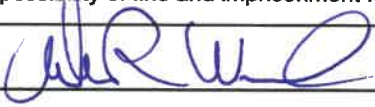




# NOTICE OF INTENT TO COMPLY WITH MAINE GENERAL PERMIT FOR THE DISCHARGE OF STORMWATER FROM MUNICIPAL SEPARATE STORM SEWER SYSTEMS (MS4)

PLEASE TYPE OR PRINT IN BLACK INK ONLY

PERMITTEE INFORMATION					
MS4 Entity	Town of Sabattus			Permittee ID #	MER041016
Name and title of chief elected official or principal executive officer	Anthony Ward, Town Manager				
Mailing Address	190 Middle Road				
Town/City	Sabattus	State	ME	Zip Code	04280
Daytime Phone	(207) 375-4331	Email	award@sabattus.org		
PRIMARY CONTACT PERSON FOR OVERALL STORMWATER MANAGEMENT PROGRAM (if different than PEO/CEO)					
Name and Title	Dennis Douglass, Public Works Director				
Mailing Address	190 Middle Road				
Town/City	Sabattus	State	ME	Zip Code	04280
Daytime Phone	(207) 751-6778	Email	ddouglass@sabattus.org		
STORMWATER MANAGEMENT PLAN (SWMP)					
Urbanized Area (sq. mi.)	4				
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 (attach additional sheets as necessary): Sabattus River (Non-UIS), Sabattus Pond (Non-UIS), Unnamed Streams, Unnamed Wetlands					
List of impaired waterbodies that receive stormwater from the regulated small MS4 (attach additional sheets as necessary): Sabattus River (Non-UIS), Sabattus Pond (Non-UIS)					
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	03/22/21

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

OFFICE USE ONLY					
Date Received		Staff		Date Accepted	
				Date Not Accepted	