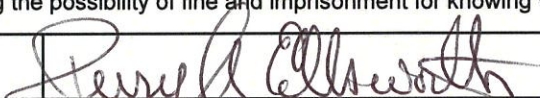# NOTICE OF INTENT TO COMPLY WITH MAINE GENERAL PERMIT FOR THE DISCHARGE OF STORMWATER FROM MUNICIPAL SEPARATE STORM SEWER SYSTEMS (MS4)

PLEASE TYPE OR PRINT IN *BLACK INK ONLY*

PERMITTEE INFORMATION

MS4 Entity	Town of South Berwick, Maine	Permittee ID #	041014
Name and title of chief elected official or principal executive officer	**Perry A. Ellsworth, Town Manager**		
Mailing Address	180 Main Street		

Town/City	South Berwick	State	ME	Zip Code	03908
Daytime Phone	207-384-3007	Email	pellsworth@sbmaine.us		

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

Name and Title	Amy Aiguier
Mailing Address	180 Main Street

Town/City	South Berwick	State	ME	Zip Code	03908
Daytime Phone	207-384-3012	Email	aaiguier@sbmaine.us		

STORMWATER MANAGEMENT PLAN (SWMP)

Urbanized Area (sq. mi.)	4.4

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*):

Salmon Falls River (freshwater and tidal portions) and tributaries including Great Works River, Lovers Brook, Quamphegan Brook and unnamed waterbodies

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

Salmon Falls 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	*Perry A. Ellsworth*	Date	3-11-2021

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 Recieved		Staff		Date Accepted		Date Not Accepted	