

# MMM martin and martin, incorporated

37 south main street • suite A • chambersburg, pennsylvania • 17201-2251

(717) 264-6759 (717) 264-7339 (fax) email: martinmartin@innernet.net

January 28, 2005

Mr. Kirit Shah Pennsylvania Department of Environmental Protection Southcentral Regional Office 909 Elmerton Avenue Harrisburg, PA 17110

#### RE: **TOWNSHIP OF ANTRIM MS4**

Notice of Intent for Coverage under General Permit MM File: 823.262

Dear Mr. Shah:

Attached please find the Notice of Intent (NOI) for coverage under NPDES General Permit for the Township of Antrim, Franklin County, Pennsylvania. A portion of this municipality is included in the Hagerstown, Maryland urbanized area.

In the event that you have any questions, or if additional information is required,, please do not hesitate to contact our office at your convenience.

Sincerely,

MARTIN AND MARTIN, INCORPORATED

William Kick, EIT

WMK

cc: Teresa Schnoor, Antrim Township Administrator (by fax)

MUNICIPAL . URBAN . REGIONAL . LAND DEVELOPMENT AND ENVIRONMENTAL PLANNERS MUNICIPAL . CIVIL . SANITARY . SOLID WASTE AND ENVIRONMENTAL ENGINEERS

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	37 South Main	Street - Suite A - C			and the second		
		wite A * V				<del>.</del> .	
				DATE	:1/28/05FILE N	NO.: 823.	262
Phone: (717) 264-6759				RE:	Antrim Township	MS4	
Fax: (717) 264-7339					Notice of Intent und	er General NPDI	ES
email: martinmartin@inne	imet.net					· · · · · · · · · · · · · · · · · · ·	
TO:							
KIRIT SHAH							
Pennsylvania Dept. of	Environmental	Protection					
Southcentral Region C							
909 Elmerton Avenue							
Harrisburg, PA 17110	**************************************						
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GENTLEMEN:						•	
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COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF WATERSHED MANAGEMENT



### NOTICE OF INTENT (NOI)

#### FOR COVERAGE UNDER NPDES GENERAL PERMIT FOR STORMWATER DISCHARGES (PAG-13) FROM SMALL MUNICIPAL SEPARATE STORM SEWER SYSTEMS (MS4s)

- (1) Please read attached instructions carefully before completing this application.
- (2) If your MS4 discharges into "special protection waters" (or is otherwise ineligible for permit coverage under this General Permit) do not complete this NOI; contact your DEP regional office for an individual permit application.
- (3) <u>Municipalities are encouraged to submit this application jointly in conjunction with existing or proposed</u> <u>implementation of an Act 167 watershed stormwater management plan</u>

A. 5	Stormwater Management Plan Under Act 167
1.	Is this application being made jointly with other municipalities in conjunction with implementation of an existing or proposed Stormwater Management Plan (or plan update) under Act 167? $\Box$ Yes $\boxtimes$ No If "Yes", please complete the information in a – d below
a.	Name of Act 167 watershed(s):
а.	
b	Name of County(ies):
-	
C.	Status of existing Act 167 planning and implementation for the relevant watershed(s):
-	NOTE: MS4s must submit a "letter of intent" from the relevant county(ies) indicating the county commitment to proceed with Act 167 planning (or an update thereof) for the watershed
d.	List of co-applicants (each co-applicant must complete an NOI):
<b>B.</b> C	Other Multi-Municipal Joint Application
1.	Is this application being made jointly with other municipalities in a common watershed <u>other than</u> under an Act 167 approach?  Yes X No
	If "Yes", please complete the information below
a.	Name of Watershed(s): (attach map)
•	
b.	Status of joint municipal planning for the relevant watershed(s):

C.	List of co-ap	plicants and contact namena (and has a set in				·
0.	List of to-ap	plicants and contact persons (each co-application	ant must comp	ete an NO	1):	
				·	* 	
				}		
C.	MS4 Operator	Information				
1.	Name of MS	4 Operator: TOWNSHIP OF ANTRIM, FRAN	IKLIN COUNT	Y, PENNS	YLVANIA	
2.	Contact Pers	on: TERESA SCHNOOR		1	·····	· · ·
3.	Title/Role: TOWNSHIP ADMINISTRATOR					
4.	Division:		Department:			
5.	Phone Numb	ver: 717-597-3818	Fax: 717-59	74257		
<b>6</b> .	E-mail: tsch	noor@twp.antrim.pa.us	•		· · · · · · ·	
7.	Mailing	Address Line 1: 10655 ANTRIM CHURCH	ROAD			
	Address:	Address Line 2: P.O. BOX 130				
		City: GREENCASTLE, PA			· · · · ·	
		Zip Code: 17225	· · ·			
D.	MS4 Location I	Information				
2	Status of MS4 If private or of	4 Operator:		UBLIC RIM		TE 🛛 OTHER
E. (	Description of	Receiving Waters (refer to the NOI instruc	tions for mor	e informat	ion).	
List	water bodies int	to which MS4(s) discharges, and their classifi	ication(s)	· · · · · · · · · · · · · · · · · · ·		
1.		Name of Waterbody	Designated Uses	Existing Uses	303(d) Listed? (Y/N)	TMDL Parameter(s)
UNN	AMED TRIBUT	ARIES TO CONOCOCHEAGUE CREEK	WWF	WWF	No	NOT AVAILABLE
UNN	AMED TRIBUT	ARIES TO MARSH RUN WEST BRANCH	WWF	WWF	No	NOT AVAILABLE
UNN	AMED TRIBUT	ARIES TO MARSH RUN	WWF	WWF	No	NOT AVAILABLE
,						· · · · · · · · · · · · · · · · · · ·
	•					
F. In	nterconntected	MS4(s)				
1.	List of Downst	ream MS4s - Name(s) of MS4(s) into which t	his MS4 direct	ly discharo	es:	
	N/A					
ľ	· · · · · · · · · · · · · · · · · · ·					
	•					

