| Part I:                         | General Cond                         | <u>ditions</u>   |                               |                       |                           | •                                 |  |         |                                       |   |
|---------------------------------|--------------------------------------|--|-------------------------------|-----------------------|---------------------------|-----------------------------------|--|---------|---------------------------------------|---|
| Gener                           | al Informati                         | on   |                               |                       |                           |                                   |  |         |                                       |   |
| Name o                          | of Municipality of                   | or Organization;   | Town of Atkins                | on, New               | Hampshir                  | e                                 |  | State:  | NH                                    |   |
| EPA NP                          | DES Permit Nur                       | nber (if applicabl   | le); NHR041000                | ) (same fo            | or all in NH              | )                                 |  | •       |                                       | _                                       |
| Prima                           | ry MS4 Prog                          | ram Managei  | r Contact Inf                 | ormati                | on                        |                                   |  |         |                                       |   |
| Name:                           | William Baldw                        |  |                               | Title:                |                           | ard of Selectme                   |  |         |                                       |   |
| Street A                        | Address Line 1:                      | 22 Academy Av  | enue                          | J<br>                 |                           |                                   | 1=1                                    |         |                                       |   |
|                                 | Address Line 2:                      |  |                               |                       |                           |                                   |  |         |                                       |   |
| City:                           | Atkinson                             |  |                               |                       | State:                    | NH                                | Zip Code:                              | 03811   |                                       |   |
| Email:                          | townadmin@a                          | atkinsonnh.gov   |                               | Phone                 | ;<br>                     | (603) 362-5266                    |  | 03011   |                                       |   |
| Fax Nur                         |                                      |  |                               | rnone                 | ivumber: [                |                                   |  |         |                                       |   |
|                                 | <u> </u>                             |  |                               |                       |                           |                                   |  |         |                                       |   |
| Otner                           | Information                          | l  |                               |                       |                           |                                   |  |         |                                       |   |
| Stormw<br>(web a                | ater Managemo<br>ddress or physica   | ent Program (SW<br>il location, if alread  | MP) Location Ly completed): ( | ocated a<br>Note: oni | t the Towr<br>y applies t | Hall address a<br>o those covered | bove.<br>d under 2003 Pe               | ermit ) |                                       |   |
|                                 | ility Determi                        |  | _                             |                       | · · · · · ·               |                                   |  |         |                                       |   |
| <del>-</del>                    | •                                    | t (ESA) Determir   | nation Complet                | ez Yes                |                           |                                   | Eligibility Criter                     |         | <b>×</b> A □ B □ (                    | _                                       |
|                                 |                                      |  |                               |                       |                           |                                   | check all that a<br>Eligibility Criter | ia      |                                       | -                                       |
| Nationa                         | ii Historic Presei                   | rvation Act (NHP/  | 4) Determinatio               | n Compl               | ete? Yes                  |                                   | check all that a                       |         | <b>X</b> A <b>X</b> B $\square$ (     | c 🗌                                     |
| ✓ CI                            | heck the box if y                    | our municipality   | or organization               | 1 Was co\             | vered und                 | er the 2003 MS4                   | l General Permi                        | t .     |                                       | *************************************** |
| MS4 Ir                          | frastructure                         | (if covered under t  | he 2003 permit)               |                       |                           | <del></del>                       |  |         |                                       |   |
|                                 |                                      | Outfall Map Con  |                               | V                     |                           |                                   | nents not met, e                       |         | 06/30/23                              |   |
|                                 | •                                    | rt B.3.(a.) of 2003  | ·                             |                       | estimate                  | d date of comp                    | letion (MM/DD/                         | YY):    | 00/30/23                              |   |
| f outfall m<br>or paper co      | ap is unavailable on                 | 4 map is publishe the internet an electri p must be included wi aborission ontlans | <sub>onic</sub> Map avail     | lable at T            | own Hall,                 | 22 Academy Av                     | enue, Atkinson                         |         |                                       | <del></del>                             |
|                                 |                                      | ities (if covered u  | nder the 2003 perm            | ilt)                  |                           |                                   |  |         |                                       |   |
| <b>ilicit Di</b><br>Part II, II | scharge Detec<br>II, IV or V, Subpai | tion and Elimina<br>et 8,3.(b.) of 2003 p  | ation (IDDE) Au<br>permit)    | ithority i            | Adopted?                  |                                   | Effective Date o<br>Date of Adoptic    |         |                                       | )                                       |
| C <b>onstru</b><br>Part II,III  | iction/Erosion<br>I,IV or V, Subpart | and Sediment C<br>8.4.(a.) of 2003 p   | ontrol (ESC) Au<br>ermit)     | athority              | Adopted                   |                                   | Effective Date o<br>Date of Adoptic    |         |                                       | )                                       |
|                                 |                                      | rmwater Manag<br>t B.5.(a.) of 2003 r  |                               | d?                    |                           | No 🗸                              | Effective Date o                       |         | ··· · · · · · · · · · · · · · · · · · | )                                       |

