*The following permittees are considered* ***NEW PERMITTEES*** *and should use this template* ***OR*** *the* [*EPA Year 4 Annual Report Template for New Permittees*](https://www.nhms4.des.nh.gov/sites/g/files/ehbemt636/files/documents/2022-10/nhsc-yr-4-new-permittee-template.docx) *found on the NH MS4 website:*

* *Allenstown*
* *Newmarket*
* *Pembroke*
* *Raymond*
* *Stratham*
* *VA Medical Center-Manchester*
* *Wilton*

**Year 5 Annual Report**

**New Hampshire Small MS4 General Permit**

**NEW PERMITTEES**

**Reporting Period: July 1, 2022 - June 30, 2023**

##MUNICIPALITY

EPA NPDES Permit Number NHR041000

***Important Note:*** *This template is intended for use by* ***NEW PERMITTEES*** *under the 2017 NH MS4 General Permit.* ***NEW PERMITTEES*** *should use this template* ***OR*** *the* [*EPA Year 4 Annual Report Template for New Permittees*](https://www.nhms4.des.nh.gov/sites/g/files/ehbemt636/files/documents/2022-10/nhsc-yr-4-new-permittee-template.docx) *found on the NH MS4 website. If you are not a New Permittee, then you should use the* [*New Hampshire Stormwater Coalition Template for Existing Permittees*](https://www.nhms4.des.nh.gov/sites/g/files/ehbemt636/files/documents/2023-08/nhsc-yr5-ar-template-existing-permittees.docx) *found on the* [*Annual Reports/NOI webpage*](https://www.nhms4.des.nh.gov/nh-resources/annual-reports) *on the NH MS4 website.*

*The following permittees are considered* ***NEW PERMITTEES****:*

* *Allenstown*
* *Newmarket*
* *Pembroke*
* *Raymond*
* *Stratham*
* *VA Medical Center-Manchester*
* *Wilton*

*For questions regarding your status under an Existing Permittee versus a New Permittee, contact Deb Loiselle (*[*Deborah.Loiselle@des.nh.gov*](mailto:Deborah.Loiselle@des.nh.gov)*) or Tom Swenson (*[*Thomas.Swenson@des.nh.gov*](mailto:Thomas.Swenson@des.nh.gov)*).*

*Document Instructions*

*All* ***red*** *text within this template are informational only and contain instructions or important notes to help permittees better understand what is needed for each requirement. All instructions and important notes can be removed from the template before submission to EPA. The text boxes located around the instructions and important notes should be removed as well.*

*Permittees* ***should not*** *delete any sections from the template even if the section is not applicable to their community or non-traditional. Use the supplied check boxes within each section to indicate that the section is not applicable rather than deleting the section.*

*All wording highlighted in* yellow *indicates areas where the permittee needs to fill in information specific to their community or non-traditional.*

Certification of Small MS4 Year 5 Annual Report

***Instructions:*** *All reports, including SWPPPs, inspection reports, annual reports, monitoring reports, reports on training, Nitrogen and Phosphorus Source Identification Reports for Year 5, and other information required by this permit must be signed by a person described in Appendix B, Subsection 11.A or by a duly authorized representative of that person in accordance with Appendix B, Subsection 11.B. If there is an authorized representative to sign MS4 reports, there must be a signed and dated written authorization. Use the following language if your municipality wishes to file using an authorized representative.*

“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 am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.”

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Printed Name: | | |  | | |
| Title: |  | | | | |
| Signature: | |  | | Date: |  |

***Instructions:*** *If a Duly Authorized Representative is signing as described in Appendix B, then use the above language and note where the authorization letter is located by checking one of the boxes below.*

**Authorized Representative:**

The authorization letter is:

|  |  |
| --- | --- |
| Attached to this document (document name listed below): | |
|  | |
| Publicly available at the website: |
|  |

**Primary MS4 Program Manager Contact Information:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | |  | | | Title/Position: |  | | | |
| Department: | | |  | | | | | | |
| Street Address: | | | |  | | | | | |
| City: |  | | | | State: New Hampshire | | | Zip Code: |  |
| Email: |  | | | | Phone Number: | |  | | |

Small MS4 Authorization

The following annual report, which serves as a self-assessment, is intended to document the activities undertaken over the **reporting period from July 1, 2022, through June 30, 2023,** in accordance with the Permit.

The Notice of Intent (NOI) can be found at the following (document name or web address):

|  |
| --- |
| [https://www.epa.gov/npdes-permits/regulated-ms4-new-hampshire-communities](http://www.epa.gov/npdes-permits/regulated-ms4-new-hampshire-communities) |

Compliance activities have been identified and described in the ##MUNICIPALITY’s Stormwater Management Program Plan (SWMP) and Illicit Discharge Detection and Elimination (IDDE) Plan. Those documents and other pertinent Year 5 information can be found in submission or at the following websites, and will be referred to throughout this report:

***Instructions:*** *Attachments required for all permittees.*

|  |
| --- |
| SWMP: <insert website link to document **and/or** note physical address where swmp is located and available to the public> |
| Date SWMP was Last Updated: <insert date> |
| IDDE Program Plan: <see attached submission **and/or** insert website link to document>  *IDDE Program Plan should be updated annually and include annual requirements.* |
| System Map <see attached submission **and/or** insert website link to document> |
| Update SSO Inventory: <see attached submission **and/or** insert website link to document> |
| Updated Inventory and Ranking of Outfalls/Interconnections: <see attached submission **and/or** insert website link to document> |
| Dry Weather Screening Data: <see attached submission **and/or** insert website link to document> *Only if you conducted dry weather sampling during Year 5. If not, put not applicable.* |
| Wet Weather Screening Data: <see attached submission **and/or** insert website link to document> *Only if you conducted wet weather sampling during Year 5. If not, put not applicable.* |
| Written Catchment Investigation Procedures: <see attached submission **and/or** insert website link to document> |
| Catchment Investigation Data: <see attached submission **and/or** insert website link to document> *Only if you conducted catchment sampling during Year 5. If not, put not applicable.* |
| Illicit Discharge Removal Report: <see attached submission **and/or** insert website link to document> |
| Written Procedures for Site Plan Reviews, Site Inspections and the Enforcement of Sediment and Erosion Control Measures: <see attached submission **and/or** insert website link to document> *Only if not previously submitted in your Year 3 Annual Report. If already submitted, put not applicable.* |
| Requirements for Construction Operators to Implement a Sediment and Erosion Control Program: <see attached submission **and/or** insert website link to document>*Only if not previously submitted in your Year 3 Annual Report. If already submitted, put not applicable.* |
| Results from additional stormwater or receiving water quality monitoring reports or studies: <see attached submission **and/or** insert website link to document> |

***Instructions:*** *Attachments required as applicable and as determined in Appendix H.*

*If your community or non-traditional does not have an impairment listed below, write “Not applicable”.*

*The following lists of permittees with impaired waterbodies are based on the New Hampshire 2020/2022 EPA approved 303(d) list and the 305(b) report, but may not be the most up-to-date list of permittees with impaired waterbodies as identified by NHDES. Although this list is based on the New Hampshire 2020/2022 EPA approved 303(d) list and the 305(b) report, it was generated for informational purposes only, and permittees should review the lists to determine if the impaired waterbodies are within their NH MS4 regulated area. The**lists of permittees**with impaired waterbodies were not produced with or approved by EPA. The MS4 permit was issued by and is administered by EPA, and they alone have jurisdiction over permit requirements. This list was generated through a GIS analysis by spatially intersecting NH MS4 regulated areas with impaired waterbodies. Although NHDES has confidence in the results, the analysis has the potential to miss waterbodies due to inherent spatial complexities.*

*New Permittees with chloride impairments include:*

* *Stratham*

|  |
| --- |
| Salt Reduction Plan: <see attached submission **and/or** insert website link to document> |
| Annual Salt Usage Report <see attached submission **and/or** insert website link to document> |

*New Permittees with solids, oil and grease (hydrocarbons), or metals impairments:*

* *Newmarket*
* *Raymond*
* *Stratham*
* *Wilton*

|  |
| --- |
| Street Sweeping Schedule: <see attached submission **and/or** insert website link to document> |

***Instructions:*** *Attachments required as applicable and as determined in Appendix F.*

*If your community or non-traditional does not have a TMDL listed below, write “Not applicable”.*