2.	List of Upstream MS4s - Name(s)	of MS4(s) which di	rectly discharge in	to this MS4:		
- · ·	N/A					
		· · · · · · · · · · · · · · · · · · ·				
		·····				
	Stormwater Management Program					
Per	4 operators must submit their plan w mit allows two options—follow DEP' roved by DEP.	ith BMPs, measures and a second se	rable goals and a approach, or deve	schedule, as part of their NOI. This General lop an independent program which must be		
	management program measure acc	er the General Pe cording to the DEF	ermit, applicants i Stormwater Mana	ch Minimum Control Measure required to be may choose to implement each stormwater agement Protocol (" <i>Protocol</i> "), or develop and gram measures that meet the requirements of		
	Therefore, MS4 operators have the the <i>Protocol</i> and identify and imp approach.	option to implement lement the remai	ent one or more of ning Minimum Co	the Minimum Control Measures according to ontrol Measures through their own proposed		
	MS4 operators who elect to implement the approved stormwater management program entirel under the <i>Protocol</i> and in conjunction with the Pa. Stormwater Management Act (Act 167), can be eligible to receive up to 75 percent funding for the permit requirements (for more details, refer the Appendix 2 and the Fact Sheet.). In addition, their schedule is delayed 1 year in large part for each element in the Protocol.					
	Greek the box(es) next to the Minim	num Control Meas	ure(s) for which the	which the DEP <i>Protocol</i> will be followed, and e MS4 operator will develop its own program. Inting the program for each Minimum Control		
	goals and a schedule for DEP with this	NOI its proposed s oval. See the NOI	tormwater manage instructions for mo	ot follow the DEP <i>Protocol</i> , the applicant is ement program, including BMPs, measurable ore detailed information. No documentation is leasures in which the MS4 operator will be		
	The Protocol and/or the proposed pl applicable.	rogram become pa	art of the requirem	ents of the permit upon approval by DEP, as		
•		The MS4 Operator will implement the minimum control measure as	The MS4 Operator will develop its own program for this	Name and telephone number of the principal person responsible for		
	Minimum Control Measures	described in the DEP Protocol	minimum measure.	Implementation		
	(1) Public Education and Outreach			TERESA SCHNOOR (717-597-3818)		
	(2) Public Participation and Involvement			TERESA SCHNOOR (717-597-3818)		
	(3) Illicit Discharge Detection and Elimination			TERESA SCHNOOR (717-597-3818)		
	(4) Construction Site Stormwater Runoff Control	⊠		TERESA SCHNOOR (717-597-3818)		

(5) Post-Construction Stormwater Management in New Development and	· · · · ·	
Redevelopment		TERESA SCHNOOR (717-597-3818)
(6) Pollution Prevention and Good Housekeeping for Municipal Operations and Maintenance		TERESA SCHNOOR (717-597-3818)
H. Compliance History Review		
Is/was applicant in violation of any of DEP's permits is	sued by DEP or an	
	;; uuij	in the second
If yes, list each permit, order, regulation or schedule the activity (use additional sheets to provide information or	at is/was in violatio	
activity (use additional sheets to provide information of	n all permits).	in and provide compliance status of the permittee
	4 	
Brief Description of Non-Compliance:		
Enci Description of Non-Compliance:		
Steps Taken to Return to Compliance and Dates Comp	liance Achieved	
. Certification:		
certify under penalty of law that this document and a accordance with a system designed to assure that qu submitted. Based on my inquiry of the person or person pathering the information, the information submitted complete. I am aware that there are significant penalties mprisonment for knowing violations.	allied personnel pr	openy gathered and evaluated the information system or those persons directly responsible for
· · · · · · · · · · · · · · · ·		
lame and official title: (Use corporate or professional s	eal as appropriate)	
ame and official title: (Use corporate or professional s ERESA SCHNOOR, ANTRIM TOWNSHIP ADMINIST	eal as appropriate) RATOR	
lame and official title: (Use corporate or professional s ERESA SCHNOOR, ANTRIM TOWNSHIP ADMINISTI ignature:	RATOR	Pate Signed: 01-27-05
ERESA SCHNOOR, ANTRIM TOWNSHIP ADMINIST	RATOR	
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### **TOWNSHIP OF ANTRIM**

#### FRANKLIN COUNTY

PENNSYLVANIA

#### **NOTICE OF INTENT (NOI)** FOR COVERAGE UNDER NPDES GENERAL PERMIT FOR STORMWATER DISCHARGES (PAG-13) FROM SMALL MUNICIPAL SERERATE STORM SEWER SYSTEMS (MS4s)

### **NOI ATTACHMENTS**

### USGS URBAINIZED AREA MAP

### 2000 U.S. CENSUS URBANIZED AREAS MAPS

ANTRIM TOWNSHIP BASE MAP WITH HAGERSTOWN, MD URBANIZED AREA BOUNDARY

### USGS URBAINIZED AREA MAP



### URBANIZED AREA MAP

ANTRIM TOWNSHIP, FRANKLIN COUNTY PENNSYLVANIA

URBANIZED AREA NAME: HAGERSTOWN, MD

SCALE: 1"=2,000'

