



MARYLAND DEPARTMENT OF THE ENVIRONMENT
NOTICE OF INTENT – MARYLAND GENERAL PERMIT 17-SI
DISCHARGES FROM SWIMMING POOLS & SPAS (<https://mdewwp.page.link/SIGP>)



DISCHARGE PERMIT NO. 17-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 other similar facilities, as defined in Part I.B of the permit) identified in Section II and III of this form. All information requested must be provided to be considered for authorization to discharge under this permit. Instructions are provided at the end of this form.

SECTION I: Facility Operator Information			
(A) Company Name (Permit Holder)			
(B) Primary Contact Name		Title	
Telephone Number		Email Address	
(C) Mailing Address			
Street			
City		State	ZIP Code
(D) IRS Employer Identification Number (EIN)		(E) Ownership Type - check below	
		<input type="checkbox"/> Private	<input type="checkbox"/> Federal <input type="checkbox"/> State/Local
(F) Worker's Compensation Insurance:	Insurance Company Name		Policy Number
SECTION II: Facility Information			
(A) Name of Facility			
(B) Facility Address (if different than your mailing address)			
Street			
City		State	ZIP Code County
		MD	
(C) Has this facility registered under a previous SI permit (12SIXXXX) or any other NPDES permit? If so, provide those permit numbers:			
(D) When does the pool operate?			(E) Will you be the primary operator?
<input type="checkbox"/> Year-Around	<input type="checkbox"/> Summer Only	<input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No (A Contractor is Hired)
For MDE use only:	Facility #	Receipt #	Date:
PCA 13710	Comp Object 5710	Suffix 411	



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SECTION III: Discharge Information			
<p>(A) Identify all applicable Discharge Types which are present at your facility and ALL specific information relative to each Type. This section shall be completed for EACH pool at the facility address. If there is more than one pool, attach multiple pages as necessary.</p> <p>NOTE 1: If you do not select groundwater or surface water for at least one category, DO NOT SUBMIT AN NOI. See Part I.D and Appendix C of the 17-SI for further instructions.</p> <p>NOTE 2: Before selecting groundwater, please read Part III.D.2 of the 17-SI Permit. Permittees are solely responsible for any violations stemming from discharges that are categorized incorrectly as groundwater. If you discharge ALL types to groundwater and do not use copper or silver additives, see Part III.A and Appendix D of the permit.</p>			
Latitude:		Longitude:	
Discharge Type A: Wastewater from Draining of Drawdown		<input type="checkbox"/>	
Receiving Waters:	<input type="checkbox"/> Groundwater (see Note 2 above)	<input type="checkbox"/> Surface Water	<input type="checkbox"/> Sanitary Sewer
Size of Pool (in gallons):		Frequency of Discharge:	
Pool Additives:	<input type="checkbox"/> Chlorine	<input type="checkbox"/> Cyanuric Acid	<input type="checkbox"/> Silver
	<input type="checkbox"/> Bromine	<input type="checkbox"/> Copper	<input type="checkbox"/> Other (Attach a list to this NOI)
Do you chemically dechlorinate the discharges (using anything other than dechlor tablets)? See Part III.D.5.c of the permit for details.			<input type="checkbox"/> Yes
Discharge Type B: Cleaning Wastewater		<input type="checkbox"/>	
Receiving Waters:	<input type="checkbox"/> Groundwater (see Note 2 above)	<input type="checkbox"/> Surface Water	<input type="checkbox"/> Sanitary Sewer
Average Discharge (in gallons per day):		Frequency of Discharge:	
Pool Additives:	<input type="checkbox"/> Chlorine	<input type="checkbox"/> Cyanuric Acid	<input type="checkbox"/> Silver
	<input type="checkbox"/> Bromine	<input type="checkbox"/> Copper	<input type="checkbox"/> Other (Attach a list to this NOI)
Do you chemically dechlorinate the discharges (using anything other than dechlor tablets)? See Part III.D.5.c of the permit for details.			<input type="checkbox"/> Yes
Discharge Type C: Wastewater from Filter Backwash		<input type="checkbox"/>	
Receiving Waters:	<input type="checkbox"/> Groundwater (see Note 2 above)	<input type="checkbox"/> Surface Water	<input type="checkbox"/> Sanitary Sewer
Average Discharge (in gallons per day):		Frequency of Discharge:	
Pool Additives:	<input type="checkbox"/> Chlorine	<input type="checkbox"/> Cyanuric Acid	<input type="checkbox"/> Silver
	<input type="checkbox"/> Bromine	<input type="checkbox"/> Copper	<input type="checkbox"/> Other (Attach a list to this NOI)
Do you chemically dechlorinate the discharges (using anything other than dechlor tablets)? See Part III.D.5.c of the permit for details.			<input type="checkbox"/> Yes
Discharge Type D: Wastewater from Pool Overflow/Splashout/Etc.		<input type="checkbox"/>	
<p align="center">**** Coverage under Discharge Type D is only required if you also discharge Type A, B, or C. ****</p> <p align="center">You are automatically registered under Type D if you are registered under Type A, B, or C.</p> <p align="center">See Part I.B and the section for Discharge Type D in Appendix A of the 17-SI Permit for details.</p> <p align="center">Discharge Type D has no numerical limits - See Appendix A of the 17-SI Permit for Narrative Requirements.</p>			
<p>(B) If surface water was selected for any type of discharge, list the closest receiving stream(s) and/or 8-digit watershed. (This includes any discharges to a storm sewer system.) – List all that apply</p>			
(C) Are any of the streams identified in item (B) above located in Tier II Catchments?		<input type="checkbox"/> Yes	<input type="checkbox"/> No



