



# 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 Hampden	Permittee ID #	MER041022		
Name and title of chief elected official or principal executive officer	Paula Scott, Town Manager				
Mailing Address	106 Western Avenue				
Town/City	Hampden	State	ME	Zip Code	04444
Daytime Phone	(207) 862-3034	Email	townmanager@hampdenmaine.gov		
PRIMARY CONTACT PERSON FOR OVERALL STORMWATER MANAGEMENT PROGRAM (if different than PEO/CEO)					
Name and Title	Victor Smith, Public Works Director				
Mailing Address	106 Western Avenue				
Town/City	Hampden	State	ME	Zip Code	04444
Daytime Phone	(207) 862-3337	Email	publicworks@hampdenmaine.gov		
STORMWATER MANAGEMENT PLAN (SWMP)					
Urbanized Area (sq. mi.)	3.6				
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> ): Penobscot River, Reeds Brook, Souadabscook Stream, Sucker Brook, Unnamed Streams,					
List of impaired waterbodies that receive stormwater from the regulated small MS4 ( <i>attach additional sheets as necessary</i> ): Penobscot River (Non-UIS), 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	03-25-2021

**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](mailto:Rhonda.Poirier@maine.gov)

OFFICE USE ONLY							
Date Recieved		Staff		Date Accepted		Date Not Accepted	