*New Permittees with chloride TMDLs include:*

* *There are no New Permittees with chloride TMDLs.*

|  |
| --- |
| Chloride Reduction Plan: <see attached submission **AND/OR** insert website link to document> |
| Annual Salt Usage Report <see attached submission **and/or** insert website link to document> |

*New Permittees with lake and pond phosphorus TMDLs:*

* *Raymond*

|  |
| --- |
| Lake Phosphorus Control Plan *(for additional information, see the Lake Phosphorus Control Plan section on page 35 of this template)*: <see attached submission **and/or** insert website link to document> |
| Lake Phosphorus Control Plan (Items 1-4)*(for additional information, see the Lake Phosphorus Control Plan section on page 35 of this template)*: <see attached submission **and/or** insert website link to document> |

***Instructions:*** *Check off all requirements that have been completed, either PARTIALLY or FULLY. By checking each of the boxes, you are certifying that you have completed (partially or fully) that permit requirement.*

***Important Note:*** *If you have not fully completed a requirement, provide narrative explaining why the requirement was not completed, progress made during reporting period, anticipated date of completion, and any other pertinent information relative to the requirement. This narrative should be included in the text boxes noted after each reporting section. The text boxes also provide the permittee an opportunity to include any additional details on the requirements.*

*Throughout this template, and as required by the permit, there are sections that require the permittee to supply documents either by attaching them to their annual report email submission or supplying the direct website link where they can be found. The New Hampshire Stormwater Coalitions are recommending that permittees do both by attaching the documents to their annual report email submission AND supplying the direct website link. This ensures that EPA receives all required documents.*

Self-Assessment

Select the impairment(s) and/or TMDL(s) that are applicable to your MS4. Make sure you are referring to the 2020/2022 EPA approved Section 303(d) Impaired Waters List which was used for the Year 5 reporting period and can be found on the [NHDES webpage](https://www.des.nh.gov/sites/g/files/ehbemt341/files/documents/r-wd-20-18.pdf#:~:text=On%20October%2016%2C%202020%2C%20the%20New%20Hampshire%20Department,Assessment%20and%20Listing%20Methodology%20%28CALM%29%20for%20public%20comments.).

All **Appendix F and H** **requirements** can be found under “Appendix F and H: Water Quality Limited Waters & TMDLs” section of this report.

***Instructions:*** *Check all that apply.*

|  |  |  |
| --- | --- | --- |
| Impairment(s) | | |
| Bacteria/Pathogens | Chloride | Nitrogen |
| Phosphorus | Solids/Oil/Grease (Hydrocarbons)/Metals | |
| TMDL(s) | | |
| Bacteria and Pathogens | Chloride | Lake and Pond Phosphorus |

Receiving Waters/Impaired Waters/TMDL

***Instructions:*** *For reference, use the 2020/2022 303(d) Water Quality Impairments spreadsheet found on the permitee’s* [*Permittee-Specific Resources*](https://www.nhms4.des.nh.gov/nh-resources/permittee-specific-resources) *webpage on the NH MS4 website.*

Have you made any changes to your lists of receiving waters, outfalls, or impairments since the NOI was submitted?

*The municipality should choose one of the following statements:*

Yes

##MUNICIPALITY’s has made changes to the list of receiving waters, outfalls, or impairments since the NOI submission. The following impairments and/or TMDLs have been added or delisted:

Water Quality Impaired Waters:

TMDL:

*Or*

No

##MUNICIPALITY has not made changes to the list of receiving waters, outfalls, or impairments since the NOI submission.

***Instructions: If any of the requirements above were incomplete or if you would like to provide any additional relevant details about any of the requirements, use the space below.***

Describe progress made on any **incomplete requirements** listed above **or** optionally provide any additional relevant details, in the box below:

|  |
| --- |
| ##Describe any progress made on any incomplete requirements **OR** note as Not Applicable. |

Minimum Control Measures

***Instructions:*** *Please fill out all the metrics below. If applicable, include in the description who completed the task if completed by a third party.*

*The following describes SSC or NHLMV Education & Outreach decisions made collectively and available on the* [*MCM #1 webpage*](https://www.nhms4.des.nh.gov/mcm-and-appendices/mcm-1) *on the NH MS4 website. This language should also be included in your SWMP.*

MCM 1: Public Education

Total number of all MS4 related educational efforts completed ***during this reporting period***: ##Number of educational efforts

Were any of the messages below different than what was proposed in your NOI?

No

Yes. ##MUNICIPALITY made changes due to ##Reason changes were made.

BMP: Grass and Fertilizer

**Outreach Resources:**

Grass and fertilizer related flyers, mailers, postcards, videos, and social media posts found on the [MCM #1 webpage](https://www.nhms4.des.nh.gov/mcm-and-appendices/mcm-1) of the NH MS4 website.

**Description:**

*The municipality should choose a minimum of one of the following statements:*

Distribution and promotion of “Green Grass and Clean Water” **and/or** municipally created flyers, mailers, postcards, videos **and/or** social media posts. “Green Grass and Clean Water” materials were produced by UNH Cooperative Extension, NH Sea Grant, and NHDES outlining simple recommendations to keep lawns healthy while reducing water quality impacts - including proper fertilizer techniques and disposal of grass clippings.

*And/Or*

##MUNICIPAL Campaign (Display at event, public presentation etc.)

**Targeted Audience:**

Residential ***and/or*** Business and Institutions

**Responsible Department/Parties:**

##Department/Parties who were responsible for this MS4 outreach effort

**Measurable Goal(s):**

*The municipality should choose a minimum of one of the following statements:*

Residents that are lawn care enthusiasts understand the potential water quality impacts from fertilizer and improper disposal of grass clippings and are aware of the proper lawn care management techniques for reducing those impacts. Measurement includes quantity of materials distributed.

Following are the number of flyers, mailers, **and/or** postcards that were distributed ***during this reporting period*:**

Year 5 = ##Number of flyers

Year 5 = ##Number of mailers

Year 5 = ##Number of postcards

*And/Or*

Following is the number of impressions the social media posts received ***during this reporting period***:

Year 5 = ##Number of impressions

*And/Or*

Following is the number of views the videos received ***during this reporting period***:

Year 5 = ##Number of views

*And/Or*

##MUNICIPAL Campaign Metrics (Location and number of people who viewed display at event, number of people who attended the public presentation, etc.) ***during this reporting period.***

**Goal was achieved.**

**Message Date:** ##Date

BMP: Pet Waste Disposal

**Outreach Resources:**

Pet waste related flyers, mailers, postcards, and videos found on the [MCM #1 webpage](https://www.nhms4.des.nh.gov/mcm-and-appendices/mcm-1) of the NH MS4 website.

**Description:**

*The municipality should choose a minimum of one of the following statements:*

Distribution and promotion of “Every Drop” **and/or** municipally created flyers, mailers, postcards, brochures, **and/or** videos with educational information about proper pet waste management, impacts of improper management, pet waste ordinance, and disposal requirements messaging. May include the “Every Drop” pledge to pick up pet waste to be made available during dog registration and other events or venues (veterinarians, dog training, groomers, etc.). Every Drop is a collaborative education effort with PREP, NHDES and other partners.

*And/Or*

##MUNICIPAL Campaign (Display at event, installation of dog waste stations, etc.)

**Targeted Audience:**

Residents - Pet Owners

**Responsible Department/Parties:**

##Department/Parties who were responsible for this MS4 outreach effort

**Measurable Goal(s):**

*The municipality should choose a minimum of one of the following statements:*

Dog owners and/or dog walkers are aware of the potential water quality impacts from pet waste, local pet waste ordinances, and how to dispose of pet waste properly. If pledges are signed, there will be an increase of dog owners committed to picking up pet waste.

Following is the number of residents that pledged through the PREP “Every Drop” website ***during this reporting period***:

Year 5 = ##Number

*And/Or*

Following are the number of flyers, mailers, postcards, **and/or** brochures that were distributed ***during this reporting period*:**

Year 5 = ##Number of flyers

Year 5 = ##Number of mailers

Year 5 = ##Number of postcards

Year 5 = ##Number of brochures

*And/Or*

Following is the number of views the videos received ***during this reporting period***:

Year 5 = ##Number of views

*And/Or*

##MUNICIPAL Campaign Metrics (Location and number of people who viewed display at event, number of dog waste stations installed, etc.) ***during this reporting period.***

**Goal was achieved.**

**Message Date:** Summer ***Or*** time of license renewal ***Or*** municipal campaign date

BMP: Disposal of Leaf and Grass Clippings

**Outreach Resources:**

Leaf and grass clippings related flyers, brochures, pledges, door hangers, and videos found on the [MCM #1 webpage](https://www.nhms4.des.nh.gov/mcm-and-appendices/mcm-1) of the NH MS4 website.

