID # _____

Revise policies & practices

Specify Best Management Practice _____

Highway Department

Responsible Dept./Person Name _____

2006

Specify Measurable Goal _____

BMP ID # _____

Specify Best Management Practice _____

NOTICE OF INTENT

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



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):

7.1 Investigate if Pelham's storm water is causing water quality violations

BMP ID #

Investigate

Planning Director

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.

Thomas R. Gaydos

Printed Name

Thomas R. Gaydos

Signature

3-7-03

Date

