

**MARYLAND DEPARTMENT OF THE ENVIRONMENT**

General Permit For Discharges from Marinas Including Boat Yards and Yacht Basins  
 Notice of Intent (NOI) for Maryland General Permit No. 16-MA

**DISCHARGE PERMIT NO. 16-MA-0000 NPDES PERMIT NO. MDG99****SECTION I: Facility Operator Information**

<b>(A) Owner/Operator Name</b>		
<b>(B) Primary Contact Name</b>	Title	
Telephone Number	Email Address	
<b>(C) Mailing Address</b>		
Street		
City	State	ZIP Code
<b>(D) IRS Employer Identification Number (EIN)</b>	<b>(E) Ownership Type - check below</b>	
	<input type="checkbox"/> Private	<input type="checkbox"/> Federal <input type="checkbox"/> State/Local
<b>(F) Worker's Compensation Insurance:</b>	Insurance Company Name	Policy Number

**SECTION II: Facility Information (SIC 4493)**

<b>(A) Name of Facility</b>			
<b>(B) Facility Address (if different than your mailing address)</b>			
Street			
City	State	ZIP Code	County
	MD		
<b>For MDE use only:</b>	<b>Facility #</b>	<b>Receipt #</b>	<b>Date:</b>
PCA 13710	Comp Object 5710		

## MARYLAND DEPARTMENT OF THE ENVIRONMENT

General Permit For Discharges from Marinas Including Boat Yards and Yacht Basins  
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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 Marinas Including Boat Yards and Yacht Clubs identified by Standard Industrial Classification Code (SIC) 4493. 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 II (continued): Facility Information

<b>(C)</b> Latitude  (in decimal degrees)	Longitude  (in decimal degrees)	<b>(D)</b> <input type="checkbox"/> Check here if you a new discharger.  If not a new discharger, provide the previous registration (e.g., 10MA1234)
<b>(E)</b> Total property size (in acres)		<b>(F)</b> <input type="checkbox"/> Check if your facility is inactive and unstaffed.
<b>(G)</b> Identify the 8 digit identifier(s) and name(s) of the receiving water(s) – see <i>instructions on Page 5</i> .  ,		
Identify which of these impairments have been identified for the receiving water(s). (Category 4a, 4b, 4c, or 5 waterbodies)	<input type="checkbox"/> Bacteria <input type="checkbox"/> Biological <input type="checkbox"/> Ions <input type="checkbox"/> Metals <input type="checkbox"/> Nutrients <input type="checkbox"/> PCBs	<input type="checkbox"/> Pesticides <input type="checkbox"/> pH <input type="checkbox"/> Stream Modifications <input type="checkbox"/> Sediments <input type="checkbox"/> Toxics <input type="checkbox"/> Trash
<input type="checkbox"/> Check here if any of the receiving water(s) are listed as high quality (Tier 2)		
Identify your local MS4 jurisdiction or N/A if your facility is not within an MS4: _____		
<b>(H)</b> What maintenance activities are performed in an exposed (non-enclosed) area? <i>check all that apply</i>		
<input type="checkbox"/> Motor repair	<input type="checkbox"/> Painting	<input type="checkbox"/> Grinding
<input type="checkbox"/> Sand / Soda Blasting	<input type="checkbox"/> Chemical Stripping	<input type="checkbox"/> Scraping
<input type="checkbox"/> Sanding	<input type="checkbox"/> Pressure washing	<input type="checkbox"/> Railway
<b>(I)</b> Boat access to water provided by	<input type="checkbox"/> Ramp	<input type="checkbox"/> Lift

### SECTION III: Stormwater Pollution Prevention Plan (SWPPP) and Monitoring

The 16MA permit does require you to evaluate and implement specific control measures. It requires you to perform quarterly visual monitoring and annual comprehensive site compliance evaluation. It requires you to update your SWPPP to encompass the new controls required and provide this in conjunction with your NOI, and then keep an updated SWPPP onsite.

<b>(A)</b> Has the SWPPP been prepared in advance of filing this NOI, as required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>(B)</b> Stormwater Pollution Prevention Plan (SWPPP) Primary Contact (if different than section I.B)	
Name	
Title	
Telephone Number	Email Address
SWPPP Delivery Method (URL, email, etc.)	

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**SECTION IV: Discharge Information**

**(A)** Identify by outfall the type of wastewater (excluding non-industrial runoff) your facility discharges, or proposes to discharge, to waters of the State (onto the ground or to surface waters)?