### Part II: Summary of Receiving Waters

'lease list the waterbody segments to which your MS4 discharges. For each waterbody segment, please report the number of outfalls discharging into it and, if applicable, any mpairments.

Vew Hampshire list of impaired waters: http://des.nh.gov/organization/divisions/water/wmb/swaa/

Theck off relevant pollutants for discharges to impaired waterbodies (see above 303(d) lists) without an approved TMDL in accordance with part 2:2.2 of the permit. List any other pollutants in the last column, if applicable.

| Waterbody segment that receives flow from the MS4 | Number of<br>outfalls into<br>receiving water<br>segment | Chloride | Chlorophyll-a | Dissolved Oxygen/<br>DO Saturation | Nitrogen | Oil & Grease/PAH | Phosphorus | Solids/ TSS/ | E. coli | Enterococcus | Other pollutant(s) causing impairments   |
|---|--|----------|---------------|------------------------------------|----------|------------------|------------|--------------|---------|--------------|--|
| NHLAK700061101-01-01- Island Pond                 | 1  |          | ×             |                                    | Ū.       |                  | ×          |              |         |              | Cyanobacteria, Mercury, pH, non-native aquatic plants  |
| NHRIV700061102-04 - Hog Brook                     | 1  |          |               |                                    |          |                  |            |              | T       |              |  |
| NHIMP700061102-01 - Hog Hill Brook                | 1  |          |               |                                    |          |                  |            |              |         |              |  |
| R*06  | 2  |          |               |                                    |          |                  |            |              |         |              |  |
| R*02  | 1  |          |               |                                    |          |                  |            |              |         |              |  |
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| See Note 1 in Section IV                          |  |          |               |                                    |          | <u> </u>         |            |              |         |              |  |

Click to lengthen table

#### Part III: Stormwater Management Program Summary

dentify the Best Management Practices (BMPs) that will be employed to address each of the six Minimum Control Measures (MCMs).

For each MCM, list each existing or proposed BMP by category and provide a brief description, responsible parties/departments, measurable goals, and the year the BMP will be employed (public education and outreach BMPs also requires a target audience). **Use the drop-down menus in each table or enter your own text to override the drop down menu.** 

#### MCM 1: Public Education and Outreach

| BMP Media/Category<br>(enter your own text to override the<br>drop down menu) | BMP Description   | Targeted Audience                                     | Responsible Department/Parties (enter your own text to override the drop down menu) | Measurable Goal  | Beginning<br>Year of<br>BMP<br>Imple-<br>mentation |
|---|---|---|---|--|--|
| Various delivery methods -  | Varied: Use outreach materials and guidance to implement outreach for relevant impairments (for example materials developed by the NH Seacoast Stormwater Coalition). | Residents   | Highway Department, Board of Selectmen  | To be determined with coordination with NH Seacoast Stormwater Coalition. Examples1) Increased awareness of proper fertilizer use. 2) Increased awareness of pet waste impacts to water quality. 3) Increased awareness of yard waste impacts to water quality. 4) Increased knowledge of importance of septic system testing. | Name and part and a College of the Co              |
| Various delivery methods  | Varied. Use outreach materials and guidance to implement outreach for relevant impairments (for example materials developed by the NH Seacoast Stormwater Coalition). | Businesses, Institutions and<br>Commercial Facilities | Highway Department, Board of Selectmen  | To be determined.  | Year 1   |

