

MARYLAND DEPARTMENT OF THE ENVIRONMENT

General Discharge Permit For Discharges from Tanks, Pipes, Other Liquid Containment Structures, Dewatering Activities, and Groundwater Remediation
 Notice of Intent (NOI) for Maryland General Permit No. 17-HT

DISCHARGE PERMIT NO. 17-HT**NPDES PERMIT NO. MDG67**

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 tanks, pipes, other liquid containment structures, dewatering activities, and groundwater remediation identified in Sections II and III of this form. All information requested must be provided in order 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) Owner/Operator Name			
(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
		MD	
(C) Has this facility registered under a previous HT permit (11HTXXXX) or any other NPDES permit? If so, provide those permit numbers:			
For MDE use only:	Facility #	Receipt #	Date:
PCA 13710	Comp Object 5710	Suffix 411	

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SECTION III: Discharge Information

(A) Identify applicable Discharge Categories and specific information relative to each. For multiple types of discharges within one Discharge Category, please use additional copies of this page.

- Discharge Category A:** Disinfection or Hydrostatic Testing of Tanks, Pipes, or Pipelines
 - Discharges are from tanks previously used to store oils. Chlorinated water
 - Chemical dechlorination Receiving stream is Class III, III-P, IV, or IV-P
- Discharge Category B:** Potable Water Systems
 - Mechanical cleaning . Super Chlorination. Chemical Dechlorination.
- Discharge Category C:** Dewatering from Construction Activities
 - Check if you propose to use chemical additives for sediment control - *if yes, see Section IV*
 - Check if there cause for belief that discharges are impacted by pollutants other than sediment
 - Site Assessment Available/Attached No Site Assessment Available

(see permit Appendix A, page A-9, Narrative Requirement #4)
- Discharge Category D:** Groundwater Remediation (identify contaminant types - check all that apply)
 - Receiving stream is protected for drinking water OR discharge is to groundwater
 - Contaminants: Low/high pH Organic compounds Gasoline, unleaded
 - Gasoline, leaded Petroleum-based products (other than gasoline)
 - Other organic materials (please specify): _____
 - Check here to indicate you have attached EPA Form 2C *(see permit Appendix A, page A-15)*
- Discharge Category E:** Draining or Flushing of Fire Control Systems
 - Potential to exceed 100,000 gpd or half the flow of receiving stream Chemical dechlorination
- Discharge Category F:** Untreated "Water" – flow exceeding 100,000 gallons per day*

*No NOI required if less than 100,000 gallons per day, see Appendix A – Discharge Category F for more information
- Discharge Category G:** Tank Bottom Wastewater
- Discharge Category H:** Stormwater from Aboveground Tank Containment
 - Storage tanks contain petroleum-based products . Storage tanks contain gasoline

(B) Identical Outfalls

Check here if you have identical outfalls. If so, how many? _____ Which category(ies)? _____

(C) Outfall Identification (attach additional pages as needed)

Site map attached?

See page 7 of permit for map requirements.

Discharge Category	Receiving Stream & 8-Digit Identifier (or Groundwater)	Designated Use Class	Tier II?	Latitude	Longitude
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		

(D) Discharge Flow/Volume (attach additional pages as needed)

Discharge Category	Flow (gpd) or Volume (gal)	Duration	Single Event?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

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SECTION IV: Chemical Additives for Sediment Control

You must identify any chemical additives you are proposing to use for sediment control at your site. You are not approved for use of such additives until and unless explicit written approval is provided in your permit registration letter. Note that there are additional requirements for cationic chemical additives. See NOI Instructions for additional details.

Name of Additive	Proposed Dosing Rate:	Type of Polymer	
		<input type="checkbox"/> Anionic	<input type="checkbox"/> Cationic
		<input type="checkbox"/> Anionic	<input type="checkbox"/> Cationic
		<input type="checkbox"/> Anionic	<input type="checkbox"/> Cationic

SECTION V: Permit Fee Selection

Average Daily Discharge Volume	Renewal Fee	New Permit Fee	
State/Local Gov't or Public Drinking Water Suppliers	No Fee	<input type="checkbox"/>	<input type="checkbox"/>
Less than 1,000 Gallons Per Day	\$75	<input type="checkbox"/>	<input type="checkbox"/>
1,000—5,000 Gallons Per Day	\$150	<input type="checkbox"/>	<input type="checkbox"/>
5,001—50,000 Gallons Per Day	\$225	<input type="checkbox"/>	<input type="checkbox"/>
50,001—100,000 Gallons Per Day	\$100	<input type="checkbox"/>	<input type="checkbox"/>
100,001—250,000 Gallons Per Day	\$550	<input type="checkbox"/>	<input type="checkbox"/>
250,001—1,000,000 Gallons Per Day	\$1600	<input type="checkbox"/>	<input type="checkbox"/>
Greater than 1,000,000 Gallons Per Day	\$3000	<input type="checkbox"/>	<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:

