




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	Southern Maine Community College	Permittee ID #	MER042004		
Name and title of chief elected official or principal executive officer	Joseph Cassidy, President				
Mailing Address	Cates Administration 2 Fort Road				
Town/City	South Portland	State	ME	Zip Code	04106
Daytime Phone	207-741-5501	Email	jcassidy@smccme.edu		
PRIMARY CONTACT PERSON FOR OVERALL STORMWATER MANAGEMENT PROGRAM (if different than PEO/CEO)					
Name and Title	Tiffanie Bentley, Director of Administration				
Mailing Address	Fort Building 2 Fort Road				
Town/City	South Portland	State	ME	Zip Code	04106
Daytime Phone	207-741-5610	Email	tbentley@smccme.edu		
STORMWATER MANAGEMENT PLAN (SWMP)					
Urbanized Area (sq. mi.)	0.125 sq mi (80 acres)				
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>):					
Casco Bay					
List of impaired waterbodies that receive stormwater from the regulated small MS4 (<i>attach additional sheets as necessary</i>):					
There are no discharges to urban impaired streams or waterbodies classified by MEDEP as impaired.					
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	2-2-22

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	2/7/2022	Staff	Wood, Greg	Date Accepted	2/7/2022	Date Not Accepted	