GENERAL PERMIT Number 12-SW for DISCHARGES from STORMWATER associated with INDUSTRIAL ACTIVITIES Notice of Intent (NOI) for Permit No. 12-SW

DISCHARGE PERMIT NO. 12-SW NPDES PERMIT NO. MDR000000

Submission of this NOI constitutes notice that the party identified in Section I of this form intends to be authorized by a State/ National Pollutant Discharge Elimination System (NPDES) permit issued for discharges from stormwater associated with industrial activities identified in Section II of this form. All information requested must be provided in order to be considered for authorization to discharge under this permit. Instructions are provided at the end of this form.

SECTION I: Facility Operator I	nforma	atio	n						
(A) Owner/Operator Name									
(B) Primary Contact Name					Title				
Telephone Number					Email Address				
(C) Mailing Address									
City					State ZIP Code		ZIP Code		
(D) IRS Employer Identification	Numbe	r (E	IN)		(E) Check Below				
					[Priv] /ate	☐ Federal	☐ State/Local	
SECTION II: Facility Information	on								
(F) Name of Facility									
(G) Facility Address (if different	than yo	our	mailing a	ddre	ess)				
City			State		ZIP Code		County		
			MD						
(H)	Insurance Company ∧			Vame	Policy	[,] Number			
Worker's Compensation Insurance									
Identify number of above ground					al volume (in gallons) of				
storage tanks at your facility				abo	ove ground storage tanks				

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SECTION II (continued): Facility Information							
(I) Provide the primary four-digit SIC code that best represents the principal products or activities provided by the facility, and any co-located SIC codes.							
Primary SIC: Co-located SICs:		Description of your primary industrial activity:					
(J) Latitude Longi	(J) Latitude Longitude		(K) ☐ Check here if you a new discharger.				
(in degrees decimal) (in degrees decimal)		If not a new discharger, provide the previous registration (e.g., 02SW1234)					
(L) Total property size (in acres)		(M) Check if your facility is inactive and unstaffed.					
(N) Identify the 8 digit identifier(s) and name(s) of the receiving water(s).							
Identify if any of the recei	ving water(s) a	re listed as high qual	lity (Tier 2)				
Identify if any of these impairments have been identified for the receiving water(s). (Category 4a, 4b, 4c, or 5 waterbodies)		☐ Bacteria ☐ Biological ☐ lons ☐ Metals ☐ Nutrients ☐ PCBs	Pesticides pH Stream Mod Sediments Toxics Trash	ifications			
Identify your local MS4 jurisdiction or N/A if your facility is not within an MS4:							
SECTION III: Stormwater I	Pollution Prev	ention Plan (SWPP	P) and Monitoring				
The 12SW permit does require you evaluate and implement specific control measures and effluent limits. It requires you to perform quarterly visual monitoring, may include numeric limits in certain watersheds, and benchmark monitoring and reporting for specific industrial sectors. It requires you to update your SWPPP to encompass the new controls required and provide this in conjunction with your NOI, and then keep an updated SWPPP onsite. (O) Stormwater Pollution Prevention Plan (SWPPP) Primary Contact							
Name							
Telephone Number Email Add		Iress	SWPPP Provided (URL, email, etc)				
				,			
(P) Select all the sector's benchmark and electronic reporting that apply to your operations. None Subsector C1 (Agricultural Chemicals for SIC 2873-2879) Subsector C2 (Industrial Inorganic Chemicals for SIC 2812-2819) Subsector C3 (Soaps, Detergents, Cosmetics and Perfumes for SIC 2841 − 2844) Subsector L1 −Landfill or Land Application Site with refuse disposal or marginal land permit Subsector L2 − Landfill or Land Application Site with refuse disposal or marginal land permit, except MSWLF Areas Closed in Accordance with 40 CFR 258.60 Sector M - Automobile Salvage Yards Subsector N1 - Scrap Recycling and Waste Recycling Facility not Source-Separated Recycling Subsector U1 - Grain Mill Products (SIC 2041-2048) Subsector U2 - Fats and Oils Products (SIC 2074-2079) Sector AA - Fabricated Metal Products							

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(Q) Check here if	(Q) Check here if your facility is subject to the Chesapeake Bay Restoration Requirements.								
(R) If you are subject to Chesapeake Bay Restoration Requirements, provide these 3 values:									
Total impervious surface area (square feet)									
	Impervious surface area subject to 20% restoration requirement (in acres)								
SECTION IV: Permit Fe		·	,						
Annual Payment – Select this fee structure if you prefer to pay annually. first \$120 annual payment shall be submitted with this NOI and then paid annually by July 1 thereafter.				\$120					
One-Time Payment – Set the term of the permit (unapply after that time, if the this amount with this con	\$550								
Select this if you are Sta	te or Local Government.			No Fee					
SECTION V: Certification									
To be completed by a responsible corporate officer, proprietor, general partner, principal executive officer, or									
ranking elected official or their duly authorized representative, as detailed in Part II.C of the permit.									
The permit has specific control measure selection and implementation requirements. The permit has quarterly benchmark and visual monitoring requirements. The permit requires you to perform annual Comprehensive Site Compliance Evaluations, and to document the results with your SWPPP. The permit has triggers and requirements for corrective actions. You should be aware of these and other requirements by thoroughly reviewing the permit. "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 heliof, true accurate, and									
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/Certifier			Date						
Signatory Name/Title: Ty	ped or Printed	Telephone	e Number						
NOI Preparer (Complete if NOI was prepared by someone other than the certifier)									
Prepared by:									
Telephone Number	Email Address								
Submit completed form along with FEE (payable to Maryland Department of the Environment) to:									
Maryland Department of the Environment, P.O. Box 2057, Baltimore, MD 21203-2057									
For MDE use only:	Facility #	Receipt #		Date:					
PCA 13710	Comp Object 5707	Suffix 406							

