



# 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 Community College                     | 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                | Zip Code | 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. <input checked="" type="checkbox"/>  |   |                |                   |          |           |
| Name of streams, wetlands, or waterbodies to which the regulated small MS4 discharges ( <i>attach additional sheets as necessary</i> ):   |   |                |                   |          |           |
| List of impaired waterbodies that receive stormwater from the regulated small MS4 ( <i>attach additional sheets as necessary</i> ):   |   |                |                   |          |           |
| Penjawoc 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  |   |                |                   | Date     | 2/24/2022 |

**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  
[Rhonda.Poirier@maine.gov](mailto:Rhonda.Poirier@maine.gov)

| OFFICE USE ONLY |  |       |  |               |  |                   |  |
|-----------------|--|-------|--|---------------|--|-------------------|--|
| Date Recieved   |  | Staff |  | Date Accepted |  | Date Not Accepted |  |