



NOTICE OF INTENT TO COMPLY WITH MAINE GENERAL PERMIT FOR THE DISCHARGE OF STORMWATER FROM MUNICIPAL SEPARATE STORM SEWER SYSTEMS (MS4)

PLEASE TYPE OR PRINT IN **BLACK INK ONLY**

PERMITTEE INFORMATION					
MS4 Entity	City of Auburn			Permittee ID #	MER041006
Name and title of chief elected official or principal executive officer	Phillip L. Crowell, Jr., City Manager				
Mailing Address	60 Court Street				
Town/City	Auburn	State	ME	Zip Code	04210
Daytime Phone	207-333-6601	Email	pcrowell@auburnmaine.gov		
PRIMARY CONTACT PERSON FOR OVERALL STORMWATER MANAGEMENT PROGRAM (if different than PEO/CEO)					
Name and Title	Zach Henderson, Stormwater Consultant				
Mailing Address	41 Hutchins Drive				
Town/City	Portland	State	ME	Zip Code	04102
Daytime Phone	207-558-3843	Email	zhenderson@woodardcurran.com		
STORMWATER MANAGEMENT PLAN (SWMP)					
Urbanized Area (sq. mi.)	11.75				
I have attached our updated SWMP with ordinances, SOPs, forms. <input checked="" type="checkbox"/>					
Name of streams, wetlands, or waterbodies to which the regulated small MS4 discharges (<i>attach additional sheets as necessary</i>):					
Logan Brook, Upper Androscoggin River (Gulf Island Pond), Androscoggin River, Little Androscoggin River, Penley Brook, Middle Androscoggin River, Gully Brook, Bobbin Mill Brook, Lower Androscoggin River, Taylor Pond, Taylor Brook, Lake Auburn					
List of impaired waterbodies that receive stormwater from the regulated small MS4 (<i>attach additional sheets as necessary</i>):					
Logan Brook, Upper Androscoggin River (Gulf Island Pond), Androscoggin River, Little Androscoggin River, Penley Brook, Middle Androscoggin River, Gully Brook, Bobbin Mill Brook, Lower Androscoggin River					
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 gather and evaluate 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.					
Signature of Permittee				Date	3/24/21

This NOI registration form must be filed with the Department at the following address:

Stormwater Program Manager
Maine Department of Environmental Protection
Bureau of Water Quality
17 State House Station
Augusta ME 04333-0017
Rhonda.Poirier@maine.gov

OFFICE USE ONLY					
Date Received		Staff		Date Accepted	
				Date Not Accepted	