

NOTICE OF INTENT TO COMPLY WITH MAINE MULTI-SECTOR GENERAL PERMIT FOR STORM WATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITY

Submission of this Notice of Intent (NOI) constitutes the expressed intent of the entity in Section A to be authorized to discharge pollutants to waters of the State, from the facility/site identified in Section C, under Maine's Stormwater Multi-sector General Permit (MSGP). This also certifies that the responsible official understands and meets the eligibility conditions of Part I of the MSGP, agrees to comply with all applicable terms and conditions of the MSGP, and understands that continued authorization under the MSGP is contingent on maintaining eligibility for coverage. **In order to be granted coverage, this form must be completed in its entirety and sent to the Maine Dept. of Environmental Protection, 17 State House Station, Augusta, ME 04333-0017. Be sure to include a check for \$250 made payable to "Treasurer, State of Maine". Please read the instructions on the back prior to completing the NOI form.**

A. Company Information – Legal Name & Business Address					B. Parent Company Information (if applicable)					
Company Legal Name					Parent Co Name:					
Mailing Address					Mailing Address					
City/Town		State		Zip Code:	City/Town		State		Zip Code:	
Daytime phone: (with area code)		()			Daytime phone: (with area code)		()			
E-mail:					E-mail:					
The 4-digit Standard Industrial Classification (SIC) Code(s) or the 2-letter Activity Code(s) that best represent the primary products produced or services rendered by your facility and major co-located activities;					Primary SIC#		Secondary SIC# (if known):			
C. Facility/Site Physical Location					D. Contact Person Information for this NOI					
Facility/Site Name					Permit Contact Person					
Physical Address					Title					
Town		State:		Zip Code:	Contact Address					
Daytime phone: (with area code)		()			Daytime phone: (with area code)		()			
Email:					Email:					
Facility Ownership:		<input type="checkbox"/> Private <input type="checkbox"/> Tribal <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Municipal <input type="checkbox"/> Other public entity								
Facility Latitude: (if known)					Facility Longitude:					
The facility discharges stormwater either directly or indirectly to the waters of the state: <input type="checkbox"/> Yes <input type="checkbox"/> No					The facility discharges stormwater to a municipal separate stormwater sewer system (MS4). <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, names(s) of the receiving waters:					If Yes, name(s) of MS4 operator:					
E. Permit Information										
Applicable sector(s) of industrial activity, as designated in Part III (D)(5) of the MSGP, that include associated discharges that you seek to have covered under this permit (choose all that apply):			<input type="checkbox"/> Sector A <input type="checkbox"/> Sector B <input type="checkbox"/> Sector C <input type="checkbox"/> Sector D <input type="checkbox"/> Sector E <input type="checkbox"/> Sector F <input type="checkbox"/> Sector G <input type="checkbox"/> Sector H <input type="checkbox"/> Sector I <input type="checkbox"/> Sector J <input type="checkbox"/> Sector K <input type="checkbox"/> Sector L <input type="checkbox"/> Sector M <input type="checkbox"/> Sector N <input type="checkbox"/> Sector O <input type="checkbox"/> Sector P <input type="checkbox"/> Sector Q <input type="checkbox"/> Sector R <input type="checkbox"/> Sector S <input type="checkbox"/> Sector T <input type="checkbox"/> Sector U <input type="checkbox"/> Sector V <input type="checkbox"/> Sector W <input type="checkbox"/> Sector X <input type="checkbox"/> Sector Y <input type="checkbox"/> Sector Z <input type="checkbox"/> SectorAA <input type="checkbox"/> Sector AB <input type="checkbox"/> Sector AC <input type="checkbox"/> Sector AD							
If this facility was covered by a previous EPA Multi-Sector General Permit, enter the number assigned to the facility by EPA:										
F. Certification of Responsible Official										
I certify under penalty of law that I have personally examined the information submitted in this document and all attachments thereto and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the information is true, accurate, and complete.										
Printed Name:								Date:		
Title:										
Signature:										
OFFICE USE	Ck. #		Date Received		NOI #		Acct. # 014-06A-1751-142			

