

# MARYLAND DEPARTMENT OF THE ENVIRONMENT

GENERAL PERMIT Number 23-CT for the DISCHARGE of Composting Toilet Wastewater to Groundwater  
by Land Application

Notice of Intent (NOI) for Permit No. 23-CT

## DISCHARGE PERMIT NO. 23-CT

Submission of this NOI constitutes notice that the party identified in Section I of this form intends to be authorized by a State permit issued for discharges from composting toilets identified in Section II of this form. 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 I: Facility Owner/Operator Information

(A) Owner/Operator Name

(B) Primary Contact Name

Title

Telephone Number

Email Address

(C) Mailing Address

City

State

Zip Code

Email Address

(D) Worker's  
Comp Insurance

Company Name

Policy Number

### SECTION II: Facility/Property Owner's Information

(E) Name of Facility

(F) Facility Address (if different than the mailing address)

City

State

Zip Code

County

(G) Is this: a residence , a business , or other \_\_\_\_\_

(H) Nature of Business (describe briefly, if applicable):

(I) Latitude

Longitude

(J) Environmental Justice Score:

(K) Source of Water Supply:

Individual Private Well

Public/Community Water Supply

Other: \_\_\_\_\_

(L) Do you have an existing composting toilet? Yes  No

(M) Do you have an Existing Groundwater Discharge Permit for composting toilet(s)? Yes  No   
If yes, what is the permit number? \_\_\_\_\_

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## SECTION III: Discharge Information

(N) Discharge Volume (in gallons):

Average:

Maximum:

(O) Number of Composting Toilets:

(P) Type of Vegetation: Grasses  or Other Vegetation

(Q) Composting Toilet Manufacturer:

(R) Minimum Vegetated Land Required for Land Application (in square feet):

## SECTION IV: Supplemental Information:

(S) Site map included  (T) Operation & Maintenance Manual Included

(U) Approval of graywater onsite disposal system included

(V) Designated Operator:

## SECTION V: 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.E. 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 to: **ATTN: Groundwater Discharge Permit Division, WMA-Wastewater Permit Division, Maryland Department of the Environment, 1800 Washington Blvd., STE-455, Baltimore, MD 21230**

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#### **WHO MUST FILE**

The operator of a facility that is requesting to discharge compost toilet wastewater must submit a Notice of Intent (NOI) to obtain coverage under the General Discharge Permit No. 23-CT. If you have a question about whether you need this permit or any State groundwater discharge permit, contact the Maryland Department of the Environment (MDE), Wastewater Permits Program, at 410-537-3778 or at [groundwaterpermits.mde@maryland.gov](mailto:groundwaterpermits.mde@maryland.gov).

Submission of this NOI constitutes notice that the party identified in Section I of this form intends to be authorized by a State permit issued for compost toilet wastewater discharges identified in Section II of this form. Authorization to discharge begins upon notification of registration by MDE. The permit is available using this link <Insert New Link Here> or via MDE's website.

#### **SECTION I: Facility 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 worker's compensation insurance information for the facility identified in this section of the application.

#### **SECTION II: Facility/Property Owner's Information**

- (E) Provide the name of the facility – enter "same" if the name does not differ from the information in Section I (A).
- (F) 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 or cities associated with the mailing address.
- (G) Identify if the composting toilet is located in a residence, a business, or other
- (H) Describe the nature of the business, if applicable, and provide the SIC code.
- (I) 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>.
- (J) Identify the EJ score of the census tract that your operation is within. The EJ score can be found on the MDEnviroScreen tool from this website - <https://mdewwp.page.link/EJ>.
- (K) Provide the source of your water supply – individual private well (groundwater), city/county water (public/community water supply) or some other source not mentioned.
- (L) Indicate whether or not you have an existing composting toilet.
- (M) Indicate whether your facility has an existing municipal groundwater discharge permit for composting toilets. If so, please provide the State discharge permit number.

#### **SECTION III: Discharge Information**

- (N) Provide the volume of the discharge in gallons. Include both the average annual flow and the maximum flow.

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- (O) Provide the number of composting toilets in use on the property.
- (P) Identify the type of vegetation to which the wastewater will be land applied (grasses, trees, etc.). If the wastewater will not be applied to vegetation listed in Appendix E, the permittee may request an alternative land application rate. (see Part III.A.6.b.)
- (Q) Provide the name of the manufacturer of the composting toilet unit (Clivus Multrum, Sun-Mar, etc.).
- (R) Calculate the minimum amount of land required for complete nutrient uptake after land application takes place (See Appendix E for calculations)

#### **SECTION IV: Supplemental Information**

- (S) A site map identifying the Primary and Reserve Land Application Area should be included with the NOI. These areas shall be delineated according to the Compost Toilet Wastewater Land Application Rate Requirement (Part III.A.6.) The site map should provide significant points of reference (i.e., road, building, etc.) near the discharge location.
- (T) Submit the Operation and Maintenance Manual required in Part III.C.1. for review.
- (U) Include a copy of the approval obtained from the local approving authority for a graywater onsite disposal system, if applicable.
- (V) Provide the name of the Designated Operator according to Part III.C.2.

#### **SECTION V: Certification**

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

#### **HOW TO SUBMIT:**

Send the completed NOI to **ATTN: Groundwater Discharge Permit Division, WMA-Wastewater Permit Division, Maryland Department of the Environment, 1800 Washington Blvd., STE-455 Baltimore, MD 21230**. You must ensure that the form is completely filled out and the initial wastewater analysis, MSDS for each additive and a site map is included with your NOI. We will contact you for a site visit after we have received your application.

**NOTE:** Permit coverage will not begin until you receive written confirmation.

**QUESTIONS:** Please contact Jacob Robinson at 410-537-3780 or [groundwaterpermits.mde@maryland.gov](mailto:groundwaterpermits.mde@maryland.gov).