



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	Town of Cape Elizabeth	Permittee ID #	MER041005		
Name and title of chief elected official or principal executive officer	Matthew E. Sturgis, Town Manager				
Mailing Address	320 Ocean House Road				
Town/City	Cape Elizabeth	State	ME	Zip Code	04107
Daytime Phone	207-799-0881	Email	matthew.sturgis@capeelizabeth.com		
PRIMARY CONTACT PERSON FOR OVERALL STORMWATER MANAGEMENT PROGRAM (if different than PEO/CEO)					
Name and Title	Jay Reynolds				
Mailing Address	10 Cooper Drive				
Town/City	Cape Elizabeth	State	ME	Zip Code	04107
Daytime Phone	207-499-4151	Email	jay.reynolds@capeelizabeth.com		
STORMWATER MANAGEMENT PLAN (SWMP)					
Urbanized Area (sq. mi.)	10.6				
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>): Spurwink River Estuary, Atlantic Ocean (Kettle Cove, Crescent Beach and areas north), Trout Brook, Dyer Pond, Great Pond, Alewife Brook, and unnamed streams and wetlands					
List of impaired waterbodies that receive stormwater from the regulated small MS4 (<i>attach additional sheets as necessary</i>): Spurwink River Estuary and Atlantic Ocean (portions of DMR areas 12 and 13), Trout Brook, and Alewife Brook					
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	3-12-2021

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		Staff		Date Accepted	