**Description:**

*The municipality should choose a minimum of one of the following statements:*

Distribution and promotion of municipally created flyers, brochures, pledges, door hangers, and videos with messaging about impacts from yard waste to waterbodies, alternatives to dumping yard waste, and laws against dumping yard waste near or in waterbodies.

*And/Or*

##MUNICIPALITY has implemented a composting effort/program by ##MUNICIPAL Composting Campaign (Supplying the composting bins for free or at a reduced rate, allowing the public to drop off compostable materials at municipally-owned properties, and/or providing educational materials on the water quality benefits of composting, etc.).

*And/Or*

##MUNICIPAL Campaign (Display at event, public presentation etc.)

**Targeted Audience:**

Residential ***and/or*** Business and Institutions

**Responsible Department/Parties:**

##Department/Parties who were responsible for this MS4 outreach effort

**Measurable Goal(s):**

*The municipality should choose one of the following statement(s) as appropriate:*

Residents are aware of the water quality impacts of yard waste dumping near or in water bodies and safe alternatives for yard waste disposal.

Following are the number of flyers, brochures, and door hangers that were distributed ***during this reporting period*:**

Year 5 = ##Number of flyers

Year 5 = ##Number of brochures

Year 5 = ##Number of door hangers

*And/Or*

Following is the number of residents that signed a yard waste pledge ***during this reporting period***:

Year 5 = ##Number of residents

*And/Or*

Following is the number of views the videos received ***during this reporting period***:

Year 5 = ##Number of views

*And/Or*

##MUNICIPAL Composting Campaign Metrics (Number of the composting bins provided or sold, amount of compostable material received from residents at municipally-owned properties, or number of composting related outreach materials disperse, etc.) ***during this reporting period.***

*And/Or*

##MUNICIPAL Campaign Metrics (Location and number of people who viewed display at event, number of people who attended the public presentation, etc.) ***during this reporting period.***

**Goal was achieved.**

**Message Date:** Fall  ##Date

BMP: Septic System Maintenance

**Outreach Resources:**

Septic system related brochures, letters, videos **and/or** social media posts found on the [MCM #1 webpage](https://www.nhms4.des.nh.gov/mcm-and-appendices/mcm-1) of the NH MS4 website.

**Description:**

*The municipality should choose a minimum of one of the following statements:*

Distribution and promotion of Get Pumped NH, EPA, **and/or** municipally created brochures, letters, videos **and/or** social media posts educating New Hampshire homeowners with septic systems on how to identify, locate and maintain those systems. Get Pumped NH is a collaborated effort between the New Hampshire Association of Septage Haulers (NHASH) and the New Hampshire Department of Environmental Services (NHDES).

*And/Or*

##MUNICIPAL Campaign Metrics (Location and number of people who viewed display at event, number of people who attended the public presentation, etc.).

**Targeted Audience:**

Septic System Owners

**Responsible Department/Parties:**

##Department/Parties who were responsible for this MS4 outreach effort

**Measurable Goal(s):**

*The municipality should choose the following statement(s) as appropriate:*

Residents are aware of water quality impacts from septic systems, the importance of maintaining septic systems, and how to maintain them.

Following are the number of brochures and letters that were distributed ***during this reporting period*:**

Year 5 = ##Number of brochures

Year 5 = ##Number of letters

*And/Or*

Following is the number of impressions the social media posts received ***during this reporting period***:

Year 5 = ##Number of impressions

*And/Or*

Following is the number of views the videos received ***during this reporting period***:

Year 5 = ##Number of views

*And/Or*

##MUNICIPAL Campaign Metrics (Location and number of people who viewed display at event, etc.) ***during this reporting period.***

**Goal was achieved.**

**Message Date:** ##Season the Municipality to update ##Date

BMP: Industrial Outreach

**Outreach Resources:**

Industrial facilities related letter and fact sheets found on the [MCM #1 webpage](https://www.nhms4.des.nh.gov/mcm-and-appendices/mcm-1) of the NH MS4 website.

**Description:**

*The municipality should choose one of the following statements:*

##MUNICIPALITY does not have any industrial facilities located within the NH MS4 regulated area that are permitted under the NPDES Multi-Sector General Permit. This has been documented in ##MUNICIPALITY’s NOI and SWMP that this audience is absent from the municipality. No education or outreach efforts were conducted ***during this reporting period*** for the industrial audience as a result.

*Or*

Provided an outreach letter and Industrial Facilities Fact Sheet to the permittees that fall under the Multi-Sector General Permit and whose facilities are located within the NH MS4 regulated area (and outside of the NH MS4 regulated area) to educate them on both the new and updated requirements within the EPA 2021 Multi-Sector General Permit, and the 2017 NH MS4 General Permit.

**Targeted Audience:**

Industrial facilities regulated under the Multi-Sector General Permit located within the regulated NH MS4 area and outside of the NH MS4 regulated area.

**Responsible Department/Parties:**

##Department/Parties who were responsible for this MS4 outreach effort

**Measurable Goal(s):**

Operators and managers of industrial facilities are made aware of the updates and changes made to the EPA 2021 Multi-Sector General Permit including the requirements to additional monitoring, updated benchmark thresholds and monitoring schedules, monitoring of impaired waters, and specific additional monitoring depending on the industry sector. In addition, noted the overlapping requirements with the NH MS4 General Permit.

Following are the number of outreach letters **and/or** fact sheets that were distributed to municipal or local organizations ***during this reporting period***:

Year 5 = ##Number of letters

Year 5 = ##Number of fact sheets

**Goal was achieved.**

**Message Date:** ##Date.

***Instructions:*** *If any of the requirements in MCM #1 were incomplete or if you would like to provide any additional relevant details about any of the requirements, use the space below.*

Describe progress made on any **incomplete requirements** listed above **or** optionally provide any additional relevant details, in the box below:

|  |
| --- |
| ##Describe any progress made on any incomplete MCM #1 requirements **OR** note as Not Applicable. |

MCM 2: Public Participation

Provided an opportunity for public participation in review and implementation of SWMP and complied with State Public Notice requirements as described in the ##MUNICIPALITY SWMP.

Kept records relating to the permit available for 5 years and made available to the public.

Describe the opportunity provided for public involvement in the development of the Stormwater Management Program (SWMP) ***during this reporting period***:

**Description:**

The Stormwater Management Program (SWMP) was publicly reviewed at ##Municipality to enter information on how the SWMP was made available to the public. Documents and records relating to the permit are retained and available for 5 years to the public at ##location of where records are kept such as at town hall **and/or** on website.

**Was this opportunity different than what was proposed in your NOI?**

No

Yes. ##MUNICIPALITY made the following changes: ##Changes made.

**Measurable Goal(s):**

Input was received and records are maintained. **Goal was achieved.**

*Reporting the following is optional:*

Describe any other public involvement or participation opportunities conducted ***during this reporting period*:**

*The municipality should choose a minimum of one of the following statements:*

Public involvement or participation opportunities are ancillary to daily operations.

*And/Or*

##MUNICIPALITY has conducted the following public involvement or participation opportunities ##Note any public involvement or participation opportunities such as Touch-A-Truck, Household Hazardous Waste Collection Day, Enviroscape Demonstration, etc.

