NOTICE OF INTENT (NOI) FOR THE DISCHARGE OF TREATED GROUND WATER FROM PETROLEUM CONTAMINATED GROUND WATER SOURCES TO SURFACE OR GROUND WATERS OF THE STATE

Submission of this Notice of Intent constitutes that the party identified in Section I of this form intends to be authorized by a State or State/NPDES discharge permit issued for discharges of treated ground water from petroleum contaminated ground water sources in the State of Maryland. Becoming a permittee obligates such a discharger to comply with the terms and conditions of the permit.

I. Facility/Site Location Information

Name: ______________________________________________________________________

Address: ____________________________________________________________________

County: _____________________________________________________________________

City: __________________________________  State: ________  Zip: __________________

Latitude: _____ deg _____ min _____ sec    Longitude: _____ deg _____ min _____ sec

II. Facility Owner Information

Name: _________________________________________ Phone:______________________

Address: _______________________________________ FAX: _______________________

City: ______________________________________  State: _________  Zip: _____________

Ownership Status (Federal, State, Private, Public, Other): _____________________________
(if other, please explain)

Note: In order for the Department to issue a permit, proof of worker's compensation coverage, as required by Environmental Article §1-202, is required to be submitted with this form. Proof may include either a certificate of compliance with the Maryland Workers’ Compensation Act or a certificate of insurance with the worker compensation policy/binder number identified.
III. Treatment System Operator Information (PERMIT HOLDER)
Name: ______________________________________________________________________
Address: ____________________________________________________________________
City: ______________________________________   State: _________   Zip: ____________
Contact: ____________________________________  Phone:_________________________
Email: ____________________________________    Fax: ___________________________

IV. Site Activity Information
Description of the discharging facility (Attach site map):____________________________
MDE UST Registration #: _______________________ MDE Case #: ___________________
List of known contaminants (Attach copy of most recent analytical data):_________________
____________________________________________________________________________
Source of contamination:________________________________________________________
____________________________________________________________________________
Treatment Process description (Attach diagram of treatment system and identify outfalls on site
map):_______________________________________________________________________
____________________________________________________________________________
Summary of existing quantitative and qualitative data on flow and
concentration of pollutants:____________________________________________________
____________________________________________________________________________
Provide for each outfall: outfall #, discharge to surface water (sw) or ground water (gw), name
of receiving surface water body or groundwater discharge point.

<table>
<thead>
<tr>
<th>Outfall #</th>
<th>Discharge to sw or gw?</th>
<th>Name of surface water</th>
<th>Ground water discharge point</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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TTY Users: 800-735-2258
V. Certification by Treatment System Operator (must be the Permit Holder, see Page 4)

A Notice of Intent (NOI) is hereby made to the State of Maryland, Department of the Environment, Land and Materials Administration for a General Discharge Permit for the operations and activities described on the forms being submitted. I certify that I am familiar with the information contained in this application, and that this information is true, complete and accurate. I further certify that I have requested and received confirmation from the local agency having jurisdiction (including, but not limited to, a municipality, county or the State Highways Administration) that this discharge meets all requirements for that agency having jurisdiction. I understand that the inclusion of any false or misleading information or the exclusion of required information in this NOI may cause the Administration to issue an Administrative Complaint seeking civil penalties in accordance with Environment Article § 4-412 and § 4-417, Annotated Code of Maryland, and may include the suspension or revocation of any permit issued. I further understand that failure to notify the Administration of any significant violation may also subject me to an Administrative Complaint and civil penalties.

Signature: ________________________________________________

Print Name: _______________________________________________

Title: ____________________________________________________ Date: ______________________________

Company/ Agency: ______________________________________________________________________________

Address: _________________________________________________________________________________________

Notice: Collection of Personal Records – State Government Article § 10-624
This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. The personal information requested on this form is intended to be used in processing your application. Failure to provide the information requested may result in your application not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment (The Department) is a public agency and subject to the Maryland Public Information Act. This form may be made available on the Internet via the Department’s website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.
Certification by Treatment System Operator (Permit Holder):

All permit applications shall be signed as follows:

For a corporation: by a responsible corporate officer. For the purpose of this section, a responsible corporate officer means:

(i) A president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation; or

(ii) The manager of one or more properties belonging to the owner, if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

For a partnership or sole proprietorship: by a general partner or the proprietor

For a municipal, State, federal, or other public agency: By either a principal executive officer or ranking elected official. For purposes of this section, a principal executive officer of a federal agency includes:

(i) The chief executive officer of the agency; or

(ii) A senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrators of the EPA).

FEE: The permit fee for this permit is $120. The appropriate fee shall be submitted with the initial NOI submission. State, local, and municipal owned facilities are exempt from the permit fee.

Where to send the fee:
Maryland Department of the Environment
P.O. Box 1417
Baltimore, Maryland 21230-1417

Make checks payable to: Maryland Department of the Environment
Include a copy of the first page of the NOI form with the check

Where to file NOI Form:
Maryland Department of the Environment
1800 Washington Boulevard, Suite 620
Baltimore, Maryland 21230-1719

Water Appropriations and Use Permit:
Withdrawal of groundwater associated with this NOI may require a Water Appropriations and Use Permit from the Department’s Water Supply Program. For additional information contact the Water Supply Program at (410) 537-3714. For more information: http://www.mde.state.md.us/programs/Permits/Documents/2008permitguide/WMA/3.15.pdf

Questions: Please call the Permits Section, Oil Control Program, (410) 537-3442