

Maine Department of Environmental Protection

RECEIPT FOR STORMWATER PHOSPHORUS COMPENSATION FEES

PART I. TO BE COMPLETED BY DEP PERMIT MANAGER (DPM) for DEP permit application #: _____

(Performed pursuant to the Maine Stormwater Management Law 38 M.R.S.A. §420-D.11 and the Maine DEP Stormwater Compensation Fund Program)

Lake name: _____ Title of Development/Project: _____ Town: _____

Applicant name: _____, Mailing address: _____

DEP Permit Mgr. (DPM): _____, Mailing address: _____

The SCF fee amount due for this development is \$ _____ and is payable to Stormwater Administrator (SA) _____

who has SCF jurisdiction for this lake watershed and is located at (address) _____, phone # _____.

DPM signature: _____ Date: __/__/__ **Date this form forwarded from DPM to Applicant: __/__/__**

PART II. TO BE COMPLETED BY APPLICANT

This receipt certifies that (name of Applicant's agent) _____ received this form from DEP on __/__/__ for the development/project named in PART I above and as authorized agent for (name of Applicant) _____ agrees to pay on behalf of Applicant the amount of \$ _____ via check # _____ (attached), to the Stormwater Administrator named in PART I above for unmitigated stormwater phosphorus export anticipated from the development named in PART I above.

Signature of Applicant's authorized agent: _____ Date: __/__/__ **Date this form forwarded from Applicant to SA: __/__/__**

PART III. TO BE COMPLETED BY STORMWATER ADMINISTRATOR (SA)

This receipt certifies that I, _____, representative for (name of SA agency) _____ received a stormwater phosphorus compensation fee payment in the amount of \$ _____ from (Applicant name) _____ on __/__/__ as compensation for unmitigated stormwater phosphorus export anticipated from the development named in PART I above. These funds shall be used for phosphorus mitigation in the watershed of (lake name) _____ according to the term of SA's SCF Agreement with the DEP.

Signature of SA rep: _____ Date: __/__/__ **Date copies of this completed form sent from SA to DPM and Applicant __/__/__**

(Note: the original of this receipt to be retained by the SA and available for DEP review upon request)

AUGUSTA
17 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0017
(207) 624-6550 FAX: (207) 624-6024

BANGOR
106 HOGAN ROAD
BANGOR, MAINE 04401
(207) 941-4570 FAX: (207) 941-4584

PORTLAND
312 CANCO ROAD
PORTLAND, MAINE 04103
(207) 822-6300 FAX: (207) 822-6303

PRESQUE ISLE
1235 CENTRAL DRIVE, SKYWAY PARK
PRESQUE ISLE, MAINE 04769-2094
(207) 764-6477 FAX: (207) 764-1507