## 2000 U.S. CENSUS URBANIZED AREAS MAPS





### ANTRIM TOWNSHIP BASE MAP WITH HAGERSTOWN, MD URBANIZED AREA BOUNDARY

3900-PM-WM0100c 12/2002



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF WATERSHED MANAGEMENT



### NOTICE OF INTENT (NOI)

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1.	Stormwater Management Plan Under Act 167         Is this application being made jointly with other municipalities in conjunction with implementation of an existing o proposed Stormwater Management Plan (or plan update) under Act 167?         If "Yes", please complete the information in a – d below
8.	Name of Act 167 watershed(s):
b.	Name of County(ies):
C.	Status of existing Act 167 planning and implementation for the relevant watershed(s):
	NOTE: MS4s must submit a "letter of intent" from the relevant countrylice) indication the country in the
d.	167 planning (or an update thereof) for the watershed List of co-applicants (each co-applicant must complete an NOI):
B. O	ther Multi-Municipal Joint Application
I.	Is this application being made jointly with other municipalities in a common watershed other than under an Act 167 approach? Types X No
-	If "Yes", please complete the information below
1.	Name of Watershed(s): (attach map)
•	Status of joint municipal planning for the relevant watershed(s):

<b>c</b> .	List of co-an	plicants and contact persons (each co-applic	ant must com	lete an NC	)). )	
		Product percente (cach co-applic	ent must comp		<i>//).</i>	
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<b>C.</b>	MS4 Operator	Information		an ing ang ang ang ang ang ang ang ang ang a		
1.	Name of MS	4 Operator: TOWNSHIP OF ANTRIM, FRAM	KLIN COUNT	Y, PENNS	YLVANIA	
2.		son: TERESA SCHNOOR	· .			
3.	Title/Role: TOWNSHIP ADMINISTRATOR					
4.	Division:		Department:		<u></u>	
5.		per: 717-597-3818	Fax: 717-59	74257		
<b>6</b> .	E-mail: tsch	noor@twp.antrim.pa.us	• •			
7.	Mailing Address:	Address Line 1: 10655 ANTRIM CHURCH	ROAD	·		
	Autress.	Address Line 2: P.O. BOX 130				
		City: GREENCASTLE, PA				
		Zip Code: 17225	• •	•		· · · ·
D. 1	AS4 Location	Information				
1 2	Status of MS	ea Name: HAGERSTOWN, MD 4 Operator:  FEDERAL ST	UA # FATE P			TE 🛛 OTHER
	If private or o	ther, please include Name: LOCAL - TOWN	ISHIP OF ANT	RIM		
E. D	escription of	Receiving Waters (refer to the NOI instruc	tions for mon	e informat	lon).	
List v	water bodies in	to which MS4(s) discharges, and their classifi	ication(s)			
		Name of Waterbody	Designated Uses	Existing Uses	303(d) Listed? (Y/N)	TMDL Parameter(s)
UNN	AMED TRIBU	TARIES TO CONOCOCHEAGUE CREEK	WWF	WWF	No	NOT AVAILABLE
UNN	AMED TRIBUT	TARIES TO MARSH RUN WEST BRANCH	WWF	WWF	No	NOT AVAILABLE
UNN		FARIES TO MARSH RUN	WWF	WWF	No	NOT AVAILABLE
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F. In	terconntected	I MS4(s)	l			
1.	List of Downst	ream MS4s - Name(s) of MS4(s) into which t	his MS4 direct	lv discham	es'	
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- 2 -

