



**NOTICE OF INTENT TO COMPLY WITH THE MAINE MULTI-SECTOR GENERAL PERMIT FOR STORMWATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITY**

Notice of Intent (NOI) submission constitutes the express intent of the entity listed in Section A to discharge stormwater associated with an industrial activity to waters of the State (excluding groundwater) from the facility/site identified in Section C under Maine's Multi-Sector General Permit for Stormwater Discharges Associated with Industrial Activity (MSGP). Submission of this NOI certifies that the responsible official understands and meets the eligibility conditions of Special Condition C - *Applicability and Eligibility* of the MSGP, agrees to comply with all applicable terms and conditions of the MSGP, and understands that continued authorization under the MSGP is contingent on maintaining eligibility for coverage.

Please read the instructions prior to completing the NOI form. Include a check for the appropriate permit fee made payable to: Treasurer, State of Maine.

**Mail the completed form and required fee to:** Maine Department of Environmental Protection,  
17 State House Station, Augusta, ME 04333- 0017

**A. Applicant Information – Legal Name & Mailing Address**

|   |  |  |       |  |  |  |  |
|---|--|--|-------|--|--|--|--|
| 1. Maine State Charter Number (if applicable)               |  |  |       |  |  |  |  |
| 2. Legal Name of Applicant                                  |  |  |       |  |  |  |  |
| 3. Mailing Address (Street/P.O. Box, City/Town, State, Zip) |  |  |       |  |  |  |  |
|   |  |  |       |  |  |  |  |
| 4. Daytime Phone  |  |  | Email |  |  |  |  |

**B. Contact Person**

|   |  |  |       |  |  |  |  |
|---|--|--|-------|--|--|--|--|
| 1. Permit Contact Person                                    |  |  |       |  |  |  |  |
| 2. Title  |  |  |       |  |  |  |  |
| 3. Contact Address (Street/P.O. Box, City/Town, State, Zip) |  |  |       |  |  |  |  |
|   |  |  |       |  |  |  |  |
| 4. Daytime Phone  |  |  | Email |  |  |  |  |

**C. Facility/Site Physical Location**

|   |  |          |  |               |  |                              |  |
|---|--|----------|--|---------------|--|------------------------------|--|
| 1. Facility Name                                    |  |          |  |               |  |                              |  |
| 2. Physical Address (Street, City/Town, State, Zip) |  |          |  |               |  |                              |  |
|   |  |          |  |               |  |                              |  |
| 3. Coordinates:                                     |  | Latitude |  | Longitude     |  |                              |  |
| 4. Daytime Phone (including area code)              |  |          |  |               |  |                              |  |
| 5. Basis for Applicant's Title, Right, or Interest  |  |          |  | Deed<br>Lease |  | Operating Agreement<br>Other |  |



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|   |     |    |   |
|---|-----|----|---|
| 6. Was the facility or site previously covered under a MEPDES stormwater permit or NEC? | Yes | No | If yes, enter MEPDES permit or NEC number |
|---|-----|----|---|

| <b>D. Receiving Water Information</b>  |     |    |                          |
|--|-----|----|--------------------------|
| 1. Name of receiving water(s)  |     |    |                          |
| 2. Does the facility discharge stormwater to a municipal separate stormwater sewer system (MS4)? | Yes | No | If yes, name of the MS4. |

| <b>E. Industrial Activity Information</b>  |          |           |           |           |           |          |          |
|--|----------|-----------|-----------|-----------|-----------|----------|----------|
| 1. The 4-digit Standard Industrial Classification (SIC) Code(s) or 2-letter Activity Code(s) that best represent the industrial activity at the facility or any multiple sector-specific industrial activities.        |          |           |           |           |           |          |          |
| 2. Applicable Sector(s) of industrial activity, as designated in Part I(B)(1) and Part I(B)(2) of the MSGP, that include associated discharges that you seek to have covered under this permit (check all that apply): |          |           |           |           |           |          |          |
| Sector A   | Sector B | Sector C  | Sector D  | Sector E  | Sector F  | Sector G | Sector H |
| Sector I   | Sector J | Sector K  | Sector L  | Sector M  | Sector N  | Sector O | Sector P |
| Sector Q   | Sector R | Sector S  | Sector T  | Sector U  | Sector V  | Sector W | Sector X |
| Sector Y   | Sector Z | Sector AA | Sector AB | Sector AC | Sector AD |          |          |
| 3. Does the facility have a complete and up-to-date (SWPPP)?   |          |           |           |           | Yes       | No       |          |
| 4. What date was the SWPPP last revised to bring it up-to-date?  |          |           |           |           |           |          |          |

| <b>F. Certification of Responsible Official</b>   |  |             |  |
|---|--|-------------|--|
| <p>I certify under penalty of law that I have personally examined the information submitted in this document and all attachments thereto and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the information is true, accurate, and complete. I authorize the Department to enter the property that is the subject of this application, at reasonable hours, including buildings, structures or conveyances on the property, to determine the accuracy of any information provided herein. I am aware there are significant civil and criminal penalties for submitting false information, including the possibility of fine and imprisonment.</p> <p>By my signature, as a responsible official for the entity or individual identified in Section A of this NOI, I certify under penalty of law that I am the operator of the facility, and have Title, Right or Interest, as indicated in Section C.</p> |  |             |  |
| <b>Printed Name</b>   |  |             |  |
| <b>Title</b>  |  |             |  |
| <b>Signature</b>  |  | <b>Date</b> |  |

| <b>OFFICE USE ONLY</b> |  |
|------------------------|--|
| <b>Permit ID</b>       |  |



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### Instructions for Completing the NOI Form

Type or print in the appropriate white areas only. Answer all applicable questions. Keep a copy for your records and mail the original, signed, completed form. If this is the first time you are requesting coverage under the MSGP include a check for \$420. Make checks payable to "Treasurer, State of Maine". Send this form, attachments and any payment to: **Maine Department of Environmental Protection, 17 State House Station, Augusta, ME 04333-0017** or e-mail the form and attachments to [Cindy.L.Dionne@maine.gov](mailto:Cindy.L.Dionne@maine.gov).

