



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	Portsmouth Naval Shipyard			Permittee ID #	MER042004		
Name and title of chief elected official or principal executive officer	Robert C. Burley, Environmental Division Head						
Mailing Address	Code 106.3 Building 44/2 Environmental Division						
Town/City	Portsmouth	State	NH	Zip Code	03804-5000		
Daytime Phone	(207)438-1756	Email	robert.burley@navy.mil				
PRIMARY CONTACT PERSON FOR OVERALL STORMWATER MANAGEMENT PROGRAM (if different than PEO/CEO)							
Name and Title	Adam Gagne, Environmental Engineer						
Mailing Address	Code 106.3 Building 44/2 Environmental Division						
Town/City	Portsmouth	State	NH	Zip Code	03804-5000		
Daytime Phone	(207)703-3111	Email	adam.p.gagne@navy.mil				
STORMWATER MANAGEMENT PLAN (SWMP)							
Urbanized Area (sq. mi.)	0.425						
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>): Piscataqua River							
List of impaired waterbodies that receive stormwater from the regulated small MS4 (<i>attach additional sheets as necessary</i>):							
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	28 Dec 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 Recieved	12/28/2021	Staff	Graig Wood	Date Accepted	1/10/2022	Date Not Accepted	N/A