N/A		List of Upstream MS4s - Name(s) of MS4(s) which directly discharge into this MS4:						
N/A								
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Stormwater Management Program								
4 operators must submit their plan w	vith BMPs. measu	rable goals and a approach, or deve	schedule, as part of their NOI. This Gene elop an independent program which must					
management program measure ac	er the General Po cording to the DEF	ermit, applicants P Stormwater Man	ch Minimum Control Measure required to may choose to implement each stormwa agement Protocol (" <i>Protocol</i> "), or develop a gram measures that meet the requirements					
Therefore, MS4 operators have the the <i>Protocol</i> and identify and imp approach.	option to implem ent the remai	ent one or more of ining Minimum Co	the Minimum Control Measures according ontrol Measures through their own propos					
eligible to receive up to 75	njunction with the percent funding	he Pa. Stormwa i for the permi	nwater management program entire ter Management Act (Act 167), can requirements (for more details, refer 1 year in large part for each element in t					
Below, check the box(es) next to the Minimum Control Measure(s) for which the DEP <i>Protocol</i> will be followed, and check the box(es) next to the Minimum Control Measure(s) for which the MS4 operator will develop its own program. In addition, provide the names of the responsible person(s) for implementing the program for each Minimum Control								
Check the box(es) next to the Minim	num Control Meas	ure(s) for which th	e MS4 operator will develop its own progra					
Check the box(es) next to the Minim In addition, provide the names of th Measure. For any Minimum Control Measure required to submit to DEP with this I goals and a schedule for DEP appro	num Control Meas le responsible pers e in which the MS NOI its proposed s oval. See the NOI	ure(s) for which th son(s) for impleme S4 operator will no tormwater manage instructions for mo	e MS4 operator will develop its own progra nting the program for each Minimum Cont of follow the DEP <i>Protocol</i> , the applicant ement program, including BMPs, measurat are detailed information. No documentation					
Check the box(es) next to the Minim In addition, provide the names of th Measure. For any Minimum Control Measure required to submit to DEP with this I goals and a schedule for DEP appro required to be submitted with this implementing the DEP <i>Protocol</i> .	num Control Meas le responsible pers e in which the MS NOI its proposed s oval. See the NOI NOI for those Mi	ure(s) for which th son(s) for impleme S4 operator will ne tormwater manage instructions for mo inimum Control M	e MS4 operator will develop its own program inting the program for each Minimum Contr of follow the DEP <i>Protocol</i> , the applicant ement program, including BMPs, measuration and detailed information. No documentation leasures in which the MS4 operator will l					
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Check the box(es) next to the Minim In addition, provide the names of th Measure. For any Minimum Control Measure required to submit to DEP with this I goals and a schedule for DEP appro required to be submitted with this implementing the DEP <i>Protocol</i> . The Protocol and/or the proposed pr	num Control Meas le responsible pers e in which the MS NOI its proposed s oval. See the NOI NOI for those Mi rogram become pa The MS4 Operator will implement the	ure(s) for which th son(s) for impleme S4 operator will me tormwater manage instructions for mo inimum Control M art of the requirem The MS4 Operator will	e MS4 operator will develop its own program inting the program for each Minimum Contr of follow the DEP <i>Protocol</i> , the applicant ement program, including BMPs, measuration re detailed information. No documentation leasures in which the MS4 operator will if ents of the permit upon approval by DEP, a Name and telephone number of the principal person responsible for					
Check the box(es) next to the Minim In addition, provide the names of th Measure. For any Minimum Control Measure required to submit to DEP with this I goals and a schedule for DEP appro required to be submitted with this implementing the DEP <i>Protocol</i> . The Protocol and/or the proposed pl applicable.	The MS4 Operator will implement the minimum control measure as described in the	ure(s) for which th son(s) for impleme 54 operator will me tormwater manage instructions for mo inimum Control M art of the requirem The MS4 Operator will develop its own program for this minimum	e MS4 operator will develop its own progra inting the program for each Minimum Cont of follow the DEP <i>Protocol</i> , the applicant ement program, including BMPs, measurat ore detailed information. No documentation leasures in which the MS4 operator will i ents of the permit upon approval by DEP, i Name and telephone number of the					
Check the box(es) next to the Minim In addition, provide the names of th Measure. For any Minimum Control Measure required to submit to DEP with this I goals and a schedule for DEP appro required to be submitted with this implementing the DEP <i>Protocol</i> . The Protocol and/or the proposed pl applicable.	The MS4 Operator will implement the minimum control DEP Protocol	ure(s) for which th son(s) for impleme 54 operator will me tormwater manage instructions for mo inimum Control M art of the requirem The MS4 Operator will develop its own program for this minimum measure.	e MS4 operator will develop its own progra inting the program for each Minimum Cont of follow the DEP <i>Protocol</i> , the applicant ement program, including BMPs, measurat ore detailed information. No documentation leasures in which the MS4 operator will i ents of the permit upon approval by DEP, i Name and telephone number of the principal person responsible for Implementation					
Check the box(es) next to the Minim In addition, provide the names of th Measure. For any Minimum Control Measure required to submit to DEP with this I goals and a schedule for DEP appro required to be submitted with this implementing the DEP <i>Protocol</i> . The Protocol and/or the proposed pr applicable. Minimum Control Measures (1) Public Education and Outreach (2) Public Participation and	The MS4 Operator will implement the minimum control measure as described in the DEP Protocol	ure(s) for which the son(s) for implement of operator will meter instructions for mo- inimum Control Meter art of the requirem The MS4 Operator will develop its own program for this minimum measure.	e MS4 operator will develop its own programing the program for each Minimum Control of follow the DEP <i>Protocol</i> , the applicant ement program, including BMPs, measuration detailed information. No documentation leasures in which the MS4 operator will if ents of the permit upon approval by DEP, a Name and telephone number of the principal person responsible for Implementation <b>TERESA SCHNOOR (717-597-3818)</b>					

3900-PM-WM0100c 12/2002 NO (5) Post-Construction Stormwater  $\boxtimes$ **TERESA SCHNOOR (717-597-3818)** Management in New Development and Redevelopment (6) Pollution Prevention and Good X П **TERESA SCHNOOR (717-597-3818)** Housekeeping for Municipal **Operations and Maintenance** H. Compliance History Review Is/was applicant in violation of any of DEP's permits issued by DEP, or any orders, regulations or schedules of compliance? Yes 🗍 No 🖾 If yes, list each permit, order, regulation or schedule that is/was in violation and provide compliance status of the permitted activity (use additional sheets to provide information on all permits). Brief Description of Non-Compliance: Steps Taken to Return to Compliance and Dates Compliance Achieved: I. 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. Name and official title: (Use corporate or professional seal as appropriate) TERESA SCHNOOR, ANTRIN TOWNSHIP ADMINISTRATOR Date Signed: \_\_\_\_\_2 Signature: Sworn and subscribed to before me, this m Э day of JANUAR Notary Public My commission expires COMMONWEAL INNSYLVANIA 04 av Public Charles 6 Clanty (Notary Public Beal and Hamilton Stamp) 2, 2007 My Commissic ..... Member, Pennsylvania Association: Of Notaries

- 4 -

### **TOWNSHIP OF ANTRIM**

**FRANKLIN COUNTY** 

PENNSYLVANIA

#### NOTICE OF INTENT (NOI) FOR COVERAGE UNDER NPDES GENERAL PERMIT FOR STORMWATER DISCHARGES (PAG-13) FROM SMALL MUNICIPAL SERERATE STORM SEWER SYSTEMS (MS4s)

### **NOI ATTACHMENTS**

USGS URBAINIZED AREA MAP

### 2000 U.S. CENSUS URBANIZED AREAS MAPS

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ANTRIM TOWNSHIP, FRANKLIN COUNTY PENNSYLVANIA

URBANIZED AREA NAME: HAGERSTOWN, MD

SCALE: 1"=2,000'

2000 U.S. CENSUS URBANIZED AREAS MAPS





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# MMM martin and martin, incorporated

37 south main street • suite A • chambersburg, pennsylvania • 17201-2251

(717) 264-6759 (717) 264-7339 (fax) email: martinmartin@innernet.net

January 28, 2005

Mr. Kirit Shah Pennsylvania Department of Environmental Protection Southcentral Regional Office 909 Elmerton Avenue Harrisburg, PA 17110

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Dear Mr. Shah:

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In the event that you have any questions, or if additional information is required,, please do not hesitate to contact our office at your convenience.