#### Section A: Applicant Information – Legal Name & Mailing Address

1. Enter the business's Maine State Charter Number. The number can be obtained from the State of Maine's Department of the Secretary of State, Bureau of Corporations, Elections and Commissions website. The hyperlink is <https://icrs.informe.org/nei-sos-icrs/ICRS?MainPage=x>.
2. Enter the applicant's full legal name. The applicant must be the person, partnership, co-partnership, firm, company, corporation, association, trust, estate, governmental entity or other legal entity that owns or operates the facility or site. Legal entities registered to conduct business in Maine or other state, whether for profit or not for profit, typically have a Charter Number issued by the respective state of incorporation or organization. The Charter Number, along with a *Certificate of Good Standing*, obtained from the Maine Secretary of State, Bureau of Corporations, Elections and Commissions, *must be submitted with the NOI*. If an individual is conducting a business under an unregistered assumed name, the NOI must be filed in the name of the individual.
3. The mailing address of the identified facility owner or operator is the street address or P.O. Box, city/town, state, and zip code to which annual bills and other correspondence will be sent. All correspondence regarding the permit will be sent to this address *not* the facility address in Section C of the NOI form.
4. The telephone number listed for the facility operator must be a number at which calls are regularly received during normal business hours (8:00 AM to 5:00 PM). Include an email address for the Applicant.

#### Section B: Contact Person for this NOI

1. Enter the name of the contact person for this facility/site.
2. Enter the title of the contact person for this facility.
3. Include the mailing address for the contact person (street or P.O. Box, city, state, zip code).
4. Enter the telephone number with area code and an e-mail address for the contact person. If this Contact is a consultant, please supply an e-mail address for the consultant. If the Contact for this permit uses the same address as the entity listed in Section A please enter "same as Applicant".

#### Section C. Facility/Site Physical Location

1. Enter the official or legal name of the facility or site.
2. Enter the physical address or location of the site (street, city/town, state, and zip code). If the physical name and address of the site is the same as the Applicant Information, write "same as Applicant" in the facility/site section. *Submit a map showing the location of the facility.*
3. Enter the location of the approximate center of the facility in degrees/minutes/seconds for latitude and longitude.
4. Enter the telephone number with area code associated with the physical location.
5. The applicant in Section A must provide evidence of "Title, Right or Interest" (TRI) in the facility conducting the industrial activity covered by this NOI. TRI means the applicant has a legal right to conduct the regulated activity at the facility or site. Title, Right, or Interest is typically established by



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way of ownership through a deed, or by way of a lease or operating agreement. Please submit a copy of the documentation demonstrating TRI as an attachment to the NOI at the time of submission.

6. Indicate whether the facility or site was previously covered under a MEPDES stormwater permit or No Exposure Certification (NEC). If yes, enter the MEPDES permit number or NEC number.

### Section D. Receiving Water Information

1. Name the waterbody that receives stormwater discharges from your facility/site.
2. If stormwater from your facility/site discharges to a Municipal Separate Stormwater System (MS4), check yes, and provide the name of the MS4. Municipal Separate Stormwater Systems include, but are not limited to, roads, road ditches, culverts, and catch basins.

### Section E. Industrial Activity Information

1. Enter your company's Standard Industrial Classification (SIC) Code(s) which best describes the industrial activity conducted or products/services provided. See Attachment A of the MSGP for a list of SIC Codes.
2. Check all boxes that apply to the sectors of industrial activity that you seek to have covered by this permit. See Attachment A of the MSGP for a list of sectors.
3. Does the facility have a complete and up-to-date Stormwater Pollution Prevention Plan (SWPPP)? If your answer is No, stop here and develop or update your SWPPP. A current SWPPP is required by this permit.
4. Enter the date that the SWPPP was last updated.

### Section F. Certification Statement

Type or legibly print the name and title of the responsible official and have the official sign and date the application. A Responsible Official must be one of the following:

- For a corporation: a responsible corporate officer
- For sole proprietorship or a partnership: the proprietor or general partner
- For a municipal, State, Federal, or other public facility: either a principal executive or ranking elected official.

### Before submitting the NOI form, please ensure you have:

- |   |   |
|---|---|
| <input type="checkbox"/> Answered all the questions on the form                                 | <input type="checkbox"/> Enclosed a check, if required.   |
| <input type="checkbox"/> Signed the form  | <input type="checkbox"/> Corporations attach a Certification of Good Standing or a statement signed by a corporate officer affirming that the corporation is in good standing |
| <input type="checkbox"/> Attached documentation demonstrating proof of Title, Right or Interest |   |

**If you have questions regarding this form, contact MEDEP licensing staff - Cindy Dionne at 207-287-7823**

### Direct questions about the MSGP Permit to your regional stormwater inspector:

|           |                              |               |                             |
|-----------|------------------------------|---------------|-----------------------------|
| Portland: | Alison Moody (207-615-8936)  | Bangor:       | Jana Wood (207-215-7869)    |
| Augusta:  | Stacia Hoover (207-592-6726) | Presque Isle: | Sean Bernard (207-554-9547) |