



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 Bangor | Permittee ID # | MER041026 | | |
| Name and title of chief elected official or principal executive officer | Cathy Conlow, City Manager | | | | |
| Mailing Address | 73 Harlow St | | | | |
| Town/City | Bangor | State | ME | Zip Code | 04401 |
| Daytime Phone | (207) 992-4205 | Email | city.manager@bangormaine.gov | | |
| PRIMARY CONTACT PERSON FOR OVERALL STORMWATER MANAGEMENT PROGRAM (if different than PEO/CEO) | | | | | |
| Name and Title | Richard May | | | | |
| Mailing Address | 73 Harlow St | | | | |
| Town/City | Bangor | State | ME | Zip Code | 04401 |
| Daytime Phone | (207) 992-4243 | Email | richard.may@bangormaine.gov | | |
| STORMWATER MANAGEMENT PLAN (SWMP) | | | | | |
| Urbanized Area (sq. mi.) | 18.5 | | | | |
| 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>): | | | | | |
| Arctic Brook, Birch Stream, Capehart Brook, Cemetary Brook, Kenduskeag Stream, Meadow Brook, Penjajawoc Stream, Penobscot River, Shaw Brook, Sucker Brook, Woodlawn Brook | | | | | |
| List of impaired waterbodies that receive stormwater from the regulated small MS4 (<i>attach additional sheets as necessary</i>): | | | | | |
| Arctic Brook, Birch Stream, Capehart Brook, Kenduskeag Stream (Non-UIS), Penjajawoc Stream (Including Meadow Brook), Penobscot River(Non-UIS), Shaw Brook, Sucker Brook | | | | | |
| 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 | 5-26-2021 |

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 Recieved | | Staff | | Date Accepted | |
| | | | | | |