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SECTION IV: Permit Fee		
Private Pool or Spa	\$100	<input type="checkbox"/>
State, County or Municipal owned <i>and</i> operated Pool or Spa	(exempt from fee)	<input type="checkbox"/>
SECTION V: Site Map		
Verify site map is included		<input type="checkbox"/>
SECTION VI: Type of Registration Letter		
In an effort to streamline registrations and expedite turnaround times, the Department is asking registrants to accept emailed copies of registration letters only. If you require a hard copy of your letter to be mailed, please check this box:		<input type="checkbox"/>
SECTION VII: 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>"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."</i>		
Facility Representative Signature	Date	
Facility Representative Name/Title: Typed or Printed		
NOI Preparer (Complete if NOI was prepared by someone other than the certifier)		
Prepared by (Name, Affiliation):		
Telephone Number	Email Address	
Submit completed form along with FEE to:		
Maryland Department of the Environment P.O. Box 2057 Baltimore, MD 21203-2057		



MARYLAND DEPARTMENT OF THE ENVIRONMENT
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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 swimming pool, spa, or other similar facility (see Part I.B of the permit language) to waters of the state must submit a notice of intent (NOI) to obtain coverage under the NPDES General Discharge Permit No. 17-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 Pollution Prevention and Reclamation 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 (<https://mdewwp.page.link/SIGP>).

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

- (A) Provide the name of facility – enter “same” if the name does not differ from the information in Section I(A).
- (B) 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.
- (C) Identify any previously obtained general or individual NPDES permit numbers (e.g. 12SI##### for a general permit or 12DP##### for an individual permit, where the “#####” is replaced with a unique 4-digit identifier for your permit) for the facility for which you are seeking coverage. You should include permits for other types of discharge and/or stemming from other activities.
- (D) Indicate if your operation operates year around, summer (Memorial Day to Labor Day), or if you have another alternate schedule of operation.
- (E) Indicate whether you (the permit holder) intend to be the primary operator of the pool or whether you are likely to have a contractor. See Part III.D.4 of the 17-SI Permit for requirements and guidance should you choose to hire a contractor to operate the pool and/or be responsible for permit compliance.



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FORM INSTRUCTIONS



SECTION III: Discharge Information

(A) Select eligible discharges, as identified in Part I.B and Appendix A of the 17-SI Permit, which are applicable to your facility for all discharge locations on the property. If multiple discharge locations exist, complete page 2 for each outfall (as necessary). Specifically, you must provide the following information:

- 1). Latitude/Longitude - Identify the latitude and longitude of the pool, specifically near the structure from which discharge is occurring. If you do not have a GPS, you may use an internet mapping tool. A step-by-step method can be found at <https://mdewwp.page.link/FindGPS>. Coordinates should be identified in degrees decimal. For example, the MDE Headquarters (1800 Washington Blvd, Baltimore, MD 21230) would be identified as: Latitude: 39.276027, Longitude: -76.644779.
- 2). Discharge Type – Select Type A, B, C, and/or D, all that apply to your site. Please note the specific instructions for Discharge Type D.
- 3). Type of Receiving Waters – For Discharge Type A, B, and C, you must identify if the discharge is directed to groundwater, surface water (including storm sewers), or the sanitary sewer. Before selecting “groundwater,” please read Part III.D.2 of the 17-SI Permit.

If you discharge ONLY to groundwater for all Discharge Types AND you do not use copper or silver additives, you likely do not need to submit a Notice of Intent. Please consult Part III.A and Appendix D of the permit. You still must follow all permit terms, but should complete and maintain the “17-SI Groundwater NOI Exemption Form” on site. The permit and form can be found on the MDE website (<https://mdewwp.page.link/SIGP>).

If you do not discharge to surface water or groundwater for AT LEAST ONE of the types of discharge, DO NOT submit this form. Instead, you should follow all instructions in Part I.D and Appendix C (the “Permit Exemption Form”). The permit and form can be found on the MDE website (<https://mdewwp.page.link/SIGP>). The Department cannot respond to forms which only denote a discharge to the sanitary sewer. Discharges to sanitary sewers are not subject to this permit.

- 4). Size of Pool or Average Discharge – For Discharge Type A, provide the size of the pool(s) being discharged to the Outfall. Even if you typically don’t drain the entire pool, the size of the pool is required to provide a maximum expected discharge. For Discharge Types B and C, please estimate the flow in gallons per day when you are discharging.
- 5). Frequency of Discharge – Provide an estimate of how often you discharge each Discharge Type (e.g. twice per week, at the end of each month, once per year).
- 6). Pool Additives – Numerical permit limits are based upon the additives that you use in your pool. You must check the box for each additive that you may use in your pool. For any additives which are not listed, you should check “Other” and attach a list of the additives and a copy of the additive label and/or Safety Data Sheet to the Notice of Intent.

(B) If you select surface water (including discharges to storm drains), you must identify any streams which you discharge into or, if you discharge onto land initially, any streams near the discharge point. You may also opt to list the 8-digit watershed in which your facility lies and discharges. The watershed can be found by searching the facility address at <https://mdewwp.page.link/MDWatershedMap>.

(C) If you have input receiving streams in Section III.B (above), you must identify if any of the receiving waters lies within a Tier II catchment or watershed. You can find this information by searching the facility address on MDE’s “Tier II High Quality Waters Map,” accessible at <https://mdewwp.page.link/Tier2Map>



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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

A site map is required with submission of an NOI. See Part II.A.1 of the 17-SI Permit for a description of the map requirements.

SECTION VI: Type of Registration Letter

In order to expedite turnaround times, the Department would prefer to send out registration letters via email attachment to the contact listed on Page 1 of your NOI. If you would like to receive a hard copy, please check this box. If you leave the box unchecked, the registration letter will be emailed.

SECTION VII: 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:

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

Be sure to 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.