



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 York			Permittee ID #	MER041000
Name and title of chief elected official or principal executive officer	Stephen Burns, Town Manager				
Mailing Address	186 York Street				
Town/City	York	State	ME	Zip Code	03909
Daytime Phone	207-363-1000	Email	sburns@yorkmaine.org		
PRIMARY CONTACT PERSON FOR OVERALL STORMWATER MANAGEMENT PROGRAM (if different than PEO/CEO)					
Name and Title	Leslie Hinz, Stormwater Manager				
Mailing Address	186 York Street				
Town/City	York	State	ME	Zip Code	03909
Daytime Phone	207-363-1002	Email	lhinz@yorkmaine.org		
STORMWATER MANAGEMENT PLAN (SWMP)					
Urbanized Area (sq. mi.)	8.5				
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>Atlantic Ocean (Long Sands Beach, Nubble Point, Short Sands Beach, Cape Neddick Harbor), York River and unnamed tributaries and wetlands, Dolly Gordon Brook, Barrell Mill Pond, Little River, Cape Neddick River</small>					
List of impaired waterbodies that receive stormwater from the regulated small MS4 (<i>attach additional sheets as necessary</i>):					
<small>For bacteria only: Atlantic Ocean (Long Sands Beach, Nubble Point, Short Sands Beach, Cape Neddick Harbor), York River and unnamed tributaries and wetlands, Barrell Mill Pond, Cape Neddick River</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.					
Signature of Permittee				Date	2/24/2021

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