Sincerely,

MARTIN AND MARTIN, INCORPORATED

William Kick, EIT

WMK cc: Teresa Schnoor, Antrim Township Administrator (by fax)

MUNICIPAL • URBAN • REGIONAL • LAND DEVELOPMENT AND ENVIRONMENTAL PLANNERS

MUNICIPAL . CIVIL . SANITARY . SOLID WASTE AND ENVIRONMENTAL ENGINEERS

	marti	n anu mari	in, incor	porated		· .
	37 South Ma	ain Street - Suite A - Cha				
				4 50 55		
hone: (717) 264-6759			DATE		FILE NO.: vnship MS4	823.262
ax: (717) 264-7339			RE:		tent under Gene	
ail: martinmartin@inn				NOUCE OF IM	tent under Gene	rai NPDES
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IRIT SHAH						
ennsylvania Dept. o outhcentral Region		al Protection				
09 Elmerton Avenue						
arrisburg, PA 17110		······································				
uniobulg, 174 17 176						
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2		nt (NOI) for Coverag	e Under NPDES	General Pen	mit [PAG-13]	
1	Cover Letter			·····		·
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COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF WATERSHED MANAGEMENT



### **NOTICE OF INTENT (NOI)**

#### FOR COVERAGE UNDER NPDES GENERAL PERMIT FOR STORMWATER DISCHARGES (PAG-13) FROM SMALL MUNICIPAL SEPARATE STORM SEWER SYSTEMS (MS4s)

- (1) Please read attached instructions carefully before completing this application.
- (2) If your MS4 discharges into "special protection waters" (or is otherwise ineligible for permit coverage under this General Permit) do not complete this NOI; contact your DEP regional office for an individual permit application.
- (3) <u>Municipalities are encouraged to submit this application jointly in conjunction with existing or proposed</u> implementation of an Act 167 watershed stormwater management plan

A. \$	Stormwater Management Plan Under Act 167
1.	Is this application being made jointly with other municipalities in conjunction with implementation of an existing or proposed Stormwater Management Plan (or plan update) under Act 167? $\Box$ Yes $\boxtimes$ No
	If "Yes", please complete the information in a – d below
а.	Name of Act 167 watershed(s):
b.	Name of County(ies):
C.	Status of existing Act 167 planning and implementation for the relevant watershed(s):
	NOTE: MS4s must submit a "letter of intent" from the relevant county(ies) indicating the county commitment to proceed with Act 167 planning (or an update thereof) for the watershed
d.	List of co-applicants (each co-applicant must complete an NOI):
B. C	ther Multi-Municipal Joint Application
1.	Is this application being made jointly with other municipalities in a common watershed other than under an Act 167 approach?  Yes X No
	If "Yes", please complete the information below
а.	Name of Watershed(s): (attach map)
b.	Status of joint municipal planning for the relevant watershed(s):
·	