Instructions for Completing the NOI Form

To complete this form, type or print, in the appropriate areas only and use uppercase (ALL CAPS). Answer all applicable questions, keep a copy for your records, and mail the original signed completed form with a check for \$250 made payable to "Treasurer, State of Maine" to the: **Maine Department of Environmental Protection, 17 State House Station, Augusta, ME 04333-0017.**

PLEASE NOTE: A copy of the completed NOI form must be provided by the applicant to the municipal office of the town or city, or to the county commissioner's office in the case of an unorganized territory, in which the discharge will occur at the time this form was submitted to the Department.

Sections A & B. Company & Parent Company Information.

Enter the **LEGAL Company or Corporate Name** (as registered with the Secretary of State, for corporations) of the "permit holder". (Enter the Parent Company in section B., if applicable). Also enter the business (mailing) address, the town/city, state and zip code for your company (& parent company if one exists). Please include area codes and telephone numbers and e-mail addresses if available. Enter your company's primary and secondary Standard Industrial Classification Code(s) (4-digit SIC codes), if known, which best describes the products &/or services provided (See Table One Sectors of Industrial Activity in the Multi-Sector General Permit, hereinafter, "MSGP").

C. Facility/Site Information.

1. Enter the name of the **Facility/Site** along with the **physical address** or location of this "site" (city/town, state and zip code). Include associated telephone number, including area code. If the physical name & address of this site is the same as the Company or Parent Company Information, write "same as company" in the Facility/Site section.
2. Extra spaces are provided for separate facility/site phone numbers (and area codes), such as for field offices, etc., and e-mail contact information where appropriate.
3. Mark the appropriate box to designate facility/site ownership by placing an 'X' in the box for **ownership type**: private, tribal, federal, state, municipal, or other public entity (e.g., sanitary district, or county, etc.)
4. Enter the **latitude and longitude** (if known) for the approximate center of the facility/site **in degrees/minutes/seconds**. Latitude and longitude may be obtained by using a GPS unit, or by searching for your facility's address on several commercial map sites on the Internet (Maine sites are typically between the latitudes of 43°4'N to 47°28'N and the longitudes of 66°57'W to 71°7'W).
5. Indicate whether the facility/site discharges stormwater either directly or indirectly into a receiving water(s) and/or a municipal separate storm sewer system (MS4) (Yes/No checkbox) and enter the name(s) of the closest receiving water(s) which include but are not limited to a river, stream, brook, pond, lake, wetland, coastal wetland, ocean; i.e., unnamed tributary of Cold Brook or it may flow into an unnamed wetland. An MS4 is defined as a conveyance or system of conveyances (including roads with drainage systems, municipal streets, catch basins, curbs, gutters, ditches, man-made channels, or storm drains) that are owned or operated by a state, city, town, county, district, association or other public body and is designed or used for collecting or conveying stormwater).

D. Contact Information for this Permit.

Enter the Name of the Contact Person for this facility/site, their title, mailing address (street or PO Box, city, state, zip code), telephone number with the area code, and an e-mail address. If this contact is your consultant please supply an e-mail address as well. If your contact for this permit uses the same address as the company, parent company or facility/site, please enter "same as company", etc.

E. Permit Information

1. Check **all of the boxes that apply to the sectors of industrial activity**, as designated in Part III (D)(5) of the MSGP, that you seek to have covered by this permit.
2. If this facility was covered by a previous EPA Multi-Sector General Permit, enter the EPA assigned number for the facility.

F. Certification Statement.

Legibly print the name and title of the responsible official. Have the official sign and date the application. A "responsible official" must be one of the following:

- ✓ For a corporation: a responsible corporate officer
- ✓ For sole proprietorship or a partnership: the proprietor or general partner
- ✓ For a municipal, State, Federal, or other public facility: either a principal executive or ranking elected official.