

Notice of Agency Rule-making Proposal

AGENCY: Department of Environmental Protection, Bureau of Land and Water Quality

RULE TITLE OR SUBJECT: Chapter 583. Nutrient Criteria for Fresh Surface Waters.

PROPOSED RULE NUMBER:

CONCISE SUMMARY

This chapter establishes numeric criteria for phosphorus and ecological responses of nutrient enrichment for Class AA, A, B, C, and GPA surface waters of the State. The rule will establish some new numeric criteria for interpreting existing water quality standards and a decision framework for making decisions about attainment of classification and water quality standards.

THIS RULE WILL __ WILL NOT __ HAVE A FISCAL IMPACT ON MUNICIPALITIES.

Municipalities are currently fiscally impacted if 1) they have a license or permit for an activity related to water quality, 2) an impairment of water quality is documented, and 3) the municipality must take corrective actions. This rule will not change the status quo, but could possibly lead to the identification of additional water quality impairments.

STATUTORY AUTHORITY: 38 M.R.S.A §§ 341-D(1-B) and 464(5)

PUBLIC HEARING: June 18, 2009 @ 9:30 AM
Holiday Inn/Ground Round
110 Community Drive, Augusta, ME

DEADLINE FOR COMMENTS: July 31, 2009, 5:00 P.M.

AGENCY CONTACT PERSON FOR INFORMATION ON THIS RULE, INCLUDING A STATEMENT OF IMPACT ON SMALL BUSINESS IF RELEVANT:

CONTACT PERSON'S NAME: Tom Danielson
AGENCY NAME: Department of Environmental Protection
ADDRESS: 17 State House Station
Augusta, ME 04333-0017
TELEPHONE: (207) 287-7728

Comments may be submitted by mail to the Agency Contact at the address above, by fax to Tom Danielson at (207) 287-7826 or by e-mail to thomas.j.danielson@maine.gov. To ensure consideration, comments must include your name and the organization you represent, if any. Please be aware that any risk of non-delivery associated with submission by fax or e-mail is on the sender. The proposed 'draft rule' is available for review or download on the Department's web-site at the following address: <http://www.maine.gov/dep/blwq/rule.htm>.

Please approve bottom portion of this form and
assign appropriate MFASIS number.

APPROVED FOR PAYMENT _____ DATE: _____
Authorized signature

FUND	AGENCY	ORG	APP	JOB	OBJT	AMOUNT
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