

MARYLAND DEPARTMENT OF THE ENVIRONMENT
GENERAL PERMIT for DISCHARGES from
SEAFOOD PROCESSING FACILITIES
NOI for Permit No. 21-SE

DISCHARGE PERMIT NO. 21-SE

NPDES PERMIT NO. MDG52

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 seafood processing facility identified in Section II of this form.

** Instructions at end 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	County	State	ZIP Code
(D) Federal ID No		(E) Status of Facility (check)	
		<input type="checkbox"/> Private	<input type="checkbox"/> Federal
		<input type="checkbox"/> State/Local	
(F) Worker's Comp Insurance		<i>Company Name</i>	
		<i>Policy Number</i>	
SECTION II: Facility Information			
(G) Name of Facility			
(H) Location (Address)			
City	State	ZIP Code	County
(I) Location (Coordinates)			
Latitude:		Longitude:	
(J) Is this a new discharge or a facility with existing coverage under the 11-SE?			
<input type="checkbox"/> This is a new discharge without previous permit coverage.		<input type="checkbox"/> I had permit coverage under the 11-SE or another relevant permit. My registration number was: _____	

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SECTION II (continued): Facility Information

(K) Refer to this [map](#) to find 8-digit watershed basin code(s) and name(s):

SECTION III: Discharge Information

(L) Select the facility(s) type for which you are requesting coverage under this permit:

- Handpicked Blue Crab, Existing Sources (EHB)
- Handpicked Blue Crab, New Sources (NHB)
- Mechanized Blue Crab, Existing Sources (EMB)
- Mechanized Blue Crab, New Sources (NMB)
- Shucked Oyster Processing, Existing Facilities (EO)
- Shucked Oyster Processing, New Sources (NO)
- Steamed and Canned Oyster Processing, New Sources (SO)
- Hand-Shucked Clam Processing, New Sources (HC)
- Scallop Processing, New Sources (SP)
- Non-Breaded Shrimp Processing, New Sources (NB)
- Breaded Shrimp Processing, New Sources (BS)
- Tuna Processing, New Sources (TP)
- Conventional Bottom Fish Processing, New Sources (CB)
- Mechanized Bottom Fish Processing, New Sources (MB)
- Farm-Raised Catfish Processing (FC)
- Herring Processing, New Sources (HP)
- Fish Meal (FM)
- Other Seafood Processors (Other)

(M) Identify average pounds of material processed daily and in what season

(N) Date of Start of Operation (DD/MM/YYYY)

(O) For each facility, provide a description (and coordinates if possible) of each outfall location, type of discharge, estimated flow (in gallons per day), and receiving water

<i>Outfall #</i>	<i>Location</i>	<i>Type(s)</i>	<i>Flow</i>	<i>Receiving water</i>

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(O) Continued				
<i>Outfall #</i>	<i>Location</i>	<i>Type(s)</i>	<i>Flow</i>	<i>Receiving water</i>

SECTION IV: Permit Fee

Average Daily Discharge Volume (Gallons Per Day)	Check initial NOI fee submitted	
0 < 1,000	\$120	<input type="checkbox"/>
1,000–5,000	\$440	<input type="checkbox"/>
5,001-50,000	\$1,050	<input type="checkbox"/>
50,001-100,000	\$2,100	<input type="checkbox"/>
100,001-500,000	\$3,200	<input type="checkbox"/>

SECTION V: Additional Information

Verify site map is included	<input type="checkbox"/>
Verify a Stormwater Pollution Prevention Plan (SWPPP) or No Exposure form is included	<input type="checkbox"/>
<p>Check this box if the discharge is to an alternative to surface water (Permit Part III.A.3)</p> <p style="text-align: center;">Identify the alternative discharge:</p> <p style="text-align: center;">Groundwater <input type="checkbox"/></p> <p style="text-align: center;">Identify the method: _____</p> <p style="text-align: center;">Offsite Disposal <input type="checkbox"/></p> <p style="text-align: center;">Sanitary Sewer <input type="checkbox"/></p>	<input type="checkbox"/>

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FORM INSTRUCTIONS

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

Make check payable to: Maryland Department of the Environment

Mail payment 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 5710	Suffix 411	

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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 seafood processing facilities must submit a notice of intent (NOI) to obtain coverage under the NPDES General Discharge Permit No. 21-SE. 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 seafood processing facilities 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](#).

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 21-SE 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; and the county.
- (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 for the facility – 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.
- (I) Provide a set of coordinates for the facility. These can be from google or some other source. They can be for any major point in the facility (e.g. A front office building, front entrance of the site, processing building, etc).
- (J) Identify whether you have any other relevant permit coverage (most likely the 11-SE). If you did not have permit coverage or this is a new facility, check the left box. Identify any previously obtained, applicable NPDES permit (individual or general) and include the permit number. (e.g., 11SEXXXX, where XXXX is the unique 4 digit registration number).
- (K) Identify all 8-digit watershed basin codes and names that the facility discharges to. This can be found by using the Department's [Watersheds map](#). Type the address in the search bar, and then place your mouse at your discharge points and click to bring up the watershed name and 8 digit identifier.

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- (L) Select the facility type for which you are requesting coverage under this general permit. If more than one type of operation is located on the property, select multiple processes. To determine if you are considered a New or Existing source, please refer to Appendix C: Effluent Limitation Tables.
- (M) Provide the average numeric quantity of material processed daily in pounds for each facility and in what season your facility processes each type.
- (N) Provide the year the facility was built. If it was significantly upgraded after such date, provide that year as well.
- (O) For each facility:
 - 1) *Description of outfall location* e.g., white pvc pipe directly beneath chiller house from bulkhead, etc. Also provide the latitude and longitude of the discharge/outfalls requesting to be permitted.
 - 2) *Type of discharge* - use the abbreviations listed in (L) at the end of each product type to identify the type of wastewater being discharged.
 - 3) *Estimated flow* - provide the average flow in gallons per day for each discharge
 - 4) *Receiving Water* - Indicate if the discharge is directly to groundwater or surface waters. Groundwater includes injection or ground saturation. If to a surface water, indicate the name of the closest receiving stream (i.e., Back Creek Bay).

SECTION IV: Permit Fee

Indicate the amount sent with this NOI form. The permit fee is based on the total flow volume of effluent discharged from the facility divided by the total number of days discharged provided in units of gallons per day (e.g., three days of discharge totaling 150,000 gallons equals 50,000 gpd).

Average Daily Discharge Volume (Gallons Per Day)	Initial fee	Fee for subsequent years
0 < 1,000	\$120	See COMAR 26.08.04.09-1
1,000–5,000	\$440	
5,001-50,000	\$1,050	
50,001-100,000	\$2,100	
100,001-500,000	\$3,200	

SECTION V: Additional Information

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

Per Part II – Section A.3 of the permit, a Stormwater Pollution Prevention Plan (SWPPP) is required with submission of application.

Per Part I.F of the permit, you may submit a completed No Exposure Certification form with your NOI in lieu of a SWPPP if you meet the requirements.

Per Part III.A.3 of the permit, you may discharge via an alternative method. Options include Ground water (i.e., drain field, seepage pit, overland flow, infiltration basin, land application, other MDE approved methods), Offsite disposal, or Sanitary Sewer.

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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.

HOW TO SUBMIT:

Send the completed NOI, site map and fee to MDE via the address provided. 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.