Town of Atkinson, New Hampshire Page 4 of 19 Varied. Use outreach materials and guidance to implement outreach for relevant Developers (construction) Various delivery methods To be determined. Year 2 Highway Department, Board of Selectmen impairments (for example materials developed by the NH Seacoast Stormwater Coalition). Varied. Use outreach materials and guidance to implement outreach for relevant Industrial Facilities Various delivery methods To be determined. Year 2 Highway Department, Board of Selectmen impairments (for example materials developed by the NH Seacoast Stormwater Coalition). .

| Town of Atkinson, New Hampshire   |   | Page 5 of 19   |
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Part III: Stormwater Management Program Summary (continued)

MCM 2: Public Involvement and Participation

| 3MP Categorization   | Brief BMP Description  (enter your own text to override the drop down menu) | Responsible Department/Parties (enter your own text to override the drop down menu) | Additional Description/<br>Measurable Goal  | Beginning<br>Year of<br>BMP<br>Imple-<br>mentation   |
|--|---|---|---|--|
| Public Review  | Make SWMP and annual reports available for public review.                   | Highway Department, Board of Selectmen  | Annual review of stormwater management plan; post SWMP on town website; paper copy at town hall for public review and comment | Year 2   |
| Public Participation   | Implement 1 or more public participation events/activities annually         | Highway Department, Board of Selectmen  | Public participation event(s) conducted   | Year 2   |
| Public Review  | Annual Reporting  | Highway Department, Board of Selectmen  | Annual reporting of public participation activity(ies) and public review/comment on SWMP                                      | Year 2   |
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| Town of Atkinson, New Hampshire | ·            |  | Page 7 of 19   |
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<u>Part III: Stormwater Management Program Summary (continued)</u>

ACM 3: Illicit Discharge Detection and Elimination (IDDE)

| BMP Categorization (enter your own text to override the drop down menu)        | BMP Description   | Responsible Department/Parties (enter your own text to override the drop down menu) | <b>Measurable Goal</b> (all text can be overwritten)   |
|--|---|---|--|
| lo Sanitary Sewer Overflow (SSO) in town                                       | Not Applicable  |   |  |
| lo Sanitary Sewer Overflow (SSO) in town                                       | Not Applicable  |   |  |
| Vritten Illicit Discharge and Detection Elimination (IDDE) program development | Create written IDDE program   | Highway Department, Board of Selectmen  | Complete within 1 year of the effective date of permit and update as required under sections 2.3.4.6-11        |
| mplement IDDE program  | Implement catchment investigations according to program and permit conditions                     | Highway Department, Board of Selectmen  | Complete 10 years after effective date of permit   |
| mplement employee training (if no employees, Select loard responsible)         | Train employees in IDDE program implementation  | Highway Department, Board of Selectmen  | Provide training annually  |
| Conduct dry weather screening and sampling                                     | Conduct in accordance with outfall screening procedure and permit conditions in section 2.3.4.7.b | Highway Department, Board of Selectmen  | Complete 3 years after effective date of permit, update annually and based on results of dry weather screening |
| Conduct wet weather screening and sampling                                     | Conduct in accordance with outfall screening procedures in in section 2.3.4.7.b                   | Highway Department, Board of Selectmen  | Complete 10 years after effective date of permit   |
| Ongoing screening  | Conduct dry weather-and wet weather screening (as necessary)                                      | Highway Department, Board of Selectmen  | Complete ongoing outfall screening on completion of IDDE program   |
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| Town of Atkinson, New Hampshire  | Page 9 of 19 |
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2art III: Stormwater Management Program Summary (continued)

