

**MARYLAND DEPARTMENT OF THE ENVIRONMENT**  
**GENERAL PERMIT for DISCHARGES from**  
**SWIMMING POOLS AND SPAS (INCLUDING BAPTISMAL FONTS)**  
**NOI for Permit No. 12-SI**

**DISCHARGE PERMIT NO. 12-SI**

**NPDES PERMIT NO. MDG76**

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 swimming pools and spas (including baptismal fonts) identified in Section II of this form.

\* Instructions are located at the end of form.

Please answer all questions; incomplete requests will be returned.

<b>SECTION I: Owner/Operator Information</b>			
<b>(A) Company Name</b>			
<b>(B) Facility Contact Name</b>		Title	
Telephone Number		Email Address	
<b>(C) Mailing Address</b>			
City	State	ZIP Code	
<b>(D) Federal ID No</b>		<b>(E) Status of Facility (check)</b>	
		<input type="checkbox"/> Private	<input type="checkbox"/> Federal
		<input type="checkbox"/> State/Local	
<b>(F) Worker's Comp Insurance</b>	<i>Company Name</i>		<i>Policy Number</i>
<b>SECTION II: Facility Information</b>			
<b>(G) Name of Facility</b>			
<b>(H) Location Address</b>			
City	State	ZIP Code	County
<b>(I) Indicate when the Pool (s) Operates</b>			
<input type="checkbox"/> Year Around	<input type="checkbox"/> Summer Only (Memorial to Labor Day)		Other

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<b>SECTION II (continued): Facility Information</b>			
<b>(J) Mailing Address</b>			
City	State	ZIP Code	
<b>(K) Latitude</b>	Longitude	<b>(L) Has this facility registered under any other NPDES permit? (e.g., 07SIXXX?) (Provide numbers below)</b>	
<b>SECTION III: Discharge Information</b>			
<b>(M) Complete ALL sections below for each type of eligible discharge. This section shall be completed for EACH outfall for which the pool/spa(s) discharges are directed. If there is more than one outfall/discharge location, attach multiple pages as necessary.</b>			
<b><u>NOTE: If you do not select groundwater or surface water for at least one category, STOP and see the Section III (M) instructions at the end of this form.</u></b>			
Filter backwash wastewater <input type="checkbox"/> Groundwater* <input type="checkbox"/> Surface water <input type="checkbox"/> Sanitary Sewer			
Average discharge (in gallons per day) _____		Chemical(s) used:	
Frequency of discharge: _____		<input type="checkbox"/> Cynauric Acid	<input type="checkbox"/> Chlorine
		<input type="checkbox"/> Bromine	<input type="checkbox"/> Silver
		<input type="checkbox"/> Copper	<input type="checkbox"/> Other _____
Cleaning wastewater <input type="checkbox"/> Groundwater* <input type="checkbox"/> Surface water <input type="checkbox"/> Sanitary Sewer			
Average discharge (in gallons per day) _____		Chemical(s) used:	
Frequency of discharge: _____		<input type="checkbox"/> Cynauric Acid	<input type="checkbox"/> Chlorine
		<input type="checkbox"/> Bromine	<input type="checkbox"/> Silver
		<input type="checkbox"/> Copper	<input type="checkbox"/> Other _____
Draining (Drawdown) and Overflow <input type="checkbox"/> Groundwater* <input type="checkbox"/> Surface water <input type="checkbox"/> Sanitary Sewer			
Total Capacity of Pool / Spa (in gallons) _____		Chemical(s) used:	
Frequency of discharge: _____		<input type="checkbox"/> Cynauric Acid	<input type="checkbox"/> Chlorine
		<input type="checkbox"/> Bromine	<input type="checkbox"/> Silver
		<input type="checkbox"/> Copper	<input type="checkbox"/> Other _____
<b>If surface water was selected for any type of discharge, list the closest receiving stream.</b> <i>This includes any discharges to a storm sewer system.</i> _____			

***\*Before selecting groundwater, please note the Special Instructions section within the Form Instructions***

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Please answer all questions; incomplete requests will be returned.

<b>SECTION IV: Permit Fee</b>			
Private Pool or Spa	\$100	<input type="checkbox"/>	
State, County or Municipal owned <i>and</i> operated Pool or Spa	(exempt from fee)	<input type="checkbox"/>	
<b>SECTION V: Site Map</b>			
Verify site map is included			<input type="checkbox"/>
<b>SECTION VI: Certification</b>			
To be completed by a responsible corporate officer, proprietor, general partner, principal executive officer or ranking elected official, as detailed in the permit.			
<i>"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."</i>			
Facility Representative Signature		Date	
Facility Representative Name/Title: Typed or Printed			
<b>Submit completed form along with FEE to:</b>			
<b>Maryland Department of the Environment</b> <b>P.O. Box 2057</b> <b>Baltimore, MD 21203-2057</b>			
<b>For MDE use only:</b>	<b>Facility #</b>	<b>Receipt #</b>	<b>Date:</b>
<b>PCA 13710   Comp Object 5710   Suffix 411</b>			

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**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 a public pool or spa, including baptismal fonts to waters of the state must submit a notice of intent (NOI) to obtain coverage under the NPDES General Discharge Permit No. 12-SI. 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 swimming pools and spas (including baptismal fonts) 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://bit.ly/12SI\\_Permit](http://bit.ly/12SI_Permit)).

**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 12-SI 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.
- (I) Indicate if your operation operates year around, summer (Memorial Day to Labor Day), or if you have another alternate schedule of operation.
- (J) Provide facility mailing address – enter “same” if the mailing address does not differ from the information in Section I(C).

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**SECTION II (continued)**

- (K) 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.
- (L) Identify any previously obtained NPDES permit (individual or general). If applicable, include the permit number. (e.g., 07SIXXXX, where XXXX is the unique 4 digit registration number under the previous pool and spa "07SI" permit)

**SECTION III: Discharge Information**

- (M) Select eligible discharges (established in the General Permit, Part I, Section B) applicable to your facility from the list for all discharge locations on the property. If multiple discharge locations exist, complete page 3 of 6 for each outfall (as necessary). A photo copy of the label(s) for any algaecide used shall also be submitted with this form. Specify where each type discharge occurs for your facility. If any type of discharge is not applicable to your facility, please attach a note with an explanation.

***NOTE: If you do not discharge to surface water or groundwater for AT LEAST ONE of the types of discharge, DO NOT submit this form. Instead, you should follow all instructions on the "Permit Exemption Form," located on the MDE website ([http://bit.ly/12SI\\_Permit](http://bit.ly/12SI_Permit)). The Department cannot respond to forms which only denote a discharge to the sanitary sewer. Discharges to sanitary sewers are not subject to this permit.***

For all discharges to either groundwater\* or surface water, you must identify:

- 1). Discharge volume expressed in gallons. For the pool drawdown, identify the total volume of all pools draining to the outfall.
- 2). Frequency of discharge (e.g., 3 times per week)
- 3). All types of algaecide or disinfection agent chemicals used - if more than one, identify as such. If the algaecide used is not listed, please select other and list the type.

For all discharges to surface water (including storm sewers), list the closest receiving stream (i.e. Cambridge Creek). If the discharge is to a storm sewer