

NHRO42002

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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 24 2003

Jeffrey M. Chierepko

Name

1056 North River Road

Mailing Address

Manchester

City/Town

(603) 625-5471

Telephone Number

MUNICIPAL ASSISTANCE UNIT

New Hampshire

03104

State

jchierepko@dhhs.state.nh.us

Email (if available)

2. Municipality Name

Youth Development Center

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:

N/A

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

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

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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
Merrimack River, NHRIV700060802-14-02 Name	Unknown Number	☐ Yes ☒ No	N/A Specify
Merrimack River NHIMP700060802-04 Name	Unknown Number	☒ Yes ☐ No	Escherichiacoli Specify
Merrimack River NHRIV700060803-14-01 Name	Unknown Number	☒ Yes ☐ No	Escherichiacoli Specify
Merrimack River NHRIV700060803-14-02 Name	Unknown Number	☒ Yes ☐ No	Escherichiacoli 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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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:

1-1

BMP ID #

Identify Storm Water
Coordinator

Specify Best Management Practice

YDC Facilities Engineer

Responsible Dept./Person Name

Assign responsibility

Specify Measurable Goal

1-2

BMP ID #

Develop, Distribute Informative
Ed. Material

Specify Best Management Practice

YDC Facilities Engineer

Responsible Dept./Person Name

Material distributed

Specify Measurable Goal

2. Public Participation:

2-1

BMP ID #

Comply with State Public
Notification Guidelines

Specify Best Management Practice

Youth Development Center

Responsible Dept./Person Name

Comply with State Public
Notification Guidelines

Specify Measurable Goal

2-2

BMP ID #

Storm Drain Stenciling
Program

Specify Best Management Practice

YDC Maintenance

Responsible Dept./Person Name

Stencil Storm Drains

Specify Measurable Goal

2-3

BMP ID #

Continue Used Oil &
Antifreeze Collection Program

Specify Best Management Practice

YDC Facilities Engineer

Responsible Dept./Person Name

Continue collection of used oil
& antifreeze

Specify Measurable Goal

3. Illicit Discharge Detection and Elimination:

3-1

BMP ID #

Develop Storm Sewer System
Map

Specify Best Management Practice

YDC Facilities Engineer

Responsible Dept./Person Name

Develop Map

Specify Measurable Goal

3-2

BMP ID #

Dry Weather Outfall Screening

Specify Best Management Practice

YDC Facilities Engineer

Responsible Dept./Person Name

Document findings, maintain
record

Specify Measurable Goal

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D. Storm Water Management Program Summary (Cont.)

3-3

BMP ID #

Develop Reg. Compliance
Mechanism

Specify Best Management Practice

YDC Facilities Engineer

Responsible Dept./Person Name

Create Policy

Specify Measurable Goal

3-4

BMP ID #

Develop Plan to Detect and
Address Illicit Discharges

Specify Best Management Practice

YDC Facilities

Responsible Dept./Person Name

Develop, Implement
Procedures

Specify Measurable Goal

4. Construction Site Runoff Control:

4-1

BMP ID #

Continue to comply with and
abide by existing ordinances

Specify Best Management Practice

YDC Facilities Engineer

Responsible Dept./Person Name

Continue Compliance

Specify Measurable Goal

4-2

BMP ID #

Procedures for Receipt of Info
Submitted by Public

Specify Best Management Practice

Assistant Director, DJJS

Responsible Dept./Person Name

Continue neighborhood
meetings, complete MOA

Specify Measurable Goal

4-3

BMP ID #

Requirements of an Erosion
and Sediment Control Plan
(ESCP)

Specify Best Management Practice

YDC Facilities Engineer

Responsible Dept./Person Name

Requirements of an Erosion
and Sediment Control Plan
prior to land disturbance

Specify Best Management Practice

5. Post Construction Runoff Control:

5-1

BMP ID #

Continue to Comply with and
Abide by Existing Ordinances

Specify Best Management Practice

YDC Facilities Engineer

Responsible Dept./Person Name

Continue Compliance

Specify Measurable Goal

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D. Storm Water Management Program Summary (Cont.)

6. Municipal Good Housekeeping:

6-1

BMP ID #

Add Vehicle Wash Area to
Planned Maintenance Policy
Specify Best Management Practice

YDC Facilities Engineer

Responsible Dept./Person Name

Add Requirement to Planned
Policy

Specify Measurable Goal

6-2

BMP ID #

Responsible Landscaping &
Lawn Care Training
Specify Best Management Practice

YDC Facilities / Grounds

Responsible Dept./Person Name

Incorporate Into Training
Schedule

Specify Measurable Goal

6-3

BMP ID #

Maintenance Activities
Planning & Scheduling
Specify Best Management Practice

YDC Facilities Engineer

Responsible Dept./Person Name

Purchase & Implement CMMS

Specify Measurable Goal

6-4

BMP ID #

Responsible Salt Storage &
Use
Specify Best Management Practice

YDC Facilities Engineer /
Maintenance

Responsible Dept./Person Name

Continue Indoor Salt Storage

Specify Measurable Goal

6-5

BMP ID #

Catch Basin Maintenance and
Cleaning
Specify Best Management Practice

YDC Facilities Engineer

Responsible Dept./Person Name

Develop Policy

Specify Measurable Goal

7. BMPs for Meeting Requirements of Part I.C. (Discharges to Water Quality Impaired Waters) and Part I.D. (Total Maximum Daily Load Allocations):

2-2

BMP ID #

Storm Drain Stenciling
Program
Specify Best Management Practice

YDC Maintenance

Responsible Dept./Person Name

Stencil Storm Drains

Specify Measurable Goal

6-2

BMP ID #

Responsible Landscaping &
Lawn Care Training
Specify Best Management Practice

YDC Facilities / Grounds

Responsible Dept./Person Name

Incorporate Into Training
Schedule

Specify Measurable Goal

6-5

BMP ID #

Catch Basin Maintenance &
Cleaning
Specify Best Management Practice

YDC Facilities Engineer

Responsible Dept./Person Name

Implement Cleaning &
Maintenance Contract

Specify Measurable Goal

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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.

Joseph Diament

Printed Name

Signature

A handwritten signature in black ink, appearing to read "Joseph Diament", written over a horizontal line.

22 vic
22/03
Date