SECTION VII: Certification

To be completed by a responsible corporate officer, proprietor, general partner, principal executive officer, or ranking elected official or their duly authorized representative, as detailed in Part II.C of 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."

Signature/Certifier		Date	
Signatory Name/Title: Typed or Printed		Telephone Number	
NOI Preparer (Complete if NOI was prepared by someone other than the certifier)			
Prepared by:			
Telephone Number		Email Address	

Submit completed form and FEE (payable to Maryland Department of the Environment) to:
Maryland Department of the Environment, P.O. Box 2057, Baltimore, MD 21203-2057

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FORM INSTRUCTIONS

WHO MUST FILE

The operator of a facility that is requesting to discharge water from tanks, pipes, other liquid containment structures, dewatering activities, and groundwater remediation must submit a Notice of Intent (NOI) to obtain coverage under the National Pollutant Discharge Elimination System (NPDES) General Discharge Permit No. 17-HT. 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/NPDES permit issued for discharges from facilities identified in Section II of this form. Authorization to discharge begins upon notification of registration by MDE. The permit is available 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. An operator of a facility is a legal entity that controls the operation of the facility.
- (B) Provide the name, title, telephone number, and email address of the Primary Contact.
- (C) Provide the mailing address for the primary contact including street, city; state; and zip code. All correspondence will be sent to this address.
- (D) Provide the IRS Employer Identification Number (EIN).
- (E) Identify whether the owner/operator is private, federal or state/local government.
- (F) Provide worker's compensation insurance information for the facility identified in this section of the 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., 10MM1234 general permit or 12DP1234 individual permit, where 1234 was the unique 4 digit designation for your coverage).for the facility for which you are seeking coverage, including those permits for other types of discharge.

SECTION III: Discharge Information

- (A) Identify each of the types of discharge from your facility by selecting all of the applicable Discharge Categories. If you have multiple types of discharge within a single discharge category (i.e. two separate outfalls where one has hydrostatic test water that is chlorinated and the other has hydrostatic test water that is not chlorinated), you must attach additional copies of Section III. For cases where you have multiple outfalls for the same exact type of discharge, refer to Section III.B of this form for “Identical Outfalls.”

Within each Discharge Category that is applicable to your facility, you must check all boxes which correspond with your wastewater. Each selection within a Discharge Category signifies a specific set of limitations, as outlined in Appendix A of the permit. For assistance in defining terms such as “mechanical cleaning” or “super chlorination,” please refer to the definitions in Appendix B of the permit.

For assistance in determining the Designated Use Class (Discharge Category A), refer to Section III.C of this form and its instructions. If the source of groundwater contamination has been determined to be organic-based but no source has been specifically identified, please indicate “unknown” under the “Other organic materials” selection.

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- (B)** If you have multiple outfalls for your facility that consist of wastewater which has all of the exact same selections within the corresponding Discharge Category in Section III.A of this form (above), check the box indicating you have identical outfalls. You must also identify the number of outfalls which are identical and the category(ies) under which they fall. Note that if you have multiple sets of identical outfalls (i.e. two identical outfalls under Discharge Category B and three identical outfalls under Discharge Category F), do not lump those together as a single entry; rather enter “2,3” for the number of identical outfalls and “B,F” for which categories.

If you have several identical outfalls, the Department may require that you monitor and report as described in Part IV.F.1.d of the permit where each of those outfalls is conglomerated under a single “Outfall Number,” maximums and averages are reported from monitoring across all of the identical outfalls, and a summary of each individual monitoring occurrence is attached to the discharge monitoring report. You must also attach a site map identifying the facility/system, outfalls, and significant points of reference. See page 3 of the permit for a full description of map requirements.

- (C)** For each outfall, you must identify the discharge category, receiving stream, Designated Use Class, and coordinates (in degrees decimal), including for each identical outfall (if applicable). If you have more than three outfalls, you should attach additional copies of this page or a spreadsheet with the required information. For large distribution systems with a large number of potential discharge points (i.e. hydrant flushing), you should submit a map of your entire system and provide attached information to clarify the type(s) of discharges which may occur.

