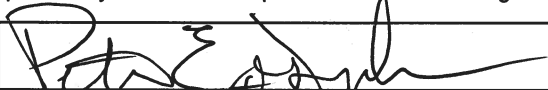# NOTICE OF INTENT TO COMPLY WITH MAINE GENERAL PERMIT FOR THE DISCHARGE OF STORMWATER FROM MUNICIPAL SEPARATE STORM SEWER SYSTEMS (MS4)

PLEASE TYPE OR PRINT IN *BLACK INK ONLY*

PERMITTEE INFORMATION

MS4 Entity	Town of Freeport	Permittee ID #	MER041017

Name and title of chief elected official or principal executive officer	**Peter Joseph, Town Manager**
Mailing Address	30 Main Street

Town/City	Freeport	State	ME	Zip Code	04032
Daytime Phone	207-865-4743	Email	pjoseph@freeportmaine.com		

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

Name and Title	Adam Bliss, Town Engineer
Mailing Address	30 Main Street

Town/City	Freeport	State	ME	Zip Code	04032
Daytime Phone	207-865-4743	Email	abliss@freeportmaine.com		

STORMWATER MANAGEMENT PLAN (SWMP)

Urbanized Area (sq. mi.)	3.5

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*):

Concord Gully Brook, Frost Gully Brook, Cousins River and Redding Creek, Harraseeket River and tributaries including Mill Brook, and Allen Range Brook.

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

Concord Gully Brook, Frost Gully Brook, Cousins River Estuary, Harraseeket 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	*[signature]*	Date	3/30/21

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	