MCM 4: Construction Site Stormwater Runoff Control

| BMP Description   | Responsible Department/Parties (enter your own text to override the drop down menu)  | Measurable Goal (all text can be overwritten)   |
|---|--|---|
| nact ESC Regulations  | Planning Board or Select Board through a public hearing process  | Complete within 1 year of the effective date of permit  |
| ocument procedures in<br>egulations and begin<br>aplementation  | Planning Board or Select Board through a public hearing process  | Complete within 1 year of the effective date of permit  |
| nact requirements for<br>onstruction operators to<br>oplement a sediment and<br>osion control program   | Planning Board or Select Board through a public hearing process  | Complete within 1 year of the effective date of permit  |
| nact requirements to control<br>astes, including but not<br>nited to, discarded building<br>aterials, concrete truck<br>ash out, chemicals, litter,<br>nd sanitary wastes | Planning Board.or Select Board through a public hearing process  | Complete within 1 year of the effective date of permit  |
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| o senior no a ma  | cument procedures in gulations and begin plementation act requirements for instruction operators to plement a sediment and ission control program act requirements to control stes, including but not ited to, discarded building terials, concrete truck sh out, chemicals, litter, | (enter your own text to override the drop down menu)  Planning Board or Select Board through a public hearing process  cument procedures in gulations and begin plementation  act requirements for instruction operators to plement a sediment and ission control program  act requirements to control stes, including but not ited to, discarded building terials, concrete truck sh out, chemicals, litter,  Planning Board or Select Board through a public hearing process  Planning Board or Select Board through a public hearing process  Planning Board or Select Board through a public hearing process  Planning Board or Select Board through a public hearing process  Planning Board or Select Board through a public hearing process  Planning Board or Select Board through a public hearing process  Planning Board or Select Board through a public hearing process  Planning Board or Select Board through a public hearing process |

| own of Atkinson, New Hampshire |  | Page 11 of 19 |
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Part III: Stormwater Management Program Summary (continued)

ACM 5: Post-Construction Stormwater Management in New Development and Redevelopment

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| BMP Categorization (enter your own text to override the drop down menu or entered text)  | BMP Description  | Responsible Department/Parties (enter your own text to override the drop down menu) | Measurable Goal (all text can be overwritten)  |
| As-built plans for on-site stormwater controls   | Enact procedures to require<br>submission of as-built plans<br>and ensure long term<br>operations and maintenance<br>as part of the SWMP   | Planning Board, Town Engineer, Building Inspector                                   | Require submission of as-built plans for completed projects.   |
| `arget properties for reduction in impervious cover  | Complete an inventory and priority ranking of permitee-owned property and existing infrastructure that could be retrofitted with BMPs designed to reduce the frequency, volume and pollutant loads of stormwater discharges to its MS4 through the mitigation of impervious area |   | Complete 4 years after effective<br>date of permit and report<br>annually on retrofitted<br>properties |
| Determine feasibility and allow for green infrastructure mplementation   | Report assessing existing local regulations to determine the feasibility of making green infrastructure practices allowable when appropriate site conditions exist   | Planning Board, Town Engineer or consultant   | Complete 4 years after effective date of permit and implement recomendations of report                 |
| itreet design and parking lot guidelines   | Report assessing requirements that affect the creation of impervious cover. The assessment will help determine if changes to design standards for streets and parking lots can be modified to support low impact design options.   | Planning Board, Town Engineer or consultant   | Complete 4 years after effective date of permit and implement recommendations of report                |

Part III: Stormwater Management Program Summary (continued)

