MARYLAND DEPARTMENT OF THE ENVIRONMENT

GENERAL PERMIT for DISCHARGES from
SWIMMING POOLS AND SPAS (INCLUDING BAPTISMAL FONTS)

NOI for Permit No. 12-SI

DISCHARGE PERMIT NO. 12-SI NPDES PERMIT NO. MDG76

Submission of this Notice of Intent (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 swimming pools and spas (including baptismal fonts) identified in Section II of this form.

* *Instructions on back of form*. Please answer all questions; incomplete requests will be returned.

SECTION I: Owner/Operator Information			
(A) Company Name			
(B) Facility Contact Name	Title		
Telephone Number	Email Address		
(C) Mailing Address			
City	State	ZIP Code	
(D) Federal ID No	**(E)** Status of Facility (check)		
	☐ Private	☐ Federal	☐ State/Local
(F) Worker's Comp Insurance	*Company Name*	*Policy Number*	

SECTION II: Facility Information			
(G) Name of Facility			
(H) Location Address			
City	State	ZIP Code	County

For MDE use only:	**Facility #**	**Receipt #**	**Date:**
PCA 13710 Comp Object 5710 Suffix 411			

MARYLAND DEPARTMENT OF THE ENVIRONMENT
NOI for Permit No. 12-SI
FORM INSTRUCTIONS

Please answer all questions. Incomplete requests will be returned for completion.

WHO MUST FILE

The operator of a facility that is requesting to discharge from a public pool or spa, including baptismal fonts to waters of the state must submit a notice of intent (NOI) to obtain coverage under the NPDES General Discharge Permit No. 12-SI. 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/ National Pollutant Discharge Elimination System (NPDES) permit issued for discharges from swimming pools and spas (including baptismal fonts) identified in Section II of this form. Authorization to discharge begins upon notification of registration by MDE. The permit is available for download via MDE's website http://www.mde.state.md.us (Search engine keyword "pools.aspx")

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 and is requesting coverage under the MDE 12-SI general discharge permit.

(B) Provide the name of the Primary Contact; title of Primary Contact; Primary Contact phone number; Primary Contact e-mail address.

(C) Provide company mailing address; city; state; zip.

(D) Provide the federal identification number (*this is necessary if a refund is due to the facility)*

(E) Identify whether the owner/operator is private, federal or state/local.

(F) Workers compensation insurance information for the facility identified in Section II of this application.

SECTION II: Facility Information

(G) Provide the name of facility – enter "same" if the name does not differ from the information in Section I(A).

(H) 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.

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SECTION II (continued): Facility Information

(I) Mailing Address		
City	State	ZIP Code

(J) Latitude	Longitude	**(K)** Has this facility registered under any other NPDES permit? (e.g., 07SIXXXX?) *(Provide numbers below)*

SECTION III: Discharge Information

(L) Select all eligible discharges for which you require authorization:
This shall be completed for EACH outfall for which the pool/spa(s) discharges are directed. If there is more than one outfall/discharge location, attach multiple pages as necessary.
Provide additional information as required, look on the back of this form for instructions

☐ **Filter backwash wastewater**

Average discharge (in gallons per day)	Circle algaecide(s) used:	
	Cynauric Acid	Chlorine
Frequency of discharge	Bromine	Silver
Disinfecting agent:	Copper	Other

☐ **Cleaning wastewater**

Average discharge (in gallons per day)	Circle algaecide(s) used:	
	Cynauric Acid	Chlorine
Frequency of discharge	Bromine	Silver
Disinfecting agent:	Copper	Other

☐ **Draining (Drawdown) and Overflow**

Total Capacity of Pool / Spa	Circle algaecide(s) used:	
	Cynauric Acid	Chlorine
Frequency of discharge	Bromine	Silver
Disinfecting agent: _____	Copper	Other

(M) Identify the type of receiving water:

☐ Groundwater (e.g., injection or ground saturation) **OR**

☐ Surface Water (or Storm Sewer System)
(*Name*) _____

SECTION II (continued)

(I) Provide facility mailing address – enter "same" if the mailing address does not differ from the information in Section I(C).

(J) Provide latitude and longitude of the discharge/outfalls requesting to be permitted.

To obtain coordinates from a United States Geological Survey (USGS) quadrangle or topographic map access http://www.geocode.com and conduct a search based on the facility street address; or, US EPA maintains a web site (http://cfpub.epa.gov/npdes/stormwater/latlong.cfm) to obtain a project site's longitude and latitude by: (1) scroll down to the heading titled "Internet Citing Tools", and select the provided link; (2) enter the requested information to open the area map corresponding to your project site (the subsequent viewed image can be moved by pressing an appropriate directional arrow); (3) once the highest zoom setting is selected, an aerial photograph will be shown; and (4)place and click the cursor on the desired location on the photograph, and the latitude and longitude be displayed below the photograph.

(K) Identify any previously obtained NPDES permit (individual or general). If applicable, include the permit number. (e.g., 07SIXXXX, where XXXX is the unique 4 digit registration number under the previous pool and spa "07SI" permit)

(L) Identify the type of discharge you wish to gain authorization for. You must select from the eligible discharges established in the General Permit, Part I, Section B. This section must be completed for discharge location on the property. If multiple discharges occur, complete page 3 of 6 for each outfall (as necessary). A photo copy of the label(s) for any algaecide used shall also be submitted with this form. For each type of discharge routed to the outfall, identify:

1). The type of discharge (i.e, filter backwash, etc.)

2). Discharge volume expressed in gallons. For the pool drawdown, identify the total volume of all pools draining to the outfall.

3). Frequency of discharge (e.g., 3 times per week)

4). Any disinfection agents

5). Type of algaecide used - if more than one identify as such. If the algaecide used is not listed, please select other and list the type.

(M) Indicate if the discharge is directly to groundwater, storm sewer or surface waters. Groundwater includes injection or ground saturation. If to a surface water, indicate the name of the closest receiving stream (i.e., Cambridge Creek). Please note, storm sewer systems are directed to surface waters. If directing to a storm sewer, this must be identified as a surface water discharge.

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SECTION IV: Permit Fee		
Private Pool or Spa	$100	☐
State, County or Municipal owned *and* operated Pool or Spa	(exempt from fee)	☐
SECTION V: Site Map		
Verify site map is included		☐

SECTION VI: Certification

To be completed by a responsible corporate officer, proprietor, general partner, principal executive officer or ranking elected official, as detailed in 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 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."

Facility Representative Signature	Date

Facility Representative Name/Title: Typed or Printed

Submit completed form along with FEE to:

Maryland Department of the Environment
P.O. Box 2057
Baltimore, MD 21203-2057

Please answer all questions. Incomplete requests will be returned for completion.

SECTION IV: Permit Fee

Indicate the amount sent with this NOI form. See COMAR 26.08.04.09-1 (H). Discharges from municipal, county and state facilities are exempt from a permit fee.

SECTION V: Site Map

Per Part III - Section A.2 of the permit, a site map is required with submission of application.

SECTION VI: Certification

Signatures and Certifications are detailed in the permit. Individuals who discharge to waters of the State without an individual State or State/NPDES discharge permit, are in violation of the Federal 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 all required documentation, including site map, are provided.

HOW TO SUBMIT:

Send the completed NOI and fee to MDE via the address provided; include a schedule of such discharges if required. You must ensure that the form is completely filled out and payment is enclosed. Your 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 quickly.