Identify the name(s) of the receiving stream(s) (or indicate storm sewer or groundwater) and 8 digit identifier of the watershed (e.g., for the Gwynns Falls watershed, it is 02130905). The 8 digit identifier is best 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.

To determine the name of a receiving stream and/or Designated Use Class for the receiving stream, use the Department’s [Designated Use map](#). Designated Use Classes are defined at COMAR 26.08.02.02B. To determine if the receiving stream is designated as “Tier II” or lies in a Tier II catchment, use MDE’s [Tier II High Quality Waters Map](#).

To obtain coordinates, you may use a GPS to find location within your site. There are internet options that you can also use, such as Google’s Tool. A step by step method can be found [here](#). We require the coordinates be in degrees decimal. An example of this for Maryland Department of the Environment at 1800 Washington Blvd, Baltimore, MD 21230 would be latitude of 39.276027, longitude of -76.644779.

- (D)** For each Discharge Category, you must provide the estimated flow rate (in gallons per day) or volume (in gallons) per event. You must also provide an approximation of the typical duration of each discharge in a measurement of time, usually expressed in hours, days, or months in addition to the use of “>” or “<” symbols. If the flow rates/volumes will differ between identical outfalls, you must provide an entry for each outfall. If some, but not all, of the identical outfalls share a similar flow rate/volume, you may indicate the number of applicable outfalls for each entry in parentheses next to the Discharge Category (e.g., enter A(3) if three outfalls share the same table parameters). You must also specify if each type of discharge will be a single event. For discharges that are not single events, provide an attachment indicating an approximate schedule for discharges at each outfall or a description of the scenario which leads to a required discharge.

If you opt to use a separate spreadsheet in lieu of or in addition to the tables on this form, the information from parts (C) and (D) of this section may be combined into one document, if you wish.

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SECTION IV: Chemical Additives

You must list any chemical additives that you are proposing to use for sediment control at your site, the proposed dosing rate, and indicate if they are anionic or cationic. Additives must be included on the Department's pre-approved [list](#) to be considered for authorization. Consult the Department's [Procedures for Review of Chemical Additives for Sediment Control](#) if you wish to request addition of a new additive to the pre-approved list. Refer to Parts I.B.10 and III.C.4 of the permit for information regarding chemical additives and requirements for documentation of their use in your Pollution Prevention Plan (PPP). You should also consult the [Standards for Use of Chemical Additives for Sediment Control document](#) for specific instructions on information to be included in your PPP, additional requirements regarding additive use, and assistance in applying for additive use.

If you are requesting the use of cationic chemical additives, you must complete the [Request for Use of Cationic Chemical Additives form](#) and attach it, as well as the section of your PPP which addresses the use of chemical additives, to your NOI.

You shall not be authorized to use any chemical additives for sediment control until and unless explicit authorization is included in a signed registration letter for your permit.

SECTION V: Permit Fee

Select the appropriate fee for your permit application, dependent upon the annual average discharge volume and whether you are applying for renewal or new coverage. You must submit the appropriate fee (if applicable) along with your NOI.

Pursuant to COMAR 26.08.04.09-1G(1), discharges under this permit that are associated with drinking water supplies are exempt from the permit fee. Pursuant to COMAR 26.08.04.09-1A(2), facilities owned by State or Local Government are also exempt from the permit fee.

Other discharges under this permit are subject to a first year fee, which effectively include an application fee and subsequent annual fees. Facilities which are submitting a timely renewal of registration from the 11-HT will have already paid their annual fee for this year, so they are only responsible for the application fee portion (represented by the difference between the first year fee and subsequent annual fee). Renewal applications which are submitted after the deadline specified in Part II.B of the permit will be considered new applications and be required to pay the entire first year fee.

The annual rate and NOI fee may change over time, so you are encouraged to check COMAR 26.08.04.09-1G(2) at the time of your application.

SECTION VII: Certification

Signatures and Certifications are detailed in the permit Part II.C. Individuals who discharge to waters of the State without an individual State or general State/NPDES discharge permit, are in violation of the Federal Clean Water 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, fee, and any necessary attachments (see permit) to **Maryland Department of the Environment, P.O. Box 2057, Baltimore, MD 21203-2057**. 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 all required information, we will be unable to process your registration for the permit.