

# MARYLAND DEPARTMENT OF THE ENVIRONMENT

Water Management Administration - Wastewater Permits Program

1800 Washington Boulevard • Baltimore, Maryland 21203

(410) 537-3634 • 1-800-633-6101-3634 • <http://www.mde.state.md.us>

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## ***NOTICE OF INTENT AND INSTRUCTIONS***

### ***GENERAL DISCHARGE PERMIT NO. 07SI***

### ***DISCHARGES FROM SWIMMING POOLS AND SPAS***

#### **Who Must File**

*The owner of a public pool or spa must submit a notice of intent (NOI) to obtain coverage under the NPDES General Discharge Permit for Discharges from Swimming Pools and Spas. If the pool operator agrees to be permitted in lieu of the owner, Maryland Department of the Environment (MDE) will accept an NOI from the pool operator. The signature on page 4 must be that of the owner/operator on page 2. The operator is the legal entity that controls the facility's operation. An operator must be permitted for each site from which there is a discharge. If the operator holds the pool's permit, the permit is valid only as long as the same operator is used.*

*If your facility has multiple pools at a single site, such as a full sized pool, a spa, and a wading pool, **one** fee is sufficient, and the pools will be covered under one registration. You may copy the third page of the NOI if you have more than three (3) discharge locations.*

*If you have a question about whether you need this permit or any NPDES permit, contact the Maryland Department of the Environment, Wastewater Permits Program at **410-537-3634**.*

#### **Where to File**

*Send the completed NOI with fee payment (if required) to:*

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



**SECTION I. OWNER/OPERATOR INFORMATION**

List the legal name of the person, firm or other entity that owns/operates the facility or site described in this application. Use the full name and address of the owner/operator. List the year-round address of operator. Also list the name and telephone number of the person to contact concerning information on the NOI (this need not be the same as the owner/operator).

Pool Owner/Operator (Individual or Company Name): \_\_\_\_\_

Year Round Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Mailing Address for monitoring reports: (if different than above) \_\_\_\_\_

Enter the type of owner: Private \_\_\_\_\_ State/Local \_\_\_\_\_ Other \_\_\_\_\_

Enter the Federal Identification Number used for tax purposes: \_\_\_\_\_

Do you need a copy of the general permit? \_\_\_\_\_ (Y/N) (It will not have your pool's name on it.)

Worker's Comp Insurance Policy \_\_\_\_\_

**SECTION II. FACILITY AND DISCHARGE INFORMATION**

Facility/Site Location - Enter the facility's or site's official or legal name and complete street address (no post office box numbers), including town or city, county, state, and ZIP code.

Facility Name: \_\_\_\_\_

Location: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Provide the latitude and longitude of the facility to the nearest 15 seconds of the approximate center of the site. The latitude and longitude can be found on a relatively detailed map such as an ADC (book) county map.

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Nearest stream, if known: \_\_\_\_\_

**Attach Street Map**



Please label each outfall (or pool, or combination of pools), indicate the water body receiving backwash (B), cleaning (C) and water lowering (W) discharge. If pools discharge through the same pipe, they should be listed together. Include municipal storm sewer, or sanitary sewer, and the name of the system, if applicable. If no discharge ever occurs, note why (cartridge filter used and cleaned offsite, etc.). The pool operator is often most familiar with the chemicals and procedures used. Each pool or spa will be considered a different outfall, as 001 (main pool backwash), 002 (wading pool backwash), if it has separate discharge pipes.

<b>Outfall 001 - _____</b>			
Discharge	Water Body Receiving Discharge		
	Ground	Sanitary Sewer (City or System)	Surface / Storm Sewer (Name of Stream, if known)
<b>(B)</b> Backwash (001B)			
<b>(W)</b> Water Lowering/Pipe Draining (001W)			
<b>(C)</b> Clean Out (001C)			
Identify the disinfectant(s) used: _____ Enter the capacity of the pool in gallons): _____ Is Cyanuric Acid used? (yes/no) ____ List Algaecides currently used: _____ Other additives: _____ Average backwash flow (gallons): _____ Average Backwash Frequency _____			

<b>Outfall 002 - _____</b>			
Discharge	Water Body Receiving Discharge		
	Ground	Sanitary Sewer (City or System)	Surface / Storm Sewer (Name of Stream, if known)
<b>(B)</b> Backwash (001B)			
<b>(W)</b> Water Lowering/Pipe Draining (001W)			
<b>(C)</b> Clean Out (001C)			
Identify the disinfectant(s) used: _____ Enter the capacity of the pool in gallons): _____ Is Cyanuric Acid used? (yes/no) ____ List Algaecides currently used: _____ Other additives: _____ Average backwash flow (gallons): _____ Average Backwash Frequency _____			

<b>Outfall 003 - _____</b>			
Discharge	Water Body Receiving Discharge		
	Ground	Sanitary Sewer (City or System)	Surface / Storm Sewer (Name of Stream, if known)
<b>(B)</b> Backwash (001B)			
<b>(W)</b> Water Lowering/Pipe Draining (001W)			
<b>(C)</b> Clean Out (001C)			
Identify the disinfectant(s) used: _____ Enter the capacity of the pool in gallons): _____ Is Cyanuric Acid used? (yes/no) ____ List Algaecides currently used: _____ Other additives: _____ Average backwash flow (gallons): _____ Average Backwash Frequency _____			



**Indicate whether the pool will be used seasonally or year-round.**

Pool Operates: Year Round \_\_\_\_\_ Summer Only (Memorial Day to Labor Day) \_\_\_\_\_

Specify other season: \_\_\_\_\_

List the name and title of the manager or certified pool superintendent authorized to sign reports.

(Please print name and title)

\_\_\_\_\_

**SECTION III. NOI FEE**

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

**(Phone 410-537-3634). For proper credit, do not return application fee without this form.**

Check appropriate blank: NOI fee of \$100 submitted \_\_\_\_\_ Municipal \_\_\_\_\_

**SECTION IV. 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: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

**Did you remember to include a street map showing your facility?**

**FOR MDE USE: Receipt No. \_\_\_\_\_ Date \_\_\_\_\_**

**PCA 13710 Comp Object 5710 Suffix 411**

