

MARYLAND DEPARTMENT OF THE ENVIRONMENT
GENERAL PERMIT for DISCHARGES from
TANKS, PIPES and OTHER LIQUID CONTAINMENT STRUCTURES
at FACILITIES OTHER THAN OIL TERMINALS
NOI for Permit No. 11-HT

DISCHARGE PERMIT NO. 11-HT

NPDES PERMIT NO. MDG67

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 tanks, pipes and other liquid containment structures identified in Section II of this form.

** Instructions on back 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		State	ZIP Code	
(D) Federal ID No			(E) Status of Facility (check)	
			☐ Private	☐ Federal
			☐ 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
For MDE use only:	Facility #	Receipt #	Date:	
PCA 13710 Comp Object 5710 Suffix 411				

MARYLAND DEPARTMENT OF THE ENVIRONMENT
NOI for Permit No. 11-HT
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 tanks, pipes and other liquid containment structures at facilities other than oil terminals must submit a notice of intent (NOI) to obtain coverage under the NPDES General Discharge Permit No. 11-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/ National Pollutant Discharge Elimination System (NPDES) permit issued for discharges from tanks, pipes and other liquid containment structures at facilities other than oil terminals 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 <http://www.mde.state.md.us> (Search engine keyword "tanks.aspx")

Note: If the following services are located at your facility, you may be required to obtain additional permits, as necessary:

- **Oil Operations Permit** (access more information by visiting MDE's website <http://www.mde.state.md.us> (Search engine keyword "oil_control/index.aspx")
 - o for Underground storage tank (UST) or above ground tank (for fuel, lubricant or used oil)
 - o Storm water from storage tank dike and loading rack areas and hydrostatic test water from oil terminals which discharge to surface or ground waters;
- **Individual Groundwater Permit** for tank bottom wastewater discharges to groundwater of the state. Contact the groundwater permit program at 410-537-3778.

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 11-HT 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

- (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 – 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.

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SECTION II (continued): Facility Information

(I) Mailing Address

City	State	ZIP Code
(J) Latitude	Longitude	(K) Has this facility registered under any other NPDES permit? (e.g., 06HTXXXX?) (Provide numbers below)

SECTION III: Discharge Information

(L) Select all eligible discharges for which you require authorization:

Provide additional information as required, look on the back of this form for instructions

☐ **Treated tank bottom wastewater** from petroleum storage tanks to surface waters

☐ Wastewater from **disinfection** or **hydrostatic testing** of pipes, pipelines or tanks
 (see !! on back)

Material previously stored: _____

Disinfecting agent: _____

Chlorinated test water: ☐ Yes ☐ No

Is chemical dechlorination performed? ☐ Yes ☐ No

Provide POC & phone number: _____

NOTE: Include an approximate schedule of discharges with this form.

☐ Wastewater from **draining or flushing of fire control systems**

☐ **Potable water system**

Provide POC & phone number: _____

NOTE: Include an approximate schedule of discharges with this form.

Is cleaning performed? (see !!! on back) complete the following

Type of cleaning is: ☐ Mechanical Cleaning ☐ Super chlorination:

Material previously stored: _____

Disinfecting agent: _____

Chlorinated test water: ☐ Yes ☐ No

Is chemical dechlorination performed? ☐ Yes ☐ No

☐ **Untreated water in excess of 10,000 gpd** from water storage or distribution systems

☐ **Storm water** from aboveground Petroleum Storage Tank containment structures

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SECTION II (continued)

- (I) Provide facility mailing address – enter “same” if the mailing address does not differ from the information in Section I(C).

- (J) Provide latitude and longitude of the discharge/outfalls requesting to be permitted.

To obtain coordinates from a United States Geological Survey (USGS) quadrangle or topographic map access <http://www.geocode.com> and conduct a search based on the facility street address; or, US EPA maintains a web site (<http://cfpub.epa.gov/npdes/stormwater/latlong.cfm>) to obtain a project site's longitude and latitude by: (1) scroll down to the heading titled "Internet Citing Tools", and select the provided link; (2) enter the requested information to open the area map corresponding to your project site (the subsequent viewed image can be moved by pressing an appropriate directional arrow); (3) once the highest zoom setting is selected, an aerial photograph will be shown; and (4) place and click the cursor on the desired location on the photograph, and the latitude and longitude be displayed below the photograph.

- (K) Identify any previously obtained NPDES permit (individual or general). If applicable, include the permit number. (e.g., 06HTXXXX, where XXXX is the unique 4 digit registration number under the now expired tanks, pipes and other containment structures “06HT” permit)

- (L) Identify the type of discharge you wish to gain authorization for. You must select from the eligible discharges established in the General Permit, Part I, Section B.

!! Marking this box means you discharge wastewater from the disinfection or hydrostatic testing of pipes, pipelines or tanks. In addition to submitting a schedule of such discharges, provide the name of the person (Point of Contact - POC) that will be able to provide information with regard to the scheduled discharges. Provide the name of the material that was being stored or transported in the pipe, pipeline, or tank. Provide the name of the product being used as a disinfection agent and specify if the disinfection/test water source has been chlorinated or comes from a chlorinated water supply. Identify if chemicals will be used in the dechlorination process (e.g., sodium thiosulfate, etc.)

⚠ Marking this box means you discharge wastewater from potable water systems resulting from the overflow, flushing, disinfection, hydrostatic testing, mechanical cleaning, or dewatering of vessels or structures used to store or convey potable water. Provide the type of cleaning that is applicable to the system. Provide the name of the product being used as a disinfection agent and specify if the disinfection/test water source has been chlorinated or comes from a chlorinated water supply. In addition to submitting a schedule of such discharges, provide the name of the person (Point of Contact - POC) that will be able to provide information with regard to a schedule of discharges. **Note, if previous use of tank/pipe/pipeline was a petroleum product, complete section for disinfection or hydrostatic testing.**

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SECTION III: Discharge Information (continued)

(M) Volume discharged per event? gallons	Duration of discharge: Hours Days Month	Single Event? ☐ Yes ☐ No
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(N) Identify the type of receiving water: ☐ Groundwater (e.g., injection or ground saturation) **OR**

☐ Surface Water (Name) _____

SECTION IV: Permit Fee

Average Daily Discharge Volume (Gallons Per Day)	Indicate initial fee submitted	
0 < 1,000	\$175	☐
1,000–5000	\$250	☐
5001-50,000	\$325	☐
50,001-100,000	\$500	☐
100,001-250,000	\$950	☐
250,001-1,000,000	\$2000	☐
>1,000,000	\$4000	☐
Public Water System (state, county or municipal owned and operated)	(exempt from fee)	☐

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 submitting false information, including the possibility of fine and imprisonment for knowing violations."

Facility Representative Signature	Date

Facility Representative Name/Title: Typed or Printed

Submit completed form along with FEE to:

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

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SECTION III (continued)

- (M) Identify the volume of water to be discharged in gallons. Provide an approximation of the typical duration of the discharge in a measurement of time. Typically the measurements can be provided in hours, days, months, in addition to the use of > or < symbols. Also, specify if this is a single event.
- (N) 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., Cambridge Creek).

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 (or system) 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)	Year One Fee	Fee for subsequent years
0 < 1,000	\$175	See COMAR 26.08.04.09-1 (G)
1,000–5000	\$250	
5001-50,000	\$325	
50,001-100,000	\$500	
100,001-250,000	\$950	
250,001-1,000,000	\$2000	
>1,000,000	\$4000	

Discharges from tanks, pipes, and other liquid containment structures associated with drinking water supplies are exempt from the permit fee.

SECTION V: 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 and fee to MDE via the address provided; 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.