



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	University of Southern Maine, Gorham and Portland Campus	Permittee ID #	MER042002	
Name and title of chief elected official or principal executive officer	John Souther, Executive Director of Facilities Management			
Mailing Address	37 College Avenue			
Town/City	Gorham	State	ME	Zip Code 04038
Daytime Phone	(207) 780-4585	Email	john.souther@maine.edu	

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

Name and Title	Robert Adams, Director of Facilities Management for Operations			
Mailing Address	37 College Avenue			
Town/City	Gorham	State	ME	Zip Code 04038
Daytime Phone	(207) 780-5443	Email	robert.g.adams@maine.edu	

STORMWATER MANAGEMENT PLAN (SWMP)

Urbanized Area (sq. mi.)	102 Acres Gorham Campus, 34 Acres Portland Campus			
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>): Tannery Brook				
List of impaired waterbodies that receive stormwater from the regulated small MS4 (<i>attach additional sheets as necessary</i>): N/A				

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	Feb 23, 2022
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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	
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