**Provide Detail Information: (Attach a separate list if necessary)**

List all of outfalls from your facility. Each outfall must be identified by a unique 3-digit ID (e.g. 001, 002).		Boat Bottom Pressure Wash Water	Collected Bilge Water
<b>Outfall 001</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Latitude In degrees decimal		<input type="checkbox"/> No	<input type="checkbox"/> No
Longitude In degrees decimal			
<b>Outfall 002</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Latitude In degrees decimal		<input type="checkbox"/> No	<input type="checkbox"/> No
Longitude In degrees decimal			
<b>Outfall 003</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Latitude In degrees decimal		<input type="checkbox"/> No	<input type="checkbox"/> No
Longitude In degrees decimal			

**(B)** How do you treat the discharge(s)?

**(C)** Check the box declaring that you are not using soaps or detergents in boat bottom (or dock) washing.

**(D)** If you do not discharge wastewater from your facility, what alternate method of wastewater disposal you use (e.g. closed loop treatment system or connection to a sanitary sewer)?

**(E)** What is your average flow per outfall (in gallons [circle] daily monthly annually)?

**Outfall 001:** \_\_\_\_\_ **Outfall 002:** \_\_\_\_\_ **Outfall 003:** \_\_\_\_\_

**(F)** Do you wash docks at your marina?  Yes  No

Do you use chlorinated potable water for washing in excess of 350 gallons per pier?  Yes  No

**(G)** Do you offer a pump-out services at your facility?  Yes  No

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### SECTION V: Permit Fee

Number of Slips	Check NOI fee submitted	
State or local government owned marinas	No Fee	<input type="checkbox"/>
Fewer than 10	\$100	<input type="checkbox"/>
10 or more but fewer than 50	\$200	<input type="checkbox"/>
50 or more but fewer than 100	\$300	<input type="checkbox"/>
100 or more but fewer than 200	\$400	<input type="checkbox"/>
200 or more	\$500	<input type="checkbox"/>

### SECTION VI: 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***

# MARYLAND DEPARTMENT OF THE ENVIRONMENT

NOI for Permit No. 16-MA, NPDES Permit No. MDG99

## FORM INSTRUCTIONS

### **WHO MUST FILE**

The operator of a facility that is requesting to discharge water from marinas including boat yards and yacht basins must submit a Notice of Intent (NOI) to obtain coverage under the National Pollutant Discharge Elimination System (NPDES) General Discharge Permit No. 16-MA. This permit provides coverage to establishments identified by primary Standard Industrial Classification (SIC) code 4493, which typically rent boat slips, store boats, and generally perform a range of other boating services including cleaning and incidental repair. Any facility fitting the above category which provides or allows boat maintenance (including boat rehabilitation, mechanical repairs, painting, fueling, and lubrication), or equipment cleaning operations (i.e. pressure washing of boat bottoms) requires a discharge permit for stormwater. The retail sale of fuel alone at marinas, without any other boat maintenance or equipment cleaning operations, is not grounds for coverage under the Federal/State stormwater permit regulations.

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 stormwater discharges from industrial facilities identified in Section II of this form. Authorization to discharge begins upon notification of registration by MDE. The permit is available using this link <http://9nl.at/MD-MAGP> or 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 of the Primary Contact; title of Primary Contact; Primary Contact phone number; Primary Contact e-mail address.
- (C) Provide the primary facility contact mailing address; city; state; zip. 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 county or city associated with mailing address.
- (C) Provide latitude and longitude of the discharge/outfalls requesting to be permitted. 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 at this URL: <http://www.wikihow.com/Find-the-GPS-Coordinates-of-an-Address-Using-Google-Maps>. We require the coordinates be in degrees decimal. An example of this for Maryland Department of the Environment at 1800 Washington Blvd, Baltimore, MD would be latitude of 39.276027, longitude of -76.644779.
- (D) Identify if you are a new discharger, or previously covered under another permit. Identify any previously obtained NPDES permit (general or individual) for your stormwater discharges. If applicable, include the permit number. (e.g., 10MM1234 general permit or 12DP1234 individual permit, where 1234 was the unique 4 digit designation for your coverage).
- (E) Provide the total property size at the address, including both the industrial and non-industrial portions of your property (e.g., 2 acres).
- (F) Indicate whether your facility is currently inactive and unstaffed (Part V.A.4 of the permit). Note that if your facility becomes inactive and unstaffed during the permit term, you must notify the Department immediately.
- (G) This section is to verify information about where the stormwater is discharged. Identify the name(s) and 8 digit identifier of the receiving stream or water (e.g., Gwynns Falls 02130905), using the Department's "FindMyWatershed" tool at this link <http://9nl.at/MD-Watershed>. When using they "FindMyWatershed" tool

