NOTICE OF INTENT TO COMPLY WITH MAINE GENERAL PERMIT FOR THE DISCHARGE OF STORMWATER FROM MUNICIPAL SEPARATE STORM SEWER SYSTEMS

PLEASE TYPE OR PRINT IN *BLACK INK ONLY*

Municipality:	City of Biddeford	**Mailing Address:**	P O Box 586		
Town/City:	Biddeford	**State:**	ME	**Zip Code:**	04005
Name and title of chief elected official or principal executive officer:	John D. Bubier City Manager	**Mailing Address:**	P O Box 586		
Town/City:	Biddeford	**State:**	ME	**Zip Code:**	04005
Name of primary contact person responsible for MS4 stormwater management program:	Thomas Milligan, Jr. PE City Engineer	**Mailing Address:**	P O Box 586		
Town/City:	Biddeford	**State:**	ME	**Zip Code:**	04005
Daytime phone: (with area code)	207-284-9118	**Email if available:**	tmilligan@biddefordmaine.org		
Estimate of the area in square miles of the Urbanized Area:	3.8 +/-	**Permit Number(if applicable):**	MER041021		
Name of stream(s), wetland(s) or waterbody(ies) to which the regulated Small MS4 discharges and a list of impaired waterbody(s) which receive stormwater from the Regulated Small MS4 (attach additional sheets as necessary):		Thatcher Brook (303d list), Richardson Brook, West Brook, Saco River, Dungeon Brook, Moors Brook, several unnamed small streams tributary to above listed brooks			

I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certity that, based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that a false statement knowingly made in the submitted information may be punishable as a criminal offense, in accordance with Maine General Statutes.

I certify that this permit registration is on complete and accurate forms as prescribed by the Department without alteration of the text.

I also certify under penalty of law that I have read and understand all requirements of the General Permit. I certify that all requirements for authorization under the general permit are met and that a system is in place to ensure that all terms and conditions of this general permit will continue to be met for all discharges authorized by this general permit for the municipality. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowingly making false statements.

Signature of chief elected official or principal executive officer:	John D Bubier	**Date:**	7/28/2023

This NOI registration form must be filed with the Department at the following address:
Stormwater Coordinator
Maine Department of Environmental Protection
Bureau of Land & Water Quality
17 State House Station
Augusta ME 04333-0017

OFFICE USE ONLY	Ck.#		Staff	Staff	
NOI #	FP	Date	Acc. Date	Def. Date	After Photos