MCM 6: Municipal Good Housekeeping and Pollution Prevention

| BMP Categorization  (enter your own text to override the drop down menu or entered text)                 | BMP Description   | Responsible Department/Parties<br>(enter your own text to override the drop down menu) | ,           | Measurable Goal (all text can be overwritten)   | Beginning<br>Year of<br>BMP<br>Imple-<br>mentation |
|--|---|--|-------------|---|--|
| Operation and Maintenance (O&M) Procedures   | Create written O&M procedures including all requirements contained in section 2.3.7.1 for parks and open spaces, buildings and facilities, and vehicles and equipment             | Highway Department, Town Engineer or consultant  |             | Complete and implement 2 years after effective date of permit   | Year 2   |
| nventory all permittee-owned parks and open spaces, buildings and facilities, and vehicles and equipment | Prepare inventory   | Highway Department, Town Engineer or consultant  | <b>&gt;</b> | Complete 2 years after effective date of permit and update inventory annually   | Year 2   |
| nfrastructure Operations and Maintenance   | Establish and record<br>annually implementation<br>of program activities for<br>maintenance, repair and<br>rehabilitation of MS4<br>infrastructure                                | Highway Department, Town Engineer or consultant  |             | Complete 2 years after effective date of permit   | Year 2   |
| tormwater Pollution Prevention Plan (SWPPP)  | Create SWPPPs for<br>municipal properties or<br>individual facilities per<br>requirements of section<br>2.3.7.2   | Highway Department, Town Engineer or consultant  | Y           | Complete 2 years after effective date of permit   | Year 2   |
| atch basin cleaning  | Establish schedule for catch basin cleaning such that each catch basin is no more than 50% full and clean catch basins on that schedule, ensure proper storage of basin cleanings | ·<br>Highway Department  | <b>\</b>    | Clean catch basins on<br>established schedule<br>and report number of<br>catch basins cleaned<br>and volume of material<br>moved annually | Year 1   |

| Fown of Atkinson, New Hampshire                                |   |  |  | Page 15 of 19 |
|--|---|--|--|---------------|
| Street sweeping program  | Sweep all (curbed) streets<br>and permitee-owned<br>parking lots in<br>accordance with permit<br>conditions                                   | Highway Department   | Sweep all streets and<br>permitee-owned<br>parking lots once per<br>year in the spring   | Year 1        |
| Road salt use optimization and winter road maintenance program | Establish and implement<br>a program to minimize<br>the use of road salt and<br>evaluate opportunities<br>for use of alternative<br>materials | Highway Department, Use Green SnowPro Program  | Implement salt use optimization program during deicing season  | Year 2        |
| nspections and maintenance of stormwater treatment structures  | Establish and implement inspection and maintenance procedures and frequencies   | Highway Department, Town Engineer or Consultant  | Inspect and maintain<br>treatment structures at<br>least annually  | Year 1        |
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Part III: Stormwater Management Program Summary (continued)

Actions for Meeting Total Maximum Daily Load (TMDL) Requirements

Jse the drop-down menus to select the applicable TMDL, action description to meet the TMDL requirements, and the responsible department/parties. If no options are applicable, or more than one, enter your own text to override drop-down menus. If submitting a NHDES approved alternative reduction plan, attach and submit it with the NOI.

| Applicable TMDL  None |          | Action Description                             | Responsible Department/Parties (enter your own text to override the drop down menu) |  |
|-----------------------|----------|--|---|--|
|                       |          | Adhere to requirements in Part I.1 of Appendix | <u> </u>  |  |
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|                       |          | <u> </u>                                       | <u> </u>  |  |

Part III: Stormwater Management Program Summary (continued)

Actions for Meeting Requirements Related to Water Quality Limited Waters

Jse the drop-down menus to select the pollutant causing the water quality limitation and enter the waterbody ID(s) experiencing excursions above water quality standards for that pollutant. Choose the action description from the dropdown menu and indicate the responsible party. If no options are applicable, or more than one, **enter your own text to override drop-down menus.** 

| Pollutant  | Waterbody ID(s)                   | Action Description                              | Responsible Department/Parties<br>(enter your own text to override the drop down menu)   |
|--|-----------------------------------|---|--|
| Phosphorus   | NHLAK700061101-01-01- Island Pond | Adhere to requirements in part II of Appendix H | Highway Department, Select Board, Conservation Commission  |
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Part IV: Notes and additional information

Use the space below to indicate the part(s) of 2.2.2 that you have identified as not applicable to your MS4 and provide all supporting documentation below or attach additional documents if necessary.