***Instructions:*** *If any of the requirements in MCM #2 were incomplete or if you would like to provide any additional relevant details about any of the requirements, use the space below.*

Describe progress made on any **incomplete requirements** listed above **or** optionally provide any additional relevant details, in the box below:

|  |
| --- |
| ##Describe any progress made on any incomplete MCM #2 requirements **OR** note as Not Applicable. |

MCM 3: Illicit Discharge Detection and Elimination (IDDE)

***Instructions:*** *All MCM #3 resources can be found on* *the* [*MCM #3 webpage*](https://www.nhms4.des.nh.gov/mcm-and-appendices/mcm-3) *on the NH MS4 website. The information for the requested requirements in the MCM #3 Section of this report can/should be found in your municipal IDDE Program Plan.*

Sanitary Sewer Overflows (SSOs)

***Instructions:*** *The information below can/should be found in your municipal IDDE Program Plan.* *For reference, the Seacoast Stormwater Coalition created the* *[IDDE Program Plan Template](https://www.nhms4.des.nh.gov/sites/g/files/ehbemt636/files/documents/2022-08/seacoast-stormwater-idde-template.docx), and, the New Hampshire Lower Merrimack Valley created the* [*IDDE Program Plan Template*](https://www.nhms4.des.nh.gov/sites/g/files/ehbemt636/files/documents/2022-10/idde-plan-may-2019-man-nash-coal_0.docx) *which can be found on the* [*MCM #3 webpage*](https://www.nhms4.des.nh.gov/mcm-and-appendices/mcm-3) *on the NH MS4 website.*

*The municipality should choose one of the following statements:*

This SSO section is NOT applicable because we DO NOT have sanitary sewer.

*Or*

SSO inventory was completed in Year ##Year. This SSO section is NOT applicable because we DID NOT find any new SSOs. The inventory can be found in submission **and/or** found at the following website ##website link.

*Or*

Identified and developed an inventory of all known locations where SSOs have discharged to the MS4 in the last four years during the reporting period and can be found in submission **and/or** found at the following website ##website link.

*The municipality must report on the following metrics:*

*Below, report on the number of SSOs identified in the MS4 system and removed:*

Number of SSOs identified ***during this reporting period***: ##Number

Number of SSOs removed ***during this reporting period***: ##Number

MS4 System Mapping

***Instructions:*** *The information below can/should be found in your municipal IDDE Program Plan. For reference, the Seacoast Stormwater Coalition created the* [*IDDE Program Plan Template*](https://www.nhms4.des.nh.gov/sites/g/files/ehbemt636/files/documents/2022-08/seacoast-stormwater-idde-template.docx)*, and, the New Hampshire Lower Merrimack Valley created the* [*IDDE Program Plan Template*](https://www.nhms4.des.nh.gov/sites/g/files/ehbemt636/files/documents/2022-10/idde-plan-may-2019-man-nash-coal_0.docx) *which can be found on the* [*MCM #3 webpage*](https://www.nhms4.des.nh.gov/mcm-and-appendices/mcm-3) *on the NH MS4 website.*

The following elements of the Phase I map have been completed:

☐ Outfalls and receiving waters

☐ Open channel conveyances

☐ Interconnections

☐ Municipally-owned stormwater treatment structures

☐ Waterbodies identified by name and indication of all use impairments

☐ Initial catchment delineations

Provide additional status information regarding your map:

*The municipality should choose one of the following statements:*

##MUNICIPALITY has **partially** completed the Phase 1 mapping elements as identified in the checkbox(s) above. The current state of the partially completed elements and reason for the delay in completion are as follows: ##state of partially completed elements.

*Or*

##MUNICIPALITY has **fully** completed the Phase 1 mapping element(s) as identified in the checkbox(s) above.

***Or***

##MUNICIPALITY has **fully** completed the Phase 1 mapping element(s) listed here: ##list of fully completed elements. ##MUNICIPALITY has **partially** completed the Phase 1 mapping elements listed here: ##list of partially completed elements. The current state of the partially completed elements and reason for the delay in completion are as follows: ##state of partially completed elements.

Screening of Outfalls/Interconnections

***Instructions:*** *All outfall monitoring data collected during this reporting period must be submitted with your annual report. Outfall monitoring results should include the date, outfall/interconnection identifier, location, weather conditions at time of sampling, precipitation in previous 48 hours, field screening parameter results, and results from all analyses.*

*If you conducted any monitoring, you will need to include the results as part of the submission. Either attach to the email you send to EPA or include the weblink where it is located, in the response below.*

*The information below can/should be found in your municipal IDDE Program Plan.* *For reference, the Seacoast Stormwater Coalition created the* [*IDDE Program Plan Template*](https://www.nhms4.des.nh.gov/sites/g/files/ehbemt636/files/documents/2022-08/seacoast-stormwater-idde-template.docx)*, and, the New Hampshire Lower Merrimack Valley created the* [*IDDE Program Plan Template*](https://www.nhms4.des.nh.gov/sites/g/files/ehbemt636/files/documents/2022-10/idde-plan-may-2019-man-nash-coal_0.docx) *which can be found on the* [*MCM #3 webpage*](https://www.nhms4.des.nh.gov/mcm-and-appendices/mcm-3) *on the NH MS4 website.*

Dry Weather Screening

***Important note:*** *All dry weather data collected during this reporting period must be submitted with your annual report.*

***Instructions:*** *This requirement is due in Year 6. However, any dry weather sampling that was completed during Year 5 is required to be submitted to EPA as part of the Year 5 Annual Report.*

The municipality should choose one of the following statements:

No outfalls were inspected for dry weather screening ***during this report period***.

*Or*

Outfalls were inspected for dry weather screening ***during this report period*** and data can be found in submission **and/or** at the following website ##website link.

*The municipality must report on the following metrics:*

*Below, report on the number of outfalls screened in the MS4 system:*

Number of outfalls/interconnections screened ***during this reporting period***: ##Number

Percent of total known outfalls/interconnections screened ***to date*** ***(Year 1 – Year 5)***: ##Percentage

***Instructions:*** *The* [*Inventory and Ranking Outfalls/Interconnections spreadsheet*](https://www.nhms4.des.nh.gov/sites/g/files/ehbemt636/files/documents/2022-08/ssc-outfall-ranking.xlsx) *must be updated based on monitoring results and be submitted with your annual report.*

*The information below can/should be found in Appendix C of your municipal IDDE Program Plan. For reference, the Seacoast Stormwater Coalition created the* [*IDDE Program Plan Template*](https://www.nhms4.des.nh.gov/sites/g/files/ehbemt636/files/documents/2022-08/seacoast-stormwater-idde-template.docx)*, and, the New Hampshire Lower Merrimack Valley created the* [*IDDE Program Plan Template*](https://www.nhms4.des.nh.gov/sites/g/files/ehbemt636/files/documents/2022-10/idde-plan-may-2019-man-nash-coal_0.docx) *which can be found on the* [*MCM #3 webpage*](https://www.nhms4.des.nh.gov/mcm-and-appendices/mcm-3) *on the NH MS4 website.*

*The municipality should choose one of the following statements:*

The inventory and ranking of outfalls/interconnections was not updated during Year 5 because outfalls/interconnections were not inspected.

*Or*

The inventory and ranking of outfalls/interconnections was updated in Year 5 and the IDDE Program Plan was revised as a result. The revised inventory and ranking of outfalls/interconnections can be found in submission **and/or** at the following website ##website link.

Wet Weather Screening

***Important note:*** *All wet weather data collected during this reporting period must be submitted with your annual report.*

***Instructions:*** *Wet weather testing was not required in Year 5 and is not due until Year 10 (for Problem Outfalls and outfalls/interconnections that identify sewer input) and Year 13 (for High and Low Priority ranked outfalls).*

*The municipality should choose one of the following statements:*

No outfalls/interconnections were inspected for wet weather screening ***during this report period***.

*Or*

Wet weather outfall/interconnection screening data can be found in submission **and/or** at the following website ##website link.

*The municipality must report on the following metrics:*

**Number** of outfalls/interconnections screened ***during this reporting period***: ##Number

**Percent** of total known outfalls/interconnections screened ***to date*** ***(Year 1 – Year 5)***: ##Percentage

*Reporting the following is optional:*

Provide additional information regarding your dry and/or wet weather screening: ##Additional information.

Catchment Investigations

***Instructions:*** *The information below can/should be found in your municipal IDDE Program Plan. For reference, use the* [*Written Catchment Investigation Procedures*](https://www.nhms4.des.nh.gov/sites/g/files/ehbemt636/files/documents/2022-08/catchment-investigations-nh.docx) *which can be found on the* [*MCM #3 webpage*](https://www.nhms4.des.nh.gov/mcm-and-appendices/mcm-3) *on the NH MS4 website.*

*The following is a Year 5 requirement. The municipality should choose one of the following statements:*

Written catchment investigations procedures have not been fully developed because ##reasoning for not completing requirement.

