



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 Lisbon	Permittee ID #	MER041030
Name and title of chief elected official or principal executive officer	Diane Barnes, Town Manager		
Mailing Address	300 Lisbon Street		
Town/City	Lisbon	State	ME
		Zip Code	04250
Daytime Phone	(207) 353-3000	Email	dbarnes@lisbonme.org

PRIMARY CONTACT PERSON FOR OVERALL STORMWATER MANAGEMENT PROGRAM (if different than PEO/CEO)

Name and Title	Randy Cyr, Public Works Director		
Mailing Address	300 Lisbon Street		
Town/City	Lisbon	State	ME
		Zip Code	04250
Daytime Phone	(207) 353-3000 Ext. 116	Email	rcyr@lisbonme.org

STORMWATER MANAGEMENT PLAN (SWMP)

Urbanized Area (sq. mi.)	4
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I have attached our updated SWMP with ordinances, SOPs, forms. ☒

Name of streams, wetlands, or waterbodies to which the regulated small MS4 discharges (*attach additional sheets as necessary*):
Androscoggin River, Sabattus River (Non-UIS), Unnamed Impaired Stream (Near Route 196), Unnamed Streams, Unnamed Wetlands

List of impaired waterbodies that receive stormwater from the regulated small MS4 (*attach additional sheets as necessary*):

Sabattus River (Non-UIS), Unnamed Impaired Stream (Near Route 196)

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	3-16-2021
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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		Date Not Accepted	
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