

**MARYLAND DEPARTMENT OF THE ENVIRONMENT
12-SI EXEMPTION FORM - DISCHARGES FROM SWIMMING POOLS & SPAS**

12-SI Permit Webpage: http://bit.ly/12SI_Permit

This form is to be filled out and ***maintained on site*** by facilities which do not discharge to waters of the state and, therefore, are not subject to General Permit No. 12-SI. This exemption applies only to facilities from which all discharges go to sanitary sewer. In order to be exempt, you must certify that discharges for **ALL THREE** categories of wastewater in Section II do not go to surface waters, groundwater, or a storm sewer by selecting one of the available choices. *If "other" is selected, an explanation must be provided.* If a selection cannot be made for each category, you must submit the 12-SI NOI and obtain a registration letter for permit coverage prior to any discharge to waters of the state. ***This form should be made available to any state inspection personnel as a demonstration that the facility recognizes the 12-SI permit and verifies that coverage is not required.***

SECTION I: Facility Information

Pool Name		
Facility Address		
City	State	ZIP Code
Facility Contact Name	Telephone Number	
Mailing Address		
City	State	ZIP Code

SECTION II: Pool/Discharge Information

Total Capacity of Pool / Spa:	gallons
Discharge Categories:	
1) Filter Backwash: <input type="checkbox"/> directed to sanitary sewer <input type="checkbox"/> cartridge filter sent off site <input type="checkbox"/> other	
2) Pool Cleanout: <input type="checkbox"/> directed to sanitary sewer <input type="checkbox"/> do not use water for cleaning <input type="checkbox"/> other	
3) Draining/drawdown: <input type="checkbox"/> directed to sanitary sewer <input type="checkbox"/> do not drain/drawdown <input type="checkbox"/> other	
<i>NOTE: Do not confuse sanitary sewer with storm sewer. Discharges to sanitary sewer are subject to permission of the utility to which the sanitary sewer is connected.</i>	

SECTION V: 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 providing false information, including the possibility of fine and imprisonment for knowing violations."

Facility Representative Signature	Date
Facility Representative Name/Title: Typed or Printed	

NOTE TO INSPECTORS: MDE has not reviewed the information presented on this form. If discharges at this facility are determined to flow into state waters, please notify MDE-WMA Compliance immediately at (410) 537-3510.