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NOI for Permit No. 12-SW, NPDES PERMIT NO. MDR0000 FORM INSTRUCTIONS

WHO MUST FILE

The operator of a facility that is requesting to discharge stormwater from industrial facilities must submit a Notice of Intent (NOI) to obtain coverage under the National Pollutant Discharge Elimination System (NPDES) General Discharge Permit No. 12-SW. If you have a question about whether you need this permit or any NPDES permit, contact the Maryland Department of the Environment (MDE), Wastewater Permits Program, at 410-537-3323.

Submission of this NOI constitutes notice that the party identified in Section I of this form intends to be authorized by a State/NPDES permit issued for stormwater discharges from industrial facilities identified in Section II of this form. Authorization to discharge begins upon notification of registration by MDE. The permit is available using this link http://gnl.at/MD-SWGP or via MDE's website.

SECTION I: Owner/Operator Information

- (A) Provide the legal name of the person, firm, public organization, or other entity that operates the industrial facility described in Section II of this application. An operator of a facility is a legal entity that controls the operation of the facility.
- **(B)** Provide the name of the Primary Contact; title of Primary Contact; Primary Contact phone number; Primary Contact e-mail address.
- **(C)** Provide the primary facility contact mailing address; city; state; zip. All correspondence will be sent to this address.
- **(D)** Provide the IRS Employer Identification Number (EIN).
- **(E)** Identify whether the owner/operator is private, federal or state/local government.

SECTION II: Facility Information

- **(F)** Provide the name of facility enter "same" if the name does not differ from the information in Section I(A).
- (G) Provide the physical address; city; state; zip enter "same" if the address does not differ from the information in Section I(C); Provide the County where the facility is located. If this is a contiguous system spanning multiple counties or cities, list all counties and cities. We now request above ground storage tank information (added 2/21/14).
- **(H)** Provide worker's compensation insurance information for the facility identified in this section of the application.
- (I) Provide the primary and any co-located four-digit Standard Industrial Classification (SIC) code describing the facility. Also provide a short written explanation of the industrial process category (e.g., scrap recycling of automobiles). The current Department of Labor's Occupation, Safety and Health Administration (OSHA) website (http://www.osha.gov/pls/imis/sicsearch.html) provides a detailed written description of SIC codes.
- (J) Provide latitude and longitude of the discharge/outfalls requesting to be permitted. To obtain coordinates, you may use a GPS to find location within your site. There are internet options that you can also use, such as Google's Tool. A step by step method can be found at this URL: http://www.wikihow.com/Find-the-GPS-Coordinates-of-an-Address-Using-Google-Maps. We require the coordinates be in degrees decimal. An example of this for Maryland Department of the Environment at 1800 Washington Blvd, Baltimore, MD would be latitude of 39.276027, longitude of -76.644779.
- (K) Identify if you are a new discharger, or previously covered under another permit. Identify any previously obtained NPDES permit (general or individual) for your stormwater discharges. If applicable, include the permit number. (e.g., 02SW1234 general permit or 11DP1234

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individual permit, where 1234 was the unique 4 digit designation for your coverage).

- **(L)** Provide the total property size at the address, including both the industrial and non-industrial portions of your property (e.g., 2 acres).
- (M) Indicate whether your facility is currently inactive and unstaffed (Part V.A.4 of the permit). Note that if your facility becomes inactive and unstaffed during the permit term, you must notify the Department immediately.
- (N) This section is to verify information about where the stormwater is discharged. Identify the name(s) and 8 digit identifier of the receiving stream or water (e.g., Gwynns Falls 02130905), using the Department's "FindMyWatershed" tool at this link http://9nl.at/MD-Watershed. When using they "FindMyWatershed" tool type in your address, and then place your mouse at your discharge points and left-click to bring up the identifier and receiving water.

To verify if the receiving waters are designated as high quality waters, use the Department's "Tier 2" tools at this link http://9nl.at/MD-Tier2 to locate your facility location and identify if the stream or catchment are categorized as Tier 2. The "Tier 2" tools have shaded areas that indicate where waters are designated as high quality or Tier 2 waters.