	LIST OF CO-a	oplicants and contact persons (each co-applic	ant must com	/	<b>NIN</b>	
<b>C</b> .	1	· · · · · · · · · · · · · · · · · · ·		plete an NC	JI):	
C.	MS4 Operato	Information			·······	
1.		64 Operator: TOWNSHIP OF ANTRIM, FRAM				
2.	Contact Per	son: TERESA SCHNOOR		T, PENNS	SYLVANIA	· · · · · · · · · · · · · · · · · · ·
3.	Title/Role: TOWNSHIP ADMINISTRATOR					
4.	Division:		Denset			
5.		ber: 717-597-3818	Department		·	······
6.	+	nnoor@twp.antrim.pa.us	Fax: 717-5	974257		
7.	Mailing	Address Line 1: 10655 ANTRIM CHURCH				
	Address:	Address Line 2: P.O. BOX 130	ROAD			
		City: GREENCASTLE, PA		······	· · · · · · · · · · · · · · · · · · ·	
						· · · · · · · · · · · · · · · · · · ·
1.1.1						
	Status of MS	rea Name: HAGERSTOWN, MD 4 Operator:	Contrast of the second of the	UBLIC		TE 🛛 OTHER
••	Urbanized An Status of MS If private or c	Information rea Name: HAGERSTOWN, MD	IATE P	UBLIC RIM		TE OTHER
I	Urbanized An Status of MS If private or c escription of	Information rea Name: HAGERSTOWN, MD 4 Operator:	TATE P ISHIP OF ANT tions for mor	UBLIC RIM		TE OTHER
I	Urbanized An Status of MS If private or c escription of vater bodies in	Information rea Name: HAGERSTOWN, MD 4 Operator: FEDERAL ST other, please include Name: LOCAL - TOWN Receiving Waters (refer to the NOI instruct to which MS4(s) discharges, and their classifi Name of Waterbody	TATE P ISHIP OF ANT tions for mor	UBLIC RIM	303(d) Listed?	TMDL Parameter
D	Urbanized An Status of MS If private or c escription of vater bodies in	Information rea Name: HAGERSTOWN, MD 4 Operator: FEDERAL ST other, please include Name: LOCAL - TOWN Receiving Waters (refer to the NOI instruc to which MS4(s) discharges, and their classifi	TATE P ISHIP OF ANT tions for more ication(s) Designated	UBLIC RIM e informat Existing	i <b>on).</b> 303(d)	
. Do	Urbanized An Status of MS If private or c escription of vater bodies in	Information rea Name: HAGERSTOWN, MD 4 Operator: FEDERAL ST other, please include Name: LOCAL - TOWN Receiving Waters (refer to the NOI instruct to which MS4(s) discharges, and their classifi Name of Waterbody	TATE P ISHIP OF ANT tions for mor ication(s) Designated Uses	UBLIC RIM e informat Existing Uses	ion). 303(d) Listed? (Y/N)	TMDL Parameter
	Urbanized An Status of MS If private or c escription of vater bodies in AMED TRIBUT	Information rea Name: HAGERSTOWN, MD 4 Operator: FEDERAL ST other, please include Name: LOCAL - TOWN Receiving Waters (refer to the NOI instruct to which MS4(s) discharges, and their classifi Name of Waterbody TARIES TO CONOCOCHEAGUE CREEK	TATE P ISHIP OF ANT tions for more ication(s) Designated Uses WWF	UBLIC RIM e informat Existing Uses WWF	ion). 303(d) Listed? (Y/N) No	TMDL Parameter
Du ist w	Urbanized An Status of MS If private or c escription of vater bodies in AMED TRIBUT	Information rea Name: HAGERSTOWN, MD 4 Operator: FEDERAL ST other, please include Name: LOCAL - TOWN Receiving Waters (refer to the NOI instruct to which MS4(s) discharges, and their classifi Name of Waterbody FARIES TO CONOCOCHEAGUE CREEK TARIES TO MARSH RUN WEST BRANCH	TATE P ISHIP OF ANT tions for more ication(s) Designated Uses WWF WWF	Existing Uses WWF	ion). 303(d) Listed? (Y/N) No No	TMDL Parameter NOT AVAILABL
	Urbanized An Status of MS If private or c escription of vater bodies in AMED TRIBUT	Information rea Name: HAGERSTOWN, MD 4 Operator: FEDERAL ST other, please include Name: LOCAL - TOWN Receiving Waters (refer to the NOI instruct to which MS4(s) discharges, and their classifi Name of Waterbody FARIES TO CONOCOCHEAGUE CREEK TARIES TO MARSH RUN WEST BRANCH	TATE P ISHIP OF ANT tions for more ication(s) Designated Uses WWF WWF	Existing Uses WWF	ion). 303(d) Listed? (Y/N) No No	TMDL Parameter NOT AVAILABL
Du ist w NN/	Urbanized An Status of MS If private or c escription of vater bodies in AMED TRIBUT	Information rea Name: HAGERSTOWN, MD 4 Operator: FEDERAL ST other, please include Name: LOCAL – TOWN Receiving Waters (refer to the NOI instruct to which MS4(s) discharges, and their classifi Name of Waterbody TARIES TO CONOCOCHEAGUE CREEK TARIES TO MARSH RUN WEST BRANCH TARIES TO MARSH RUN	TATE P ISHIP OF ANT tions for more ication(s) Designated Uses WWF WWF	Existing Uses WWF	ion). 303(d) Listed? (Y/N) No No	TMDL Parameter NOT AVAILABL
I	Urbanized An Status of MS If private or c escription of vater bodies in AMED TRIBUT AMED TRIBUT AMED TRIBUT	Information rea Name: HAGERSTOWN, MD 4 Operator:	TATE P ISHIP OF ANT tions for more ication(s) Designated Uses WWF WWF WWF	UBLIC RIM e informat Existing Uses WWF WWF	ion). 303(d) Listed? (Y/N) No No	TMDL Parameter NOT AVAILABL
Int	Urbanized An Status of MS If private or c escription of vater bodies in AMED TRIBUT AMED TRIBUT AMED TRIBUT	Information rea Name: HAGERSTOWN, MD 4 Operator: FEDERAL ST other, please include Name: LOCAL – TOWN Receiving Waters (refer to the NOI instruct to which MS4(s) discharges, and their classifi Name of Waterbody TARIES TO CONOCOCHEAGUE CREEK TARIES TO MARSH RUN WEST BRANCH TARIES TO MARSH RUN	TATE P ISHIP OF ANT tions for more ication(s) Designated Uses WWF WWF WWF	UBLIC RIM e informat Existing Uses WWF WWF	ion). 303(d) Listed? (Y/N) No No	TMDL Parameter NOT AVAILABL
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- 2 -

2.	List of Upstream MS4s - Name(s) of MS4(s) which directly discharge into this MS4:						
	N/A						
G.	Stormwater Management Program						
MS	64 operators must submit their plan	with BMPs, measu	rable goals and a	schedule, as part of their NOI. This General			
•••	rmit allows two options—follow DEP proved by DEP.	's recommended	approach, or deve	elop an independent program which must be			
- PPI							
			·				
	MS4 Operator's Plan for Each	Minimum Control	Measure For ea	ch Minimum Control Measure required to be			
		ei ine General P	armit anniicante	may abased to implement each stars of			
	(upon DEP approval) implement th		- STORMATOR Man	agement Protocol (" <i>Protocol</i> "), or develop and gram measures that meet the requirements of			
	this General Permit.		i management pro	gram measures that meet the requirements or			
	Therefore, MS4 operators have the	e option to implem	ent one or more of	f the Minimum Control Measures according to			
	approach.	plement the remain	ining Minimum Co	ontrol Measures through their own proposed			
		imperior and the					
	under the <i>Protocol</i> and in co	inplement the	approved storn	nwater management program entirely iter Management Act (Act 167), can be			
	and the second of the second s	Dercent funding	1 for the normi	Roguinomonto (fee mens detail f			
	Appendix 2 and the Fact Sheet.). I Protocol.	n addition, their so	chedule is delayed	I 1 year in large part for each element in the			
		ha Minimum Cont					
	TOTO ON THE DOA(03) HEAL TO THE WITH	HUND CONTON MESS	life(s) for which th	which the DEP <i>Protocol</i> will be followed, and e MS4 operator will develop its own program.			
	In addition, provide the names of the Measure.	ne responsible per	son(s) for impleme	enting the program for each Minimum Control			
	incusuro.						
	I reduined to contracto DEF With UNS	NUT IIS DIMMSAA G	TOMULATOR MANAG	ot follow the DEP <i>Protocol</i> , the applicant is ement program, including BMPs, measurable			
	I good and a concure for DLF ADDI		JOSTI ICTIONS for me				
	implementing the DEP <i>Protocol</i> .	NOI for those M	inimum Control N	leasures in which the MS4 operator will be			
		rogram become o	art of the requirem	ents of the permit upon approval by DEP, as			
	applicable.		art of the requirem	ents of the permit upon approval by DEP, as			
		The MS4					
		Operator will implement the	The MS4 Operator will				
		minimum control	develop its own	Name and tolenhame number of the			
		measure as described in the	program for this minimum	Name and telephone number of the principal person responsible for			
	Minimum Control Measures	DEP Protocol	measure.	Implementation			
	(1) Public Education and Outreach			TERESA SCHNOOR (717-597-3818)			
· ·	(2) Public Participation and			TERESA SCHNOOR (717-597-3818)			
	Involvement						
	(3) Illicit Discharge Detection and			TERESA SCHNOOR (717-597-3818)			
	Elimination						
	(4) Construction Site Stormwater	$\boxtimes$		TERESA SCHNOOR (717-597-3818)			
	Runoff Control		the second second				