| Provide any additional information about your MS4 program below.   |                 |                       |                       |                              |             |
|--|-----------------|-----------------------|-----------------------|------------------------------|-------------|
| Note 1: See attached table for complete listing o each waterbody's impairments.  | f all waterbodi | es found within munic | cipal boundaries, imp | pairment status, and listing | of          |
| Note 2 - MCM 1Requires a minimum of two messages to the four audiences listed for a total of eight messages over permit term.<br>Additional messaging is required under Appendix H Part II for Water Quality Limited Waterbodies for phosphorus. |                 |                       |                       |                              |             |
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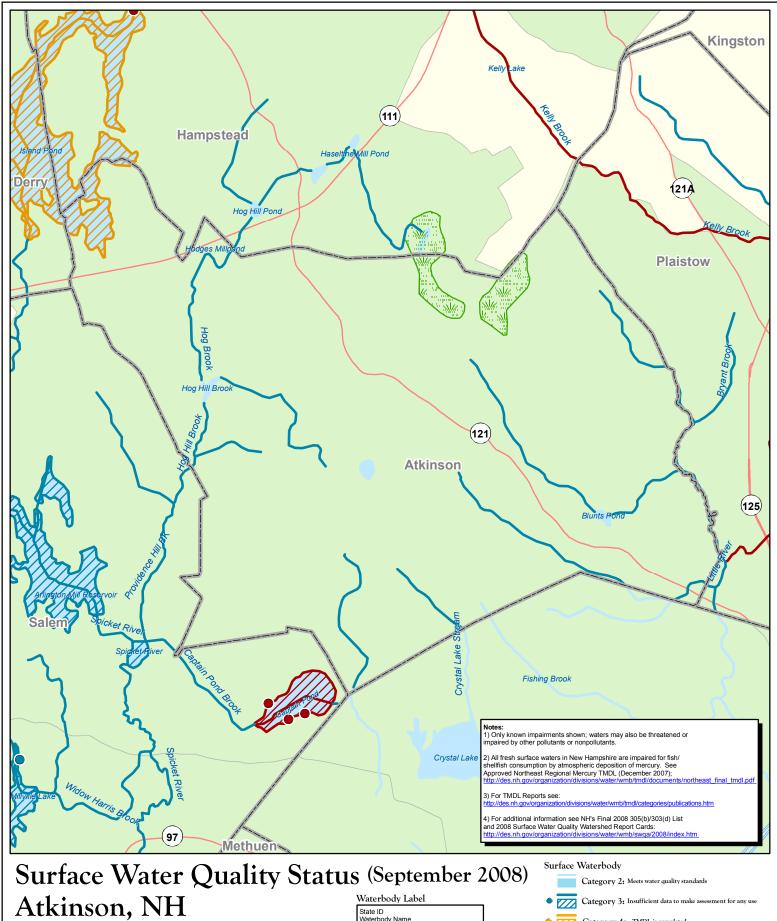
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#### Part V: Certification

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 gathered and evaluated 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, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I have no personal knowledge that the information submitted is other than 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.

| Name:      | William Baldwin  | Title: | Chair, Board of Selectmen |  |
|------------|--|--------|---------------------------|--|
| Signature: | Mithe Monday  To be stoned according to Appendix 8, Subparagraph 8, 11, Standard Conditions) | Date:  | 17-Sept 18                |  |

Note: When prompted during signing, save the document under a new file name



Map produced by EPA Region I GIS Center Map Tracker ID 4270, December 2008 Data Sources: New Hampshire Dept of Environmental Services, National Hydrography Dataset, TeleAtlas, US Census Bureau, USGS

State ID Waterbody Name

Category 4c Designated Use-Impairm Category 5 Designated Use-Pollutant

#### Designated Use Abbreviations

AL = Aquatic Life FC = Fish Consumption

PCR = Primary Contact Recreation SCR = Secondary Contact Recreation Sh = Shellfishing

Category 4a: TMDL is completed

Swamp/Marsh

Category 4b: TMDL not required because other pollution control requirements are reasonably expected to result in WQS attainment

Category 4c: TMDL not required since impairment is not

Category 5: Impaired or threatened for one or more designated uses and requiring a TMDL (303(d) listed waterbody)

MS4 Urbanized Areas (2000 Census)