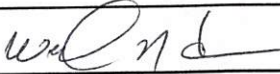# NOTICE OF INTENT TO COMPLY WITH MAINE GENERAL PERMIT FOR THE DISCHARGE OF STORMWATER FROM MUNICIPAL SEPARATE STORM SEWER SYSTEMS (MS4)

PLEASE TYPE OR PRINT IN *BLACK INK ONLY*

PERMITTEE INFORMATION

MS4 Entity	Town of Cumberland	Permittee ID #	MER041009
Name and title of chief elected official or principal executive officer	**William Shane**		
Mailing Address	290 Tuttle Road		
Town/City	Cumberland	State ME	Zip Code 04021
Daytime Phone	207-829-5559	Email	wshane@cumberlandmaine.com

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

Name and Title	Laura Neleski		
Mailing Address	290 Tuttle Road		
Town/City	Cumberland	State ME	Zip Code 04021
Daytime Phone	207-829-5559	Email	lneleski@cumberlandmaine.com

STORMWATER MANAGEMENT PLAN (SWMP)

Urbanized Area (sq. mi.)	6.5

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*):

Atlantic Ocean (Casco Bay, Broad Cove), East Branch of Piscataqua River, Maxfield Brook, Windle Brook, Mill Brook, and unnamed streams

List of impaired waterbodies that receive stormwater from the regulated small MS4 (*attach additional sheets as necessary*):

Broad Cove (Part of DMR area 14)

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	2/11/21

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 Recieved		Staff		Date Accepted		Date Not Accepted	