3900-PM-WM0100c 12/2002 NO (5) Post-Construction Stormwater Ø **TERESA SCHNOOR (717-597-3818)** Management in New **Development and** Redevelopment (6) Pollution Prevention and Good  $\boxtimes$ П **TERESA SCHNOOR (717-597-3818)** Housekeeping for Municipal **Operations and Maintenance** H. Compliance History Review Is/was applicant in violation of any of DEP's permits issued by DEP, or any orders, regulations or schedules of compliance? Yes 🗍 No 🖂 If yes, list each permit, order, regulation or schedule that is/was in violation and provide compliance status of the permitted activity (use additional sheets to provide information on all permits). Brief Description of Non-Compliance: Steps Taken to Return to Compliance and Dates Compliance Achieved: I. 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. Name and official title: (Use corporate or professional seal as appropriate) TERESA SCHNOOR, ANTRIM TOWNSHIP ADMINISTRATOR Signature: Date Signed: Sworn and subscribed to before me, this day of JANUAR 20 05 Notary Public My commission expires COMMONWEALTH OF PENNSYLVANIA NAV Public Charles f. a County Hamilton (Notary Public Seal and Stamp) 2, 2007 My Commissic  $\pi$ Member, Pennsylvania Association Of Notaries

- 4 -

### **TOWNSHIP OF ANTRIM**

**FRANKLIN COUNTY** 

PENNSYLVANIA

NOTICE OF INTENT (NOI) FOR COVERAGE UNDER NPDES GENERAL PERMIT FOR STORMWATER DISCHARGES (PAG-13) FROM SMALL MUNICIPAL SERERATE STORM SEWER SYSTEMS (MS4s)

### **NOI ATTACHMENTS**

USGS URBAINIZED AREA MAP

2000 U.S. CENSUS URBANIZED AREAS MAPS

ANTRIM TOWNSHIP BASE MAP WITH HAGERSTOWN, MD URBANIZED **AREA BOUNDARY** 

### USGS URBAINIZED AREA MAP



## URBANIZED AREA MAP

ANTRIM TOWNSHIP, FRANKLIN COUNTY PENNSYLVANIA

URBANIZED AREA NAME: HAGERSTOWN, MD

SCALE: 1"=2,000'

2000 U.S. CENSUS URBANIZED AREAS MAPS




ANTRIM TOWNSHIP BASE MAP WITH HAGERSTOWN, MD URBANIZED AREA BOUNDARY 3900-PM-WM0100c 12/2002 NOI



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF WATERSHED MANAGEMENT



# **NOTICE OF INTENT (NOI)**

#### FOR COVERAGE UNDER NPDES GENERAL PERMIT FOR STORMWATER DISCHARGES (PAG-13) FROM SMALL MUNICIPAL SEPARATE STORM SEWER SYSTEMS (MS4s)

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- (2) If your MS4 discharges into "special protection waters" (or is otherwise ineligible for permit coverage under this General Permit) do not complete this NOI; contact your DEP regional office for an individual permit application.
- (3) <u>Municipalities are encouraged to submit this application jointly in conjunction with existing or proposed</u> implementation of an Act 167 watershed stormwater management plan

•	Is this application being made jointly with other municipalities in conjunction with implementation of an existing of proposed Stormwater Management Plan (or plan update) under Act 167? $\Box$ Yes $\boxtimes$ No If "Yes", please complete the information in a – d below
l.	Name of Act 167 watershed(s):
•	Name of County(ies):
	Status of existing Act 167 planning and implementation for the relevant watershed(s):
	NOTE: MS4s must submit a "letter of intent" from the relevant county(ies) indicating the county commitment to proceed with A <u>167 planning (or an update thereof) for the watershed</u>
	List of co-applicants (each co-applicant must complete an NOI):
0	ther Multi-Municipal Joint Application
	Is this application being made jointly with other municipalities in a common watershed other than under an Act 167 approach? Yes X No
	If "Yes", please complete the information below
1	Name of Watershed(s): (attach map)
$\downarrow$	
	Status of joint municipal planning for the relevant watershed(s):

