MARYLAND DEPARTMENT OF THE ENVIRONMENT

1800 Washington Boulevard, Ste 455 • Baltimore MD 21230
410-537-3323 • http://www.mde.maryland.gov

Application Form MDE/WMA/PER.065

Small Aquaculture Facilities
NPDES Permit Application

Note: Complete this form in addition to Form 1, for smaller aquaculture operations that do not require Form 2B. Form 2B is required for concentrated aquatic animal production (CAAP) facilities.

This form includes hatcheries, fish farms, or other facilities that contain, grow, or hold aquatic animals including from the following:

1. A Business or government owned operation that raises fish, oysters, crabs, or other aquatic organisms for consumption or restocking streams or lakes, including native fish hatcheries and rearing facilities. (Note: crab shedding operations, or flow-through operations that do not feed shellfish are not required to apply or to have a discharge permit);

2. Operations which are public aquarium facilities or laboratories which use ponds, raceways, aquariums or other similar structures;

3. Businesses which raise aquatic organisms for sale as pets;

4. Or as directed by MDE at their sole discretion.

FORM PER 065—INSTRUCTIONS

Where to File Your Completed Form
Send the original, hardcopy, completed NOI to:

Maryland Department of the Environment
Wastewater Permits Program
1800 Washington Blvd, Suite 455
Baltimore, MD 21230

You must ensure that the form is completely filled out, follows all permit requirements, any of the required supporting documentation has been included, and is successfully provided to the Department. Your 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.

Public Availability of Submitted Information
Maryland Department of the Environment (MDE) will make information from NPDES permit application forms available to the public for inspection and copying upon request. You may not claim any information on Form PER.065 (or related attachments) as confidential.
You may make a claim of confidentiality for any information that you submit to MDE that goes beyond the information required by the form. Note that NPDES authorities will deny claims for treating any effluent data as confidential. If you do not assert a claim of confidentiality at the time you submit your information to MDE, MDE may make the information available to the public without further notice to you.

Completion of Forms
Print or type in the specified areas only. If you do not have enough space on the form to answer a question, you may continue on additional sheets, as necessary, using a format consistent with the form.
Do not leave any response areas blank unless the form directs you to skip them. If the form directs you to respond to an item that does not apply to your facility or activity, enter “NA” for “not applicable” to show that you considered the item and determined a response was not necessary for your facility.
MDE will consider your application complete when it and any supplementary material are received and completed according to the authority’s satisfaction. MDE will judge the completeness of any application independently of the status of any other permit application or permit for the same facility or activity.

Instructions
Section 1. Owner/Operator Contact Information

- Provide the name, title, telephone number, and email address of the owner/operator of the facility/business.
- Provide the complete mailing address of the owner/operator of the facility/business.
- Provide the legal name and location (complete mailing address) of the facility.
- Provide a topographic map of the geographic area in which the facility is located, showing the specific location of the production area(s). On each map, include the map scale, a meridian arrow showing north, and latitude and longitude to the nearest second. Latitude and longitude coordinates may be obtained in a variety of ways, including use of handheld devices (e.g., a GPS enabled smartphone), internet mapping tools, geographic information systems (e.g., ArcView), or paper maps from trusted sources (e.g., USGS). On all maps of rivers, show the direction of the current. In tidal waters, show the directions of ebb and flow tides.You may develop your map by going to the United States USGS’s National Map website at http://nationalmap.gov/. You may also use a plat or other appropriate map. Briefly describe land uses in the map area (e.g., residential, commercial.). Note that you have completed your topographic map and attached it to the application.

Section 2. Facility and Discharge Information

- Item A. Provide the maximum daily, maximum 30-day, and maximum average monthly discharge at the facility by outfall number. Outfall numbers should correspond with the outfall numbers provided on the map submitted in Section 1. Values given for flow should be representative of your normal operation. The maximum daily flow is the maximum measured flow occurring over a calendar day. The maximum-30 day flow is the maximum daily flow measured over a 30-day period. The maximum average monthly flow is the average of measured daily flow over the calendar month of highest flow.
- Item B. Indicate the number of ponds, raceways, net pens, submerged cages, or similar structures at your facility that result in discharges to waters of the State.
- Item C. Provide the name of the associated receiving water and intake water source.
- Item D. List the species of fish or aquatic animals held and fed at your facility. Distinguish between cold-water and warm-water species. The names of fish species should be proper, common, or scientific names as given in Special Publication 34 of the American Fisheries Society, *Common and Scientific Names of Fishes from the United States, Canada, and Mexico*. For each species, provide the total harvestable weight in pounds (lbs.) for a typical calendar year. Also indicate the maximum weight present at any one time at your facility. If yours is a facility where there is no harvesting (e.g. a public aquarium), please enter "N/A" for harvestable weight.
- Item E. Indicate the maximum monthly pounds of food given at your facility. Also indicate the month given. The amounts should be representative of your normal operations.

Section 3. Signature and Certification Statement

- Provide the name and title of the signatory for the application.
- This application must be signed and dated by the signatory to be considered complete. The signatory must be as follows:
    - For a corporation: By a responsible corporate officer. For the purpose of this section, a responsible corporate officer means:
        - 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
        - the manager of one or more properties belonging to the owner, provided the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where 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, respectively; or
    - For a municipality, 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:
        - the chief executive officer of the agency; or
        - 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).

The Clean Water Act provides for severe penalties for submitting false information on this application form. CWA Section 309(c)(2) provides that, "Any person who knowingly makes any false statement, representation, or certification in any application, …shall upon conviction, be punished by a fine of no more than $10,000 or by imprisonment for not more than six months, or both."

MARYLAND DEPARTMENT OF THE ENVIRONMENT

1800 Washington Boulevard, Ste 455 • Baltimore MD 21230
410-537-3323 • http://www.mde.maryland.gov

APPLICATION FOR A DISCHARGE PERMIT FOR AQUACULTURE FACILITIES

Name of Facility: _____

Facility Address: _____

Name of Primary Contact: _____

Title: _____

Mailing Address: _____

Telephone: _____ e-mail: _____

☐ Confirm map is included showing location of facility and point(s) of discharge.

A. For each outfall give the maximum daily flow, maximum 30-day flow, and the long-term average flow.

1. Outfall No.	2. Flow *(gallons per day)*		
	a. Maximum Daily	b. Maximum 30 Day	c. Long Term Average

B. Indicate the total number of ponds, raceways, and similar structures in your facility.

1. Ponds		2. Raceways		3. Other	

C. Provide the name of the receiving water and the source of water used by your facility.

1. Receiving Water	2. Water Source

D. List the species of fish or aquatic animals held and fed at your facility. For each species, give the total weight produced by your facility per year in pounds of harvestable weight, and give the maximum weight present at any one time.

1. Cold Water Species			2. Warm Water Species		
a. Species	b. Harvestable Weight *(pounds)*		a. Species	b. Harvestable Weight *(pounds)*	
	(1) Total Yearly	(2) Maximum		(1) Total Yearly	(2) Maximum

E. Report the total pounds of food during the calendar month of maximum feeding.

1. Month		2. Pounds of Food	

Signature: COMAR 26.08.04.01.D.(5) requires that applications for a State discharge permit be signed by a responsible official as indicated: For corporations, by principal executive officer or authorized representative; for partnerships, by a general partner; for proprietorship, by the proprietor; or for municipal, state, or other public facility, by a principal executive officer, ranking elected official, or other authorized employee.

Name and Title (please print): _____

Signature: _____ Date Signed: _____