

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Water Management • Suite 455 • P.O. Box 2057 • Baltimore Maryland 21203-2057
410-537-3599 • 800-633-6101 x3599 • www.mde.state.md.us

NOTICE OF INTENT

WASTEWATER PERMITS PROGRAM

DISCHARGES FROM MINERAL MINES, QUARRIES, BORROW PITS AND CONCRETE AND ASPHALT PLANTS

GENERAL DISCHARGE PERMIT NO. 10MM

Submission of this Notice of Intent (NOI) constitutes notice that the party identified in Section I of this form intends to be authorized by and meet the conditions of General Discharge Permit 10-MM for discharges from the facility identified in Section II of this form. Authorization to discharge begins upon written acceptance of this NOI by MDE. Complete all sections of this form and mail to:

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

For proper credit, NOI and fee must be returned together. An original signature is required on page five. Please submit a separate NOI for each noncontiguous facility.

Please check here if you need an additional copy of the General Permit and would like us to mail one to you.
The permit is available for download at http://www.mde.state.md.us/assets/document/permit/minmine_per.pdf

SECTION I. OPERATOR INFORMATION

Please list the operator name as registered with the Maryland Department of Assessments and Taxation

Operator Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Contact Person: _____ Telephone: (_____) _____

Billing address (check here if same): _____

Operator Status: Private Federal State/Local Federal Identification # _____

Identify the company that issues your workers compensation insurance, and your policy number. MDE cannot issue a permit to a business that does not have worker's compensation insurance.

Worker's Compensation Insurance: Company _____ Policy # _____

Is the facility currently registered under the general permit for mineral mines, 00MM? _____ (Y/N)

If yes, enter registration No: 00MM _____



MARYLAND DEPARTMENT OF THE ENVIRONMENT

SECTION II. FACILITY INFORMATION and MAP

Facility Name: _____ Site size, in acres _____

Facility Address: _____

Location: (nearest cross roads, and town) _____

Nearest Town: _____ County: _____ State: _____ ZIP: _____

Latitude: _____ Longitude: _____ (Can be found at <http://stevemorse.org/jcal/latlon.php>)

A map showing the location of the facility and all outfalls is required.

Check to verify map is attached Disturbed area in acres (including haul roads) _____

SECTION III. TYPE OF DISCHARGES

List each outfall by number, type of discharge (in bold below); estimated average flow in gallons per day; and name of receiving stream. If the discharge is to a storm sewer system, identify the system. Describe the outfall and its location (i.e., white 3" pipe under entrance road).

Discharge Type

CQ carbonate stone quarry **CP** process wastewater from carbonate rock **R** under reclamation
NQ noncarbonate stone quarry **NP** process wastewater from noncarbonate stone **A** asphalt plant
G construction sand and gravel, fill **M** ready mix concrete **MP** other concrete product

<u>Outfall #</u>	<u>Type(s)</u>	<u>Flow</u>	<u>Receiving Stream</u>
001 _____			
Location and description _____			
002 _____			
Location and description _____			

Additional outfalls? _____ (Y/N) (List on back or on separate page)

MARYLAND DEPARTMENT OF THE ENVIRONMENT

SECTION IV. EFFLUENT CHARACTERISTICS

This section is optional. The Department may require this information at a later date.

Provide the results of at least one analysis of your main outfall for every pollutant in the following table. For additional outfalls, provide a summary of monitoring data for the past two years.

For settling ponds which have not discharged but have an overflow, obtain a sample directly from the pond.

Enter the maximum and average values, except for flow and pH. Please provide the minimum and maximum values for pH, and for flow provide minimum, maximum and average values.

Outfall _____

Pollutant	Maximum Concentration		Long Term Average Value	Units	Number of samples
	Minimum	Maximum			
Total Suspended Solids				mg/l	
Biochemical Oxygen Demand				mg/l	
Turbidity				NTU	
Total N				mg/l	
Total P				mg/l	
Oil & Grease				mg/l	
Temperature (summer)				°F	
	<i>Minimum</i>	<i>Maximum</i>	N/A		
pH			-----	SU	
Flow					

Please copy this page as necessary to complete one table for each outfall.

MARYLAND DEPARTMENT OF THE ENVIRONMENT

SECTION V. STORM WATER POLLUTION PREVENTION PLAN

STORM WATER POLLUTION PREVENTION PLAN (SWPPP)

A SWPPP has been prepared for this facility according to the requirements in the permit, and provided electronically by mail on company website: _____

SECTION VI. WASTEWATER TREATMENT CHEMICALS and CONCRETE ADDITIVES

A. Are Water Treatment Chemicals used in the operation of the facility? No Yes
If yes, list each chemical used, its purpose, and typical dosage

<u>Name</u>	<u>Purpose</u>	<u>Dosage</u>
_____	_____	_____
_____	_____	_____

If dosage is not consistent, is it determined by discharge rate? Wastewater quality? Please explain.

Attach toxicity information

B. Are Concrete Conditioning Additives used in the operation of the facility? No Yes

<u>Name</u>	<u>Purpose</u>	<u>Estimated Residual</u>
_____	_____	_____
_____	_____	_____

SECTION VII. FEE

Submit the first year's fee based upon the average daily discharge volume from the facility. Circle fee submitted for proper credit.

<u>Average Daily Discharge Volume (gallons/day)</u>	<u>Fee</u>
Less than 1,000	\$110
1,000 - 5,000	\$275
5,001 - 50,000	\$600
50,001 - 100,000	\$1,175
100,001 - 250,000	\$1,740
250,001 - 1,000,000	\$2,300
Greater than 1,000,000	\$2,875

MARYLAND DEPARTMENT OF THE ENVIRONMENT

SECTION VIII. 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.

Print Name: _____ Title: _____

Signature: _____ Date: _____

MDE use only: Receipt No.: _____ **Date** _____ **Facility #** _____
PCA 13710 Comp Object 5710 Suffix 4