To verify if receiving waters are impaired (Category 4a, 4b, 4c, or 5 water bodies), use the Departments "Integrated Report Water Quality Assessment Maps" at this link http://9nl.at/MD-lmpaired and review each of the impairments provided on that website (bacteria, biological, ions, metals, nutrients, PCBs, pesticides, pH, stream modifications, sediments, toxics or trash) for your facility location. When looking at each of the maps (i.e. Bacteria), you can use the Legend Button on the upper right side of the map to identify what each color or shading means. If the stream or receiving water which receives your stormwater is listed as impaired, indicate this impairment on the NOI. An alternative method is provided through Maryland's Searchable Integrated Report Database available at http://9nl.at/MD-Impaired.

If your facility discharges to a municipal storm sewer system (MS4), you are required to contact the jurisdiction. Local storm sewer systems under NPDES permits are listed at: http://9nl.at/MD-MS4. If you are uncertain of the MS4 operator, contact your local government department of public works for that information.

SECTION III: Stormwater Pollution Prevention Plan (SWPPP) and Monitoring

- (O) Indicate here the main contact for the SWPPP. Also, indicate how you are providing your SWPPP to the Department, either online with appropriate URL (provide your URL in the space on the form), by email, or other methods provided in the permit. Identify the name, telephone number, and email address of the person who will serve as a contact for the Department on issues related to stormwater management at your facility. This person should be able to answer questions related to stormwater discharges, the SWPPP and other issues related to stormwater permit coverage, or have immediate access to individuals with that knowledge.
- (P) Determine which industrial sectors apply to your operations by first identifying you industrial sectors in Appendix A, and then reviewing Appendix D for applicable benchmark requirements. Verify from this list which ones apply to your facility. If these apply to your facility you will need to apply for access to NetDMR, and begin monitoring (Part V.B of the permit).
- (Q) Confirm if your facility is subject to the Chesapeake Bay Restoration Requirements (see below). You must comply with the Chesapeake Bay Restoration Requirements (Part III.A of the permit) if you meet ALL of these criteria: your facility is within the Chesapeake Bay Watershed; your facility is 5 acres or greater in size; any portion of your facility is located

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within a Phase I or Phase II municipal separate storm sewer system (MS4) jurisdiction; and your facility is not owned by or leased from an entity that is permitted as an MS4.

To determine if your property is in the Chesapeake Bay Watershed, you can use the results from your assessment above or using the Department's "FindMyWatershed" tool at this link http://9nl.at/MD-Watershed. Although most of the state is in the Chesapeake Bay Watershed, there are exceptions on the western and eastern sides of the state. The exceptions in western Maryland are those that drain to the Youghiogheny River (eight digit codes 05020201 and 05020202), including Deep Creek Lake (05020203), and areas that drain to the Casselman River (05020204). The exceptions in eastern Maryland are areas that drain to the Christina River (02130607), Isle of Wight Bay (02130103), Assawoman Bay (02130102), Newport Bay (02130105), Chincoteague Bay (02130106), or Sinepuxent Bay (02130104) and areas that drain directly to the Atlantic Ocean (02130101).

Whether you are within the MS4 jurisdiction (e.g. it is located in Frederick County) can be verified by contacting your local government or the Department if you are unsure.

Facilities owned by or leased from an entity that is permitted as an MS4 will perform restoration through the MS4 permit and are therefore not required to do additional work under this permit.

(R) These three values are part of the calculations required in the permit, for those who are subject to the Chesapeake Bay Restoration Requirements.

Total impervious surface area in square feet is determined in the permit Part III.A.2.a.

Untreated impervious surface area in square feet is determined in the permit Part III.A.2.d.

Impervious surface area subject to 20% restoration requirement in acres is determined in the Part III.A.2.e.

SECTION IV: Permit Fee

Indicate the amount sent with this NOI form. The permit fee for stormwater discharges associated with industrial activity is \$120 per year if submitted with the NOI and then annually on July 1st thereafter. Alternatively, an upfront payment of \$550 (until December 31, 2018) would be an option with additional annual fees which may apply after that time, if the permit is administratively extended. The fee shall be submitted with the NOI. Local and State Government are exempt from the fee. The annual rate and application fee may change over time, so you are encouraged to check COMAR 26.08.04.09-1 (C) at the time of your application.

SECTION V: Certification

Signatures and Certifications are detailed in the permit Part II.C. Individuals who discharge to waters of the State without an individual State or general State/NPDES discharge permit, are in violation of the Federal Clean Water Act and of the Environment Article, Annotated Code of Maryland, and may be subject to penalties. An original signature and date is required.

A completed form will not be processed until the fee has been paid-in-full and your SWPPP has been received.

HOW TO SUBMIT:

Send the completed NOI and fee (see permit) to **Maryland Department of the Environment, P.O. Box 2057, Baltimore, MD 21203-2057** and provide the SWPPP in one of the allowed formats (Part II.A.3.b of the permit). You must ensure that the form is completely filled out and payment is enclosed, and the SWPPP follows all permit requirements and is successfully provided to the Department. Your

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permit application will be handled as efficiently as possible. However, if you fail to provide us with the information we request, we will be unable to process your registration for the permit.

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