

## 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	Eastern Maine Commur	Permittee ID # MER042008									
Name and title of chief elected official or principal executive officer	Wayne Burton, President										
Mailing Address	354 Hogan Rd										
Town/City	Bangor	State	ME	04401							
Daytime Phone	(207) 974-4664	Email	wburton@emcc.edu								
PRIMARY CONTACT PERSON FOR OVERALL STORMWATER MANAGEMENT PROGRAM (if different than PEO/CEO)											
Name and Title	Brad Chesson, Director of Facilities and Operations										
Mailing Address	354 Hogan Rd										
Town/City	Bangor	State	ME	Zip Code	04401						
Daytime Phone	(207) 974-4650	Email	bchesson@emcc.edu								
STORMWATER MANAGEMENT PLAN (SWMP)											
Urbanized Area (sq. mi.)	0.11										
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):											
List of impaired waterbodies that receive stormwater from the regulated small MS4 (attach additional sheets as necessary):											
Penjajawoc Stream											
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	Wa Houto	_		Date 2/2	4/2022						
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 <u>Rhonda.Poirier@maine.gov</u>

OFFICE USE ONLY										
Date Recieved		Staff		Date Accepted		Date Not Accepted				