

MARYLAND DEPARTMENT OF THE ENVIRONMENT

1800 Washington Blvd. • Baltimore Maryland 21230
(410) 537-3000 • 1-800-633-6101 • <http://www.mde.state.md.us>

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
APPLICATION FOR PERMIT TO DISCHARGE
STATE OF MARYLAND SHORT FORM FOR MUNICIPAL
WASTEWATER DISCHARGE TO SURFACE WATERS, <0.1 MGD

FOR MDE USE ONLY

State Permit No. _____ NPDES No. _____
Facility No. _____ Date Received _____
Watershed Name/Code _____

1. Name of facility: _____

2. Is this a renewal of an existing NPDES permit? yes OR no

If "YES", list

A. NPDES Permit No. MD00

B. State Permit No. -DP-

C. Expiration Date _____

3. Name of Owner or Organization Responsible for Facility: _____

A. Mailing Address _____

B. Street Address _____

C. City _____ D. County _____ E. State _____

F. Zip _____ G. Telephone No. _____ H. Fax No. _____

I. Contact Person _____ J. Title _____

K. Organization's Federal Tax Identification or Individual's Social Security Number: *(required for renewals)* _____

L. Workers' Compensation Insurance Policy or Binder Number: _____ Name of Provider: _____

4. Facility Information

A. Street Address _____

B. City _____ C. County _____ D. Legislative District _____ E. State _____

F. Zip _____ G. Telephone No. _____ H. Fax No. _____

I. Name of receiving water: _____ *(Submit county or U.S.G.S map showing actual point of discharge)*

J. Latitude/Longitude of Discharge Point _____ ° _____ ' _____ " / _____ ° _____ ' _____ "

K. Design Flow (average daily) _____ MGD or GPD *(Circle one)*

L. Five-Year Projected Flow (average daily) _____ MGD or GPD *(Circle one)*

M. Five-Year Projected Population _____

N. Discharge Type: Planned , Intermittent , OR Continuous

O. Check months during which discharges occur: Year Round OR

Jan. Feb. Mar. Apr. May June July Aug. Sept Oct. Nov. Dec.

For discharge into tidal rivers and estuaries:

i) Number of diffusers _____ ii) Diameter of diffusers _____ in. iii) Spacing of diffusers _____ ft.

iv) Diameter of outfall pipe _____ ft. v) Distance from mean water level to top of diffuser _____ ft, and outfall _____ ft, respectively.

vi) Distance from shoreline to discharge point _____ ft.

Q. Do you receive industrial waste? yes OR no

If "YES", enter approximate number of industrial dischargers into system and total industrial flow

(Attach an additional page, if necessary, listing name, address, and flow for each industrial discharger)

R. Type of collection sewer system:

i) Separate sanitary, ii) Combined sanitary and storm, OR iii) Both separate and combined sewer system

S. Method(s) of Wastewater Treatment:

i) Conventional Septic System: ii) Advanced Septic System: iii) Lagoon System:

iv) Activated Sludge: v) Extended Aeration: vi) Contact Stabilization: vii) SBR: viii) RBC:

ix) Oxidation Ditch: x) Sand Filter: xi) Trickling Filter: xii) BNR: xiii) ENR:

xiv) Other (describe): _____

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5. List any point sources such as pumping stations with overflow structures or other sewer overflow structures that represent potential overflows discharging untreated wastewater into the water of the State.

Point Source	Diameter of Point of Source Pipe	Receiving Stream

6. Signatory Authority

Applications for a State Discharge Permit be signed by a responsible official in accordance with COMAR 26.08.04.01-1B(5): for a proprietorship, by the proprietor; for partnerships, by a general partner; for corporations, by the principal executive officer, or authorized representative; for municipal, state, or other public facility; by principal executive officer, ranking elected official, or other authorized employee.

If the facility is owned by one party and leased to another, please identify both parties and have the appropriate representatives of both parties sign this application. Attached additional sheets as needed. If the facility is owned by a business entity, please identify the resident agent and principal executive officer, with their complete addresses, on this application. Please indicate if the facility is owned by a:

Sole Proprietorship , Partnership , Corporation , OR Public Facility

RESIDENT AGENT FOR CORPORATION:

Name _____

Street _____

City _____ County _____ State _____ Zip _____

I CERTIFY THAT THE INFORMATION CONCERNING OWNERSHIP OF THIS FACILITY IS ACCURATE. I AM RESPONSIBLE FOR THE OPERATION OF FACILITY, FOR SATISFYING THE REQUIREMENTS OF THIS DISCHARGE PERMIT, AND ANY CIVIL OR CRIMINAL PENALTIES INCURRED DUE TO VIOLATIONS OF THIS PERMIT, AS SET FORTH IN MARYLAND AND/OR FEDERAL LAWS AND REGULATIONS.

(Print or type name or person signing)/(Title)

(Signature of applicant)/(Date signed)

7. Notices

18 U.S.C. Section 1001 provides that:

Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious, or fraudulent statements or representations; or makes or uses any false writing or document knowing same to contain any false, fictitious, or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years, or both.

Privacy Act Notice: This notice is provided pursuant to the Federal Privacy Act of 1974, U.S.C Section 552a. Disclosure of your organization's Federal Tax Identification number or your personal Social Security number with this application is mandatory pursuant to the Maryland Environment Article, Section 1-203 (2003), which requires MDE to verify that applicants for the renewal of permits or licenses have paid all undisputed taxes and unemployment insurance. This information will not be used for any purposes other than those described in this Notice.

SUBMITTAL OF APPLICATION

Submit one signed original to:

**Maryland Department of the Environment
Municipal Surface Discharge Permits
1800 Washington Boulevard; Suite 455
Baltimore, Maryland 21230-1720**

Retain a copy of this application for your records.