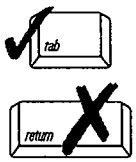
NOTICE OF INTENT

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 Seabrook, Department of Public Works
   Name

   P.O. Box 456
   Mailing Address

   Seabrook — City/Town
   New Hampshire 03874-5942 — State

   (603) 474-9771 — Telephone Number
   Email (if available)

2. Municipality Name

   Town of Seabrook
   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:

   New Hampshire Department of Transportation, New Hampshire Turnpike Authority

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

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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

See Section 2.0 of the NPDES Phase II Stormwater Management Plan for the Town of Seabrook, submitted with this document.

Receiving Water:	No. of Outfalls	Listed as Impaired?	Impairment
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

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D. Storm Water Management Program Summary

See Section 5.0 of the NPDES Phase II Stormwater Management Plan for the Town of Seabrook, submitted with this document.

1. Public Education:

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

2. Public Participation:

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

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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

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

4. Construction Site Runoff Control:

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

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

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

6. Municipal Good Housekeeping:

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

BMP ID # | Specify Best Management Practice

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.

John Starkey, Manager, Department of Public Works
Printed Name

John Starkey
Signature

7/28/03
Date