




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 Saco			Permittee ID #	MER041011
Name and title of chief elected official or principal executive officer	Bryan Kaenrath, City Administrator				
Mailing Address	300 Main Street				
Town/City	Saco	State	Maine	Zip Code	04072
Daytime Phone	207.282.4191	Email	bkaenrath@sacomaine.org		
PRIMARY CONTACT PERSON FOR OVERALL STORMWATER MANAGEMENT PROGRAM (if different than PEO/CEO)					
Name and Title	Patrick Fox, Public Works Director				
Mailing Address	15 Phillips Spring Road				
Town/City	Saco	State	Maine	Zip Code	04072
Daytime Phone	207.284.6641	Email	pfox@sacomaine.org		
STORMWATER MANAGEMENT PLAN (SWMP)					
Urbanized Area (sq. mi.)	9.9				
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>):					
Bear Brook, Branch Brook, Cascade Brook, Deep Brook, Goosefare Brook, Innis Brook, Mill Brook, Saco River, Sawyer Brook and Tappan Brook					
List of impaired waterbodies that receive stormwater from the regulated small MS4 (<i>attach additional sheets as necessary</i>):					
Goosefare 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	3/2/2021

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

OFFICE USE ONLY					
Date Received	Staff		Date Accepted		Date Not Accepted