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type in your address, and then place your mouse at your discharge points and left-click to bring up the identifier and receiving water. To verify if receiving waters are impaired (Category 4a, 4b, 4c, or 5 water bodies), use the Departments "Integrated Report Water Quality Assessment Maps" at this link <http://9nl.at/MD-Impaired> and review each of the impairments provided on that website (bacteria, biological, ions, metals, nutrients, PCBs, pesticides, pH, stream modifications, sediments, toxics or trash) for your facility location. When looking at each of the maps, you can use the Legend Button on the upper right side of the map to identify what each color or shading means. An alternative method is provided through Maryland's Searchable Integrated Report Database available at [http://bit.ly/MDE\\_SearchableReport](http://bit.ly/MDE_SearchableReport).

To verify if the receiving waters are designated as high quality waters, use the Department's "Tier 2" tools at this link <http://9nl.at/MD-Tier2> to locate your facility location and identify if the stream or catchment are categorized as Tier 2. The "Tier 2" tools have shaded areas that indicate where waters are designated as high quality or Tier 2 waters.

If your facility discharges to a municipal storm sewer system (MS4), you are required to contact the jurisdiction. Local storm sewer systems under NPDES permits are listed at: <http://9nl.at/MD-MS4>. If you are uncertain of the MS4 operator, contact your local government department of public works for that information.

- (H) Check-off which maintenance activities are performed in an exposed (non-enclosed) area.
- (I) Identify how boats are able to gain access to the water (i.e. ramp or lift).

### **SECTION III: Stormwater Pollution Prevention Plan (SWPPP) and Monitoring**

- (A) Preparation and delivery of the SWPPP is required prior to the submittal of the NOI. Indicate how you are providing your SWPPP to the Department, either online with appropriate URL (provide your URL in the space on the form), by email, or other methods provided in the permit.
- (B) Also, identify the name, telephone number, and email address of the person who will serve as a contact for the Department on issues related to stormwater management at your facility. This person should be able to answer questions related to stormwater discharges, the SWPPP and other issues related to stormwater permit coverage, or have immediate access to individuals with that knowledge.

### **SECTION IV: Discharge Information**

- (A) Review the summary table below in order to check the appropriate box (es) in the table in section IV where you must provide information for each of the outfalls on site. Identify what type of wastewater (stormwater) is being discharged from your facility through a particular outfall (i.e. wash water from pressure washing of boats, non-contact cooling water, bilge water). Provide latitude and longitude for each outfall.
- (B) Indicate the type of wastewater treatment performed for each type of discharge (settling, centrifuge, coagulation, oil water separator, etc.).
- (C) Any boat bottom wash water containing soaps or any detergents, regardless whether they are labeled 'biodegradable' or 'green' is prohibited. By marking the box you declaring that you are no using sops or detergents in boat bottom washing.
- (D) If your facility generates wastewater from a permitted activity but doesn't discharge to the waters of the State, then indicate the alternate method of wastewater disposal (indicate if a facility is connected to a closed loop recycle system or sanitary sewer, etc.).
- (E) Provide an estimate of the discharge volume in gallons. Please use consistent units for reporting flow at all outfalls listed in Section IV (e.g. gallons per day, gallons per month, or gallons per year).
- (F) Indicate if you wash docks at your marina. If yes, indicate if you use chlorinated potable water for washing in excess for 350 gallons per pier per day.
- (G) Indicate if your facility offers pump out services.

### **SECTION V: Permit Fee**

Indicate the amount sent with this NOI. The number of slips at a facility is the sum of all spaces available to the facility for boat dockage/ mooring. There is no fee for the government owned facilities.

### **SECTION VI: Certification**

Signatures and Certifications are detailed in the permit Part II.C. Individuals who discharge to waters of the State

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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 and your SWPPP has been received.

### **HOW TO SUBMIT:**

Send the completed NOI and fee (see permit) to **Maryland Department of the Environment, P.O. Box 2057, Baltimore, MD 21203-2057** and provide the SWPPP in one of the allowed formats (Part II.A.3. of the permit). You must ensure that the form is completely filled out and payment is enclosed, and the SWPPP follows all permit requirements and is successfully provided to the Department. 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.