*Or*

Written catchment investigations procedures have been completed and can be found within ##MUNICIPALITY’s IDDE Program Plan in submission **and/or** at the following website ##website link.

***Instructions:*** *This requirement is due in Year 10 (for Problem Outfalls and outfalls/interconnections that identify sewer input) and Year 13 (for High and Low Priority ranked outfalls).*

*However, all dry and/or wet weather data collected during this reporting period must be submitted with your annual report.*

*The information below can/should be found in your municipal IDDE Program Plan. For reference, the Seacoast Stormwater Coalition created the* [*IDDE Program Plan Template*](https://www.nhms4.des.nh.gov/sites/g/files/ehbemt636/files/documents/2022-08/seacoast-stormwater-idde-template.docx)*, and, the New Hampshire Lower Merrimack Valley created the* [*IDDE Program Plan Template*](https://www.nhms4.des.nh.gov/sites/g/files/ehbemt636/files/documents/2022-10/idde-plan-may-2019-man-nash-coal_0.docx) *which can be found on the* [*MCM #3 webpage*](https://www.nhms4.des.nh.gov/mcm-and-appendices/mcm-3) *on the NH MS4 website.*

*The municipality should choose one of the following statements:*

No catchment investigations were conducted ***during this report period***.

*Or*

Catchment investigations were conducted and data can be found in submission **and/or** at the following website ##website link.

*The municipality must report on the following metrics:*

**Number** of catchment investigations ***during this reporting period***: ##Number of catchment investigations. Catchment Investigations were conducted as outlined in Part [2.3.4.8](https://urldefense.com/v3/__http:/2.3.4.8__;!!Oai6dtTQULp8Sw!R96ufGDIPSb_enwO_bdUwi1AcOHaPl4KrG6td-Wxf4rKYeKtWwxumENLP-DOb7i9IswGUt4PsaFIGoE6EBWd1kJghcooR6g$). of the permit and include investigations associated with Problem, High Priority, and Low Priority Outfalls and Interconnections within the MS4 regulated area.

**Percentage** of total catchments investigated ***to date******(Year 1 - Year 5)****:* ##Percentage *(divide the total catchments by total number of catchments investigated to date. Important Note: Reference the Municipality’s Inventory and Ranking of Outfalls/Interconnections Spreadsheet.*

*Reporting the following is optional:*

Provide additional information regarding catchment investigations: ##Additional information

IDDE Progress

***Instructions:*** *If illicit discharges were found, please submit a document describing work conducted during this reporting period, and cumulative to date (Years 1 – 5), including location source; description of the discharge; method of discovery; date of discovery; and date of elimination, mitigation, or enforcement OR planned corrective measures and schedule of removal.*

*The information below can/should be found in your municipal IDDE Program Plan. For reference, the Seacoast Stormwater Coalition created the* [*IDDE Program Plan Template*](https://www.nhms4.des.nh.gov/sites/g/files/ehbemt636/files/documents/2022-08/seacoast-stormwater-idde-template.docx)*, and, the New Hampshire Lower Merrimack Valley created the* [*IDDE Program Plan Template*](https://www.nhms4.des.nh.gov/sites/g/files/ehbemt636/files/documents/2022-10/idde-plan-may-2019-man-nash-coal_0.docx) *which can be found on the* [*MCM #3 webpage*](https://www.nhms4.des.nh.gov/mcm-and-appendices/mcm-3) *on the NH MS4 website.*

*The municipality should choose one of the following statements:*

No illicit discharges were found ***during this reporting period***.

*Or*

Illicit discharges were found but not removed ***during this reporting period***.

*Or*

Illicit discharges were removed ***during this reporting period*** and the illicit discharges removal report can be found in submission **and/or** at the following website ##website link.

*The municipality must report on the following metrics:*

Number of illicit discharges identified ***during this reporting period***: ##Number

Number of illicit discharges removed ***during this reporting period***: ##Number

Estimated gallons of flow removed ***during this reporting period***: ##Number gallons/day

Total number of illicit discharges identified ***since the effective date of the permit*** ***(July 1, 2018 – June 30, 2023)***: ##Number

Total number of illicit discharges removed ***since the effective date of the permit (July 1, 2018 – June 30, 2023)***: ##Number

*Reporting the following is optional:*

Provide additional information regarding IDDE progress requirements: ##Additional information.

Employee Training

***Instructions:*** *The information below can/should be found in your municipal IDDE Program Plan. For reference, the Seacoast Stormwater Coalition created the* [*IDDE Program Plan Template*](https://www.nhms4.des.nh.gov/sites/g/files/ehbemt636/files/documents/2022-08/seacoast-stormwater-idde-template.docx)*, and, the New Hampshire Lower Merrimack Valley created the* [*IDDE Program Plan Template*](https://www.nhms4.des.nh.gov/sites/g/files/ehbemt636/files/documents/2022-10/idde-plan-may-2019-man-nash-coal_0.docx) *which can be found on the* [*MCM #3 webpage*](https://www.nhms4.des.nh.gov/mcm-and-appendices/mcm-3) *on the NH MS4 website.*

*Employee IDDE training resources can be found on the* [*MCM #3 page*](https://www.nhms4.des.nh.gov/mcm-and-appendices/mcm-3) *of the NH MS4 website.*

Describe the frequency and type of employee training conducted during this reporting period:

*The municipality should choose one of the following statements:*

##MUNICIPALITY staff were trained using IDDE training videos and a written IDDE SOP created by UNH, the City of Dover, and NHDES. Video topics included collecting data and water samples in the field, analyzing for pertinent parameters as identified in the permit, how to identify an illicit discharge, and general IDDE sampling protocols. Training logs are included in Appendix F of the IDDE Program Plan.

In addition, ##MUNICIPALITY routinely provides IDDE materials and training, including information on how to identify illicit discharges and SSOs are made available to applicable employees in accordance with IDDE Program Plan.

*Or*

##MUNICIPALITY held an IDDE training session for municipal staff on ##Date. In addition, ##MUNICIPALITY routinely provides IDDE materials and training, including information on how to identify illicit discharges and SSOs are made available to applicable employees in accordance with the IDDE Program Plan. Training logs are included in Appendix F of the IDDE Program Plan.

***Instructions:*** *If any of the requirements in MCM #3 were incomplete or if you would like to provide any additional relevant details about any of the requirements, use the space below.*

Describe progress made on any **incomplete requirements** listed above **or** optionally provide any additional relevant details, in the box below:

|  |
| --- |
| ##Describe any progress made on any incomplete MCM #3 requirements **OR** note as Not Applicable. |

MCM 4: Construction Site Stormwater Runoff Control

Written Procedures for Site Plan Reviews, Site Inspections and the Enforcement of Sediment and Erosion Control Measures

***Important Note:*** *The permittee was required to develop written procedures for site plan reviews, site inspections and the enforcement of sediment and erosion control measures for Year 3. This is an opportunity for permittees to confirm that this requirement was completed.*

Written procedures for site plan reviews, site inspections and the enforcement of sediment and erosion control measures were developed in Year ##Number and can be found in the ##MUNICIPALITY’s SWMP, found in submission **and/or** at the following website ##website link.

The following tasks are in progress in accordance with the permit:

*The municipality must report on the following metrics:*

Number of site plan reviews completed ***during this reporting period***: ##Number

Number of inspections completed ***during this reporting period***: ##Number

Number of enforcement actions taken ***during this reporting period***: ##Number

*Reporting the following is optional:*

##MUNICIPALITY works closely with contractors to address environmental concerns for the least environmental impact.

Requirements for Construction Operators to Implement a Sediment and Erosion Control Program

***Important Note:*** *The permittee was required to develop written requirements/regulations for construction operators to implement a sediment and erosion control program Year 3. This is an opportunity for permittees to confirm that this requirement was completed.*

Requirements/regulations for construction operators to implement a sediment and erosion control program were developed in Year ##Number and can be found in the ##MUNICIPALITY’s SWMP found in submission **and/or** at the following website ##website link.

