



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 Maine at Augusta - Bangor Campus			Permittee ID #	MER042003
Name and title of chief elected official or principal executive officer	Buster Neel, Chief Business officer				
Mailing Address	46 University Drive				
Town/City	Augusta	State	Maine	Zip Code	04330-9448
Daytime Phone	(207) 621-3041	Email	buster.neel@maine.edu		
PRIMARY CONTACT PERSON FOR OVERALL STORMWATER MANAGEMENT PROGRAM (if different than PEO/CEO)					
Name and Title	James Kauppila, Director of Facilities Management				
Mailing Address	46 University Drive				
Town/City	Augusta	State	Maine	Zip Code	04330-9448
Daytime Phone	(207) 262-7734	Email	james.kauppila@maine.edu		
STORMWATER MANAGEMENT PLAN (SWMP)					
Urbanized Area (sq. mi.)	0.25 square miles				
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>): Birch Stream and Kenduskeag Stream via the City of Bangor stormwater conveyance system					
List of impaired waterbodies that receive stormwater from the regulated small MS4 (<i>attach additional sheets as necessary</i>): Birch Stream via the City of Bangor stormwater conveyance system					
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	<small>DocuSigned by:</small> <small>DA9BF548753E430...</small>			Date	2/23/2022

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

OFFICE USE ONLY							
Date Recieved	2/28/2022	Staff	Gregg Woods	Date Accepted	3/1/2022	Date Not Accepted	