

NH041067

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:

JUL 31 2003

Town of Exeter, NH

Name

MUNICIPAL ASSISTANCE UNIT

10 Front Street

Mailing Address

Exeter

NH

03833

City/Town

State and Zip Code

603 778-0591

pduffyexeter@yahoo.com Phyllis Duffy DPW

Telephone Number

Email (if available)

2. Municipality Name

Town of Exeter, 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

B. Applicant Information (cont.)

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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
Squamscott River Name	21 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Exeter River Name	10 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Little River Name	17 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Wheelwright Creek Name	5 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Intermittent stream to Wheelwright Creek	4 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
South Branch Norris Brook	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Norris Brook Name	2 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Ash Brook Name	3 Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specify
Intermittent stream to Scamen Brook	1 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

D. Storm Water Management Program Summary

D. Storm Water Management Program Summary (Cont.)

1. Public Education

BMP ID #	Best Management Practice	Responsible Dept./Person	Measurable Goal
1	Display booth at Alewife Festival	DPW	Attend event/pass out info on stormwater program
2	Stencil Storm drains	DPW	Complete event - report number of stenciled catch basins
3	Stormwater Video on local public station	DPW	Local channel plays video
4	Display at Town building	DPW	Set up display at building open to public

2. Public Participation

BMP ID #	Best Management Practice	Responsible Dept./Person	Measurable Goal
5	Public Notice	DPW	Issue public notice in local paper encourage public participation in SWPPP program and present to Conservation Cm at public mtg
6	Review need for Stormwater Committee	DPW	Meet Biannually if established
7	Stencil Stormdrains	DPW	Track number of volunteers

3. Illicit Discharge Detection and Elimination

BMP ID #	Best Management Practice	Responsible Dept./Person	Measurable Goal
8	Survey Outfalls	DPW	Visual shoreline survey
9	Map/update outfalls	DPW	Create maps check against visual survey
10	Ordinance to prohibit non-stormwater discharges	DPW/Stormwater Advisory Committee/Selectmen	Ordinances updated to include appropriate enforcement procedures and actions
11	Create education program for businesses	DPW	Create flyers or brochures/distribute to businesses
12	Hotline	DPW	Establish and publicize phone number for the public to report stormwater violations
13	Sample suspect outfalls	DPW	Outfalls sampled and results tracked
14	Test Suspect Connections	DPW	Smoke or dye test
15	Correct Illicit Connections	DPW	Illicit connections removed

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N/A

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.

George Olson, Town Manager

Printed Name

Signature

July 30, 2003
Date

SWMP Implementation Schedule

Regulated MS4: TOWN OF EXETER, NH

BMP ID #	PERMIT YEAR ONE				PERMIT YEAR TWO				PERMIT YEAR THREE				PERMIT YEAR FOUR				PERMIT YEAR FIVE			
	Spring 03	Summer 03	Fall 03	Winter 03	Spring 04	Summer 04	Fall 04	Winter 04	Spring 05	Summer 05	Fall 05	Winter 05	Spring 06	Summer 06	Fall 06	Winter 06	Spring 07	Summer 07	Fall 07	Winter 07
5. Post Construction Runoff Control																				
5.1					Implement BMPs															
5.2					Develop & implement long term O&M program for BMPs															
6. Municipal Good Housekeeping																				
6.1																				
6.2					Sweep streets				Sweep streets				Sweep streets				Sweep streets			
6.3					Check catch basins				Check catch basins				Check catch basins				Check catch basins			
6.4					Clean catch basins				Clean catch basins				Clean catch basins				Clean catch basins			
Create P2/Good Housekeeping prog. for municipal employees																				