NHR 041034 SP

NOTICE OF INTENT

NEW HAMPSHIRE DEPARTMENT OF Environmental Services

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:

   City of Somersworth
   Name

   1 Government Way
   Mailing Address

   Somersworth — NH 03878
   City/Town — State and Zip Code

   603-692-4262 9524
   Telephone Number — Email (if available)

2. Municipality Name

   Somersworth
   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 Department of Transportation

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

JUL 29 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
Salmon Falls River (Name)	5 (Number)	☒ Yes ☐ No	Mercury (atmospheric deposition)
Salmon Falls River (Name)	(Number)	☒ Yes ☐ No	E. coli (source unknown) (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

1. Public Education:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
1	Complete & show movie "There is no Away".	Engineering/David Foster	Number of showings.
2	Develop educational resources	Engineering/David Foster	Variety/number of handouts.
3	Articles in newsletter/website	Engineering/David Foster	Number of articles.
4	Classroom education on Stormwater	Engineering/David Foster	Number of students.
5	Pet Waste management	Engineering/David Foster	Number of dog licenses.

2. Public Participation:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
6	Community cleanups	Engineering/David Foster	Number of participants
7	Storm Drain stenciling	Engineering/David Foster	Number of participants

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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
8	Sewer system map	Engineering/David Foster	100 %
9	Remove known illicit connections	Engineering/David Foster	Number removed
10	Information Management System	Public Works/John Jackman	Number of outfalls screened
11	Review City Ordinances	Engineering/David Foster	Number of changes/additions

4. Construction Site Runoff Control:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
12	Review City Ordinances	Engineering/David Foster	Number of changes/additions
13	Employee Training	Public Works/John Jackman	Number trained
14	Begin inspection program	Public Works/John Jackman	Number of inspections
15	Maximum compliance	Public Works/John Jackman	Number of inspections

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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
16	Identification of BMP's	Engineering/David Foster	Number of BMP's
17	Post Construction Maintenance	Engineering/David Foster	Number of facilities

6. Municipal Good Housekeeping:

BMP ID #	Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
18	Vehicle washings	Public Works/John Jackman	Employees trained
19	Street Cleaning	Public Works/John Jackman	Manhours
20	Train employees	Public Works/John Jackman	Employees trained
21	Storm drain system cleaning	Public Works/John Jackman	Manhours
22	Spill response & prevention	Public Works/John Jackman	Employees trained

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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):

(There are no known toxins attributable to stormwater runoff.)

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.

Douglas R. Elliott, Jr. City Manager
Printed Name

Douglas R. Elliott Jr.
Signature

7/23/03
Date