***Instructions:*** *If any of the requirements in MCM #4 were incomplete or if you would like to provide any additional relevant details about construction site plan reviews, inspections, enforcement actions, or any of the requirements for MCM #4, use the space below.*

Describe progress made on any **incomplete requirements** listed above **or** optionally provide any additional relevant details, in the box below:

|  |
| --- |
| ##Describe any progress made on any incomplete MCM #4 requirements **OR** note as Not Applicable. |

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

Ordinance or Regulatory Mechanism

***Important Note:*** *The permittee shall develop or modify, as appropriate, an ordinance or other regulatory mechanism due in Year 3. Provide the status for this reporting period.*

***Instructions:*** *For reference, you can use the* [*Post Construction Stormwater Management Standards for Site Plan Review Regulations*](https://www.nhms4.des.nh.gov/sites/g/files/ehbemt636/files/documents/2022-09/draft-swa-model-update-feb-2019.docx) *created by the Southeast Watershed Alliance (SWA), or, the* [*MCM #4 Proposed Modifications Template*](https://www.nhms4.des.nh.gov/sites/g/files/ehbemt636/files/documents/2022-08/stormwater-regs-06-06-19.docx) *created by the NH Stormwater Coalition. Both resources can be found on the* [*NH MS4 website*](https://www.nhms4.des.nh.gov/)*.*

*The municipality should choose one of the following statements:*

##MUNICIPALITY has a regulatory mechanism(s) consistent with permit requirements 2.3.6.a.ii.

Date regulatory mechanism was adopted: Prior to July 1st 2021 or ##date adopted. The regulatory document can be found at: ##website link

*Or*

##MUNICIPALITY has not drafted or adopted a Post-Construction Ordinance. ##Update of ordinance progress.

As-built Drawings

Number of as-built drawings received ***during this reporting period***: ##Number

Street Design and Parking Lots Report *(This section is optional and is due in Year 6)*

***Instructions:*** *For reference, use the* [*Local Regulations Assessment Report*](https://www.nhms4.des.nh.gov/sites/g/files/ehbemt636/files/documents/2022-10/2.3.6.c-and-2.3.6.d-regulation-assessment-report-template-13.docx) *which can be found on the* [*MCM #5 webpage*](https://www.nhms4.des.nh.gov/mcm-and-appendices/mcm-5) *on the NH MS4 website.*

Describe the status of the street design and parking lots assessment including any planned or completed changes to local regulations and guidelines:

*The municipality should choose one of the following statements:*

##MUNICIPALITY has not completed this requirement because it is not due until Year 6.

*Or*

##MUNICIPALITY has completed the assessment and no updates to local regulations or guidelines were recommended.

*Or*

##MUNICIPALITY has completed assessment and updates to local regulations or guidelines were recommended. The anticipated date or date of completion for updates is ##date outlined in the report.

Green Infrastructure Report *(This section is optional and is due in Year 6)*

***Instructions:*** *For reference, use the* [*Local Regulations Assessment Report*](https://www.nhms4.des.nh.gov/sites/g/files/ehbemt636/files/documents/2022-10/2.3.6.c-and-2.3.6.d-regulation-assessment-report-template-13.docx) *which can be found on the* [*MCM #5 webpage*](https://www.nhms4.des.nh.gov/mcm-and-appendices/mcm-5) *on the NH MS4 website.*

Describe the status of the green infrastructure report including the findings and progress towards making the practice allowable:

*The municipality should choose one of the following statements:*

##MUNICIPALITY has not completed this requirement because it is not due until Year 6.

*Or*

##MUNICIPALITY has completed the report and no updates to local regulations or guidelines were recommended.

*Or*

##MUNICIPALITY has developed a report assessing local regulations to determine the feasibility of making green infrastructure practices allowable when appropriate site conditions exist and made it available as part of the SWMP.

Retrofit Properties Inventory *(This section is optional and is due in Year 6)*

***Instructions:*** *For reference, use the Priority Ranked Parcel Summary Report found on the permittee’s* [*Permittee-Specific Resources*](https://www.nhms4.des.nh.gov/nh-resources/permittee-specific-resources/bedford) *page on the NH MS4 website.*

***Important Note:*** *The EPA Year 5 Annual Report has required a minimum of 5 permittee-owned sites. However, this is not a requirement in the NH MS4 Permit.*

Describe the status of the inventory of permittee-owned properties that could be modified or retrofitted with BMPs to mitigate impervious areas and report on any properties that have been modified or retrofitted:

***The municipality should choose one of the following statements:***

##MUNICIPALITY has not completed this requirement because it is not due until Year 6.

***Or***

##MUNICIPALITY has identified the following permittee-owned properties that could be modified or retrofitted with BMPs to mitigate impervious areas:

##List of permittee-owned properties

***Instructions:*** *If any of the requirements in MCM #5 were incomplete or if you would like to provide any additional relevant details about any of the requirements, use the space below.*

Describe progress made on any **incomplete requirements** listed above **or** optionally provide any additional relevant details, in the box below:

|  |
| --- |
| ##Describe any progress made on any incomplete MCM #5 requirements **OR** note as Not Applicable. |

MCM 6: Good Housekeeping

Catch Basin Cleaning

***Instructions:*** *The information below can/should be found in your municipal Good Housekeeping and Pollution Prevention for Permittee-Owned Operations and Procedures. For reference, the New Hampshire Stormwater Coalition created the* [*MCM #6 Good Housekeeping and Pollution Prevention Template*](https://www.nhms4.des.nh.gov/sites/g/files/ehbemt636/files/documents/2022-09/swmp-template-mcm-6-update.docx) *that can be found on the* [*MCM #6 webpage*](https://www.nhms4.des.nh.gov/mcm-and-appendices/mcm-6) *on the NH MS4 website.*

Stored and disposed of catch basin cleanings so they did not discharge to receiving waters.

Report on the actions taken if a catch basin sump is more than 50% full during two consecutive routine inspections/cleaning events:

*The municipality should choose one of the following statements:*

No actions were taken because no catch basin sumps were more than 50% full during two consecutive routine inspections/cleaning events.

*Or*

A schedule for catch basin cleaning has been established with the goal of ensuring that a catch basin should not be more than 50% full.

*The municipality must report on the following metrics:*

Number of catch basins inspected ***during this reporting period***: ##Number

Number of catch basins cleaned ***during this reporting period***: ##Number

Total volume **or** mass of material removed from **all** catch basins ***during this reporting period***: ##Number Units *(Make sure to include units)*

Total number of catch basins within the MS4 system: ##Number

Street Sweeping

***Instructions:*** *The information below can/should be found in your municipal Good Housekeeping and Pollution Prevention for Permittee-Owned Operations and Procedures. For reference, the New Hampshire Stormwater Coalition created the* [*MCM #6 Good Housekeeping and Pollution Prevention Template*](https://www.nhms4.des.nh.gov/sites/g/files/ehbemt636/files/documents/2022-09/swmp-template-mcm-6-update.docx) *that can be found on the* [*MCM #6 webpage*](https://www.nhms4.des.nh.gov/mcm-and-appendices/mcm-6) *on the NH MS4 website.*

Stored and disposed of street sweepings so they did not discharge to receiving waters.

All curbed roadways were swept at least once within the reporting period.

*The municipality must report on the following metric:*

Number of (lane) miles swept ***during this reporting period***: ##Number

*The municipality must report on the following metric (choose volume or mass):*

Volume of swept material ***during this reporting period***: ##Number Units*(Make sure to include units – cubic feet, cubic yards, cubic meters)*

*Or*

Mass of swept material ***during this reporting period***: ##Number Units*(Make sure to include**units – tons, pounds, kilograms)*

Stormwater Pollution Prevention Plan (SWPPP)

***Instructions:*** *For reference, use the* [*Written SWPPP for Municipal Facilities Template*](https://www.nhms4.des.nh.gov/sites/g/files/ehbemt636/files/documents/2022-09/ssc-template-swppp2019.docx) *that can be found on the* [*MCM #6 webpage*](https://www.nhms4.des.nh.gov/mcm-and-appendices/mcm-6) *on the NH MS4 website.*

Implemented SWPPPs for all permittee owned or operated maintenance garages, public works yards, transfer stations, and other waste handling facilities, that are not currently covered under another NPDES Permit.

Number of site inspections completed for ***during this reporting period***: ##Number

Number of corrective actions taken ***during this reporting period***: ##Number

Describe any corrective actions taken at a facility with a SWPPP:

*The municipality should choose one of the following statements:*

No corrective actions necessary.

*Or*

##Corrective actions taken and note the facility or facilities.

