



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	Town of Berwick, Maine	Permittee ID #	MER41003
Name and title of chief elected official or principal executive officer	Stephen G. Eldridge, MPA, Town Manager		
Mailing Address	11 Sullivan Street		
Town/City	Berwick	State	ME
		Zip Code	03901
Daytime Phone	207-698-1101	Email	townmanager@berwickmaine.org

PRIMARY CONTACT PERSON FOR OVERALL STORMWATER MANAGEMENT PROGRAM (if different than PEO/CEO)

Name and Title	James Bellissimo, Director of Community Development and Planning		
Mailing Address	11 Sullivan Street		
Town/City	Berwick	State	ME
		Zip Code	03901
Daytime Phone	207-698-1101	Email	jbellissimo@berwickmaine.org

STORMWATER MANAGEMENT PLAN (SWMP)

Urbanized Area (sq. mi.)	2.1
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I have attached our updated SWMP with ordinances, SOPs, forms.

Name of streams, wetlands, or waterbodies to which the regulated small MS4 discharges (*attach additional sheets as necessary*):
Salmon Falls River and tributaries including Ferguson Brook and Worcester Brook

List of impaired waterbodies that receive stormwater from the regulated small MS4 (*attach additional sheets as necessary*):
Salmon Falls 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	2/23/2021
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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	
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