- 1 -

#### 3900-PM-WM0100c 12/2002 NOI

			·····					
С.	List of co-applicants and contact persons (each co-applicant must complete an NOI):							
					ан 1. т. т. т. т.			
C,	MS4 Operator	Information						
1.	Name of MS	4 Operator: TOWNSHIP OF ANTRIM, FRAM	KLIN COUNT	Y. PENNS	YLVANIA	ander andere en		
2.		son: TERESA SCHNOOR				· · · · · · · · · · · · · · · · · · ·		
3.	Title/Role: T	OWNSHIP ADMINISTRATOR						
4.	Division:		Department	•				
5.	Phone Numl	per: 717-597-3818	Fax: 717-5		· · · · · · · · · · · · · · · · · · ·			
6.	E-mail: tsch	noor@twp.antrim.pa.us			· · · · · · · · · · · · · · · · · · ·			
7.	Mailing	Address Line 1: 10655 ANTRIM CHURCH	ROAD					
	Address:	Address Line 2: P.O. BOX 130	· · · · · · · · · · · · · · · · · · ·					
		City: GREENCASTLE, PA				<u></u>		
		Zip Code: 17225						
D.	MS4 Location	Information						
2	Status of MS	4 Operator: FEDERAL ST strengther, please include Name: LOCAL – TOWN		UBLIC RIM		TE 🛛 OTHER		
<b>E.</b> [	Description of	Receiving Waters (refer to the NOI instruc	tions for mor	e informat	ionj.			
List	water bodies in	to which MS4(s) discharges, and their classifi	ication(s)					
		Designated Uses	Existing Uses	303(d) Listed? (Y/N)	TMDL Parameter(s)			
UNN	AMED TRIBU	TARIES TO CONOCOCHEAGUE CREEK	WWF	WWF	No	NOT AVAILABLE		
UNN	AMED TRIBU	TARIES TO MARSH RUN WEST BRANCH	WWF	WWF	No	NOT AVAILABLE		
UNN		FARIES TO MARSH RUN	WWF	WWF	No	NOT AVAILABLE		
•								
F. In	terconntected	MS4(s)	L	l				
I.	List of Downstream MS4s - Name(s) of MS4(s) into which this MS4 directly discharges:							
	N/A							
				· · · · ·				

- 2 -

3900-PM-WM0100c 12/2002 NOI

List of Upstream MS4s - Name(s) of MS4(s) which directly discharge into this MS4:						
NA						
Stormwater Management Program		يسرمهم فردائيل المواد والمراجع والمراسية المراجع والمراجع				
4 operators must submit their plan w mit allows two options—follow DEP' proved by DEP.	vith BMPs, measu s recommended a	rable goals and a approach, or deve	schedule, as part of their NOI. This Gene elop an independent program which must			
management program measure ac	er the General Po cording to the DEF	ermit, applicants Stormwater Man	ch Minimum Control Measure required to may choose to implement each stormwa agement Protocol (" <i>Protocol</i> "), or develop a gram measures that meet the requirements			
Therefore, MS4 operators have the option to implement one or more of the Minimum Control Measures according t the <i>Protocol</i> and identify and implement the remaining Minimum Control Measures through their own propose approach.						
eligible to receive up to 75	njunction with t percent funding	he Pa. Stormwa I for the permit	nwater management program entire ter Management Act (Act 167), can t requirements (for more details, refer 1 year in large part for each element in t			
Check the Dox(es) next to the Minim	num Control Meas	ure(s) for which the	which the DEP <i>Protocol</i> will be followed, a e MS4 operator will develop its own progra enting the program for each Minimum Cont			
goals and a schedule for DEP with this	NOI its proposed s oval. See the NOI	tormwater manage instructions for mo	ot follow the DEP <i>Protocol</i> , the applicant ement program, including BMPs, measural pre detailed information. No documentation leasures in which the MS4 operator will			
The Protocol and/or the proposed program become part of the requirements of the permit upon approval by DEP, as applicable.						
	The MS4 Operator will implement the minimum control measure as	The MS4 Operator will develop its own program for this	Name and telephone number of the			
Minimum Control Measures	described in the DEP Protocol	minimum measure.	principal person responsible for Implementation			
(1) Public Education and Outreach			TERESA SCHNOOR (717-597-3818)			
(2) Public Participation and						
involvement			TERESA SCHNOOR (717-597-3818)			
(3) Illicit Discharge Detection and Elimination			TERESA SCHNOOR (717-597-3818) TERESA SCHNOOR (717-597-3818)			

- 3 -

(5) Post-Construction Stormwater			
Management in New Development and Redevelopment			TERESA SCHNOOR (717-597-3818)
(6) Pollution Prevention and Good Housekeeping for Municipal Operations and Maintenance			TERESA SCHNOOR (717-597-3818)
H. Compliance History Review			
Is/was applicant in violation of any of DEP's	permits issued b	y DEP, or any or	ders, regulations or schedules of compliance?
If yes, list each permit, order, regulation or so activity (use additional sheets to provide info	hedule that is w	as in violation ar	Yes 🗌 No 🛛
		· · ·	
Brief Description of Non-Compliance:			
. Certification:			
certify under penalty of law that this docum accordance with a system designed to assur submitted. Based on my inquiry of the persor gathering the information, the information s complete. I am aware that there are significan mprisonment for knowing violations.	n or persons who wbmitted is to	manage the syst	rly gathered and evaluated the information tem or those persons directly responsible for
lame and official title: (Use corporate or profe	essional seal as	appropriate)	
	DMINISTRATO		AL DM DT
	7-		Signed: <u>01-27-05</u>
wom and subscribed to before m/e, this		of <u>Anvar</u>	20.05 01804 14 3
	SYLVANIA		

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### **TOWNSHIP OF ANTRIM**

FRANKLIN COUNTY

PENNSYLVANIA

NOTICE OF INTENT (NOI) FOR COVERAGE UNDER NPDES GENERAL PERMIT FOR STORMWATER DISCHARGES (PAG-13) FROM SMALL MUNICIPAL SERERATE STORM SEWER SYSTEMS (MS4s)

### **NOI ATTACHMENTS**

**USGS URBAINIZED AREA MAP** 

#### 2000 U.S. CENSUS URBANIZED AREAS MAPS

ANTRIM TOWNSHIP BASE MAP WITH HAGERSTOWN, MD URBANIZED AREA BOUNDARY

# USGS URBAINIZED AREA MAP



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2000 U.S. CENSUS URBANIZED AREAS MAPS





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