Operations and Maintenance (O & M) Programs

***Instructions:*** *For reference, use the* [*MCM #6 Good Housekeeping and Pollution Prevention Template Year 1 & 2*](https://www.nhms4.des.nh.gov/sites/g/files/ehbemt636/files/documents/2022-09/swmp-template-mcm-6-update.docx) *that can be found on the* [*MCM #6 webpage*](https://www.nhms4.des.nh.gov/mcm-and-appendices/mcm-6) *on the NH MS4 website.*

O&M programs for all permittee owned facilities have been completed and/or updated as noted below:

*The municipality should choose all statements that apply:*

Implemented all maintenance procedures for permittee owned facilities in accordance with O&M programs.

Updated inventory of all permittee owned facilities as necessary.

*The municipality should choose one of the following statements:*

All permittee owned facilities, including an inventory, are included in our SWMP. There were no changes to report during Year 5.

*Or*

A review of all permittee owned facilities was completed and the inventory has been updated. The SWMP has been updated to reflect this and includes the following additional facilities: ##list of new facilities.

Implemented program for MS4 infrastructure maintenance to reduce the discharge of pollutants as outlined in the SWMP.

Inspected all permittee owned treatment structures (excluding catch basins) as outlined in the SWMP.

Enclosed all road salt storage piles or facilities and implemented winter road maintenance procedures to minimize the use of road salt as outlined in the SWMP.

***Instructions:*** *If any of the requirements in MCM #6 were incomplete or if you would like to provide any additional relevant details about any of the requirements, use the space below.*

Describe progress made on any **incomplete requirements** listed above **or** optionally provide any additional relevant details, in the box below:

|  |
| --- |
| ##Describe any progress made on any incomplete MCM #6 requirements **OR** note as Not Applicable. |

Appendix F and H:

Water Quality Limited Waters & TMDLs

Bacteria/Pathogens Impairment (Appendix H) AND TMDL (Appendix F)

***Instructions:*** *All permittees should complete the requirements below. This is due to the New Hampshire Stormwater Coalition deciding that since almost all the waterbodies in New Hampshire have bacteria/ pathogen impairments, all permittees would complete the bacteria/ pathogens requirements in Appendix H to reduce confusion.*

*Only complete if you have a bacteria/pathogens impairment AND/OR TMDL.*

Annual message was distributed encouraging the proper management of pet waste, including noting any existing ordinances where appropriate ***during this reporting period.***

Permittee or its agent(s) disseminated educational material to dog owners at the time of issuance or renewal of dog license, or other appropriate time ***during this reporting period.***

Provided information to owners of septic systems about proper maintenance in any catchment that discharges to a water body impaired for bacteria ***during this reporting period.***

***Instructions:*** *If any of the Bacteria/ Pathogens Impairment (Appendix H) AND TMDL (Appendix F) requirements were incomplete or if you would like to provide any additional relevant details about any of the requirements, use the space below.*

Describe progress made on any **incomplete requirements** listed above **or** optionally provide any additional relevant details, in the box below:

|  |
| --- |
| ##Describe any progress made on any incomplete Bacteria/ Pathogens Impairment (Appendix H) **AND** TMDL (Appendix F) requirements **OR** note as Not Applicable. |

Chloride Impairment (Appendix H)

***Instructions:*** *Only complete the Chloride Impairment (Appendix H) section below if you have a chloride impairment. If you do not have a chloride impairment, check off “Permittee does not have a chloride impairment”.*

*For reference, the New Hampshire Stormwater Coalition created the* [*Salt Reduction Plan Template*](https://www.nhms4.des.nh.gov/sites/g/files/ehbemt636/files/documents/2022-09/appendix-h-salt-reduction-plan-template.docx) *that can be found on the* [*Winter Maintenance webpage*](https://www.nhms4.des.nh.gov/nh-resources/winter-maintenance) *on the NH MS4 website.*

Permittee **does not** have a chloride impairment.

*Or*

Permittee **has** a chloride impairment.

*The municipality should choose all statements that apply:*

Implemented Salt Reduction Plan ***during this reporting period*** and can be found in submission **and/or** at the following website ##website link.

The Municipal Green SnowPro Certification Program bill was passed during the 2021 legislation session. NHDES developed rules and regulations ***during this reporting period***. Final approval of the rules and regulations is anticipated in 2023/2024.

Reported amount of salt applied to all municipally-owned and maintained surfaces by completing the New Hampshire DES Annual Salt Usage reporting form and submitting it to NHDES, and can be found in submission **and/or** at the following website ##website link. The UNH Technology Transfer Center online tool is non-functional and has been for several years.

***Instructions:*** *If any of the Chloride Impairment (Appendix H) requirements were incomplete or if you would like to provide any additional relevant details about any of the requirements, use the space below.*

Describe progress made on any **incomplete requirements** listed above **or** optionally provide any additional relevant details, in the box below:

|  |
| --- |
| ##Describe any progress made on any incomplete Chloride Impairment (Appendix H) requirements **OR** note as Not Applicable. |

Nitrogen Impairment (Appendix H)

***Instructions:*** *Only complete the Nitrogen Impairment (Appendix H) section below if you have a nitrogen impairment. If you do not have a nitrogen impairment, check off “Permittee does not have a nitrogen impairment”.*

Permittee **does not** have a nitrogen impairment.

*Or*

Permittee **has** a nitrogen impairment.

*The municipality should choose all statements that apply:*

Distributed an annual message that encourages the proper use and disposal of grass clippings and encourages the proper use of slow-release fertilizers ***during this reporting period.***

Distributed an annual message encouraging the proper management of pet waste, including noting any existing ordinances where appropriate ***during this reporting period***.

Distributed an annual message encouraging the proper disposal of leaf litter ***during this reporting period.***

*The municipality should choose one of the following statements:*

Increased street sweeping frequency of all municipal owned streets and parking lots subject to Permit part 2.3.7.d.iii to a minimum of two times per year (spring and fall) ***during this reporting period.***

*Or*

Increased street sweeping frequency of all municipal owned streets and parking lots subject to Permit part 2.3.7.d.iii to a minimum of one time per year (spring) and implemented a fall leaf litter collection program in lieu of post-drop street sweeping ***during this reporting period.***

***Instructions:*** *If any of the Nitrogen Impairment (Appendix H) requirements were incomplete or if you would like to provide any additional relevant details about any of the requirements, use the space below.*

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Describe progress made on any **incomplete requirements** listed above **or** optionally provide any additional relevant details, in the box below:

|  |
| --- |
| ##Describe any progress made on any incomplete Nitrogen Impairment (Appendix H) requirements **OR** note as Not Applicable. |

Phosphorus Impairment (Appendix H)

***Instructions:*** *Only complete the Phosphorus Impairment (Appendix H) section below if you have a phosphorus impairment. If you do not have a phosphorus impairment, check off “Permittee does not have a phosphorus impairment”.*

Permittee **does not** have a phosphorus impairment.

*Or*

Permittee **has** a phosphorus impairment.

*The municipality should choose all statements that apply:*

Distributed an annual message that encourages the proper use and disposal of grass clippings and encourages the proper use of slow-release fertilizers ***during this reporting period***.

Distributed an annual message encouraging the proper management of pet waste, including noting any existing ordinances where appropriate ***during this reporting period.***

Distributed an annual message encouraging the proper disposal of leaf litter ***during this reporting period***.

*The municipality should choose one of the following statements:*

Increased street sweeping frequency of all municipal owned streets and parking lots subject to Permit part 2.3.7.d.iii to a minimum of two times per year (spring and fall) ***during this reporting period***.

*Or*

Increased street sweeping frequency of all municipal owned streets and parking lots subject to Permit part 2.3.7.d.iii to a minimum of one time per year (spring) and implemented a fall leaf litter collection program in lieu of post-drop street sweeping ***during this reporting period.***

***Instructions:*** *If any of the Phosphorus Impairment (Appendix H) requirements were incomplete or if you would like to provide any additional relevant details about any of the requirements, use the space below.*

Describe progress made on any **incomplete requirements** listed above **or** optionally provide any additional relevant details, in the box below:

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| --- |
| ##Describe any progress made on any incomplete Phosphorus Impairment (Appendix H) requirements **OR** note as Not Applicable. |

Solids, Oil and Grease (Hydrocarbons), or Metals Impairment(s) (Appendix H)

***Instructions:*** *Only complete Solids, Oil and Grease (Hydrocarbons), or Metals Impairment(s) (Appendix H) section below if you have a solids, oil and grease, or metals impairment(s). If you do not have a solids, oil and grease, or metals impairment(s), check off “Permittee does not have a solids, oil and grease, or metals impairment(s)”.*

Permittee **does not** have a solids, oil and grease, or metals impairment(s).

*Or*

Permittee **has** a solids, oil and grease, or metals impairment(s).

*The municipality should choose all statements that apply:*

Increased street sweeping frequency of all municipal owned streets and parking lots to a schedule that targets areas with potential for high pollutant loads ***during this reporting period.*** ##MUNICIPALITY street sweeping schedulecan be found in submission **and/or** at ##website.

***Instructions:*** *If any of the Solids, Oil and Grease (Hydrocarbons), or Metals Impairment(s) (Appendix H) requirements were incomplete or if you would like to provide any additional relevant details about any of the requirements, use the space below.*

Describe progress made on any **incomplete requirements** listed above **or** optionally provide any additional relevant details, in the box below:

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| ##Describe any progress made on any incomplete Solids, Oil and Grease (Hydrocarbons), or Metals Impairment(s) (Appendix H) requirements **OR** note as Not Applicable. |

Chloride TMDL (Appendix F)

***Instructions:*** *Only complete the Chloride TMDL (Appendix F) section below if you have a chloride TMDL. If you do not have a chloride TMDL, check off “Permittee does not have a chloride TMDL”.*

*The information below can/should be found in your Chloride Reduction Plan (Due Year 3). As a reminder for the permit requirements refer to the resources on the* [*Winter Maintenance webpage*](https://www.nhms4.des.nh.gov/nh-resources/winter-maintenance) *on the NH MS4 website.*

Permittee **does not** have a chloride TMDL.

***Or***

Permittee **has** a chloride TMDL.

*The municipality should choose all statements that apply:*

Fully implemented Chloride Reduction Plan ***during this reporting period*** and can be found in submission **and/or** at the following website ##website link.

The Municipal Green SnowPro Certification Program bill was passed during the 2021 legislation session. NHDES developed rules and regulations ***during this reporting period***. Final approval of the rules and regulations is anticipated in 2023/2024.

Reported amount of salt applied to all municipally-owned and maintained surfaces by completing the New Hampshire DES Annual Salt Usage reporting form, submitting it to NHDES, and can be found in submission **and/or** at the following website ##website link. The UNH Technology Transfer Center online tool is non-functional and has been for several years.

***Instructions:*** *If any of the Chloride TMDL (Appendix F) requirements were incomplete or if you would like to provide any additional relevant details about any of the requirements, use the space below.*

Describe progress made on any **incomplete requirements** listed above **or** optionally provide any additional relevant details, in the box below:

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| --- |
| ##Describe any progress made on any incomplete Chloride TMDL (Appendix F) requirements **OR** note as Not Applicable. |

Lake and Pond Phosphorus TMDL (Appendix F)

***Instructions:*** *Only complete the Lake and Pond Phosphorus TMDL (Appendix F) section below if you have a Lake and Pond Phosphorus TMDL. If you do not have a lake and pond phosphorus TMDL, check off “Permittee does not have a lake and pond phosphorus TMDL”.*

*For reference, use the Hot Spot Mapping Data resources on the permittee’s* [*Permittee-Specific Resources*](https://www.nhms4.des.nh.gov/nh-resources/permittee-specific-resources) *page on the NH MS4 website.*

Permittee **does not** have a lake and pond phosphorus TMDL.

*Or*

Permittee **has** a lake and pond phosphorus TMDL.

***Important Note:*** *The permittee was required to calculate the baseline phosphorus, allowable phosphorus load, and phosphorus reduction requirement along with defining the LPCP Scope for Year 4. This is an opportunity for permittees to confirm that this requirement was completed.*

*The following are Year 4 requirements. The municipality should choose all statements that apply:*

Calculated baseline phosphorus, allowable phosphorus load, and phosphorus reduction requirement during Year ##Year***.***

Defined the scope of the Lake Phosphorus Control Plan (LPCP) duringYear ##Year.

*The municipality should choose one of the following statements:*

The LPCP scope is the entire area within our jurisdiction discharging to the impairedWaterbody duringYear ##Year***.***

*Or*

The LPCP scope is the urbanized area portion of our jurisdiction discharging to the impaired Waterbody duringYear ##Year***.***

*The following are Year 5 requirements. The municipality should choose one of the following statements:*

##MUNICIPALITY completed a written Lake Phosphorus Control Plan ***during the reporting period***. The completed plan includes items 1-8 in Appendix F, Table F-3 and can be found in submission **and/or** at the following website ##website link. The plan is available to the public at ##website and/or facility and physical location.

*Or*

**During Years 1-4**, ##MUNICIPALITY completed the following items 1-4 of the Lake Phosphorus Control Plan and as outlined in Appendix F, Table F-3: 1.) Legal analysis, 2.) Funding source assessment, 3.) Define LPCP scope (LPCP area), and, 4.) Calculated baseline phosphorus, allowable phosphorus load and phosphorus reduction requirement. The documents can be found in submission **and/or** at the following website ##website link.

##MUNICIPALITY is utilizing the resources developed by the New Hampshire Stormwater Coalition. Resources have been developed but the written Lake Phosphorus Control Plan template was not available **during this reporting period**. The New Hampshire Stormwater Coalition is in the process of finalizing the written Lake Phosphorus Control Plan template during the summer of 2023 and is offering a workshop on August 21, 2023, for permittees to obtain information on how to fill out the template and associated spreadsheets. ##MUNICIPALITY will complete a written Lake Phosphorus Control Plan during Year 6 and provide an update on the progress in the Year 6 Annual Report. ##MUNICIPALITY ‘s plan will be available to the public once it is completed at following website ##website link **and/or** facility and physical location.

***Instructions:*** *If any of the Lake and Pond Phosphorus TMDL (Appendix F) requirements were incomplete or if you would like to provide any additional relevant details about any of the requirements, use the space below.*

Describe progress made on any **incomplete requirements** listed above **or** optionally provide any additional relevant details, in the box below:

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| ##Describe any progress made on any incomplete Lake and Pond Phosphorus TMDL (Appendix F) requirements **OR** note as Not Applicable. |

Additional Required Information

Monitoring or Study Results

Results from all stormwater or receiving water quality monitoring or studies conducted ***during the reporting period*** and ***not otherwise mentioned above***, where the data is being used to inform permit compliance or permit effectiveness is:

*The municipality should choose one of the following statements:*

Not applicable.

*Or*

The results from additional reports or studies are in submission **and/or** at the following website ##website link.

*If applicable:*

If such monitoring or studies were conducted on your behalf or if monitoring or studies conducted by other entities were reported to you, a brief description of the type of information gathered or received shall be described below:

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| --- |
| ##Brief description of the type of information gathered or received. |

Description of Any Changes in Identified BMPs or Measurable Goals

*The municipality should choose one of the following statements:*

##MUNICIPALITY has implemented activities in accordance with the permit and outlined in the SWMP. All BMPs and measurable goals outlined in the SWMP are appropriate.

*Or*

##MUNICIPALITY made changes as noted below to the following BMPs **and/or** measurable goals that were outlined in the permit and identified in the SWMP.

##List the BMPS **and/or** measurable goals

Activities Planned for Next Reporting Period

##MUNICIPALITY will continue to implement activities in accordance with the permit and SWMP.

Annual Report Submission

Your completed Annual Report and all associated documents must be sent to EPA by **September 28, 2023**. It is optional to send your completed Annual Report to NHDES as well.

Your Annual Report can be submitted either by email or mail:

|  |  |  |
| --- | --- | --- |
| **Submittal Method** | **EPA** | **NHDES (Optional)** |
| **Email** (preferably in pdf with all attachments as separate documents) | [stormwater.reports@epa.gov](mailto:stormwater.reports@epa.gov) | [Deborah.Loiselle@des.nh.gov](mailto:Deborah.Loiselle@des.nh.gov) |
| **Mail** (postage) | Newton Tedder  US EPA– 06-4  5 Post Office Square, Suite 100  Boston, MA 02109 | Deborah Loiselle  Watershed Management Bureau 29 Hazen Drive; PO Box 95 Concord, NH 03302-0095 |