



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 Portland, Maine	Permittee ID #	MER 041024		
Name and title of chief elected official or principal executive officer	Jon Jennings, City Manager				
Mailing Address	389 Congress Street				
Town/City	Portland	State	Maine	Zip Code	04101
Daytime Phone	207-874-8685	Email	citymanager@portlandmaine.gov		
PRIMARY CONTACT PERSON FOR OVERALL STORMWATER MANAGEMENT PROGRAM (if different than PEO/CEO)					
Name and Title	Christopher Branch, PE, Director of Public Works				
Mailing Address	212 Canco Road, Suite B				
Town/City	Portland	State	Maine	Zip Code	04103
Daytime Phone	207-874-8801	Email	cbranch@portlandmaine.gov		
STORMWATER MANAGEMENT PLAN (SWMP)					
Urbanized Area (sq. mi.)	Approximately 26 sq. miles				
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>):					
<small>Capisic Brook & Capisic Pond Wetland, Dole Brook & wetlands, Fall Brook, Long Creek, Nasons Brook & wetlands, Deering Oaks Pond, Back Cove, Fore River Estuary, Stroudwater River & Minor Drainages of the Fore River, Stroudwater River, Presumpscot River, Portland Harbor, Casco Bay</small>					
List of impaired waterbodies that receive stormwater from the regulated small MS4 (<i>attach additional sheets as necessary</i>):					
<small>Capisic Brook & Capisic Pond Wetland, Dole Brook & wetlands, Fall Brook, Long Creek, Nasons Brook & wetlands, Back Cove, Fore River Estuary, Stroudwater River & Minor Drainages of the Fore River, Stroudwater River, Presumpscot River, Portland Harbor, Casco Bay</small>					
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.					
<small>DocuSigned by:</small>					
Signature of Permittee			Date	3/23/2021	
<small>4F521A7E920344B...</small>					

This NOI registration form must be filed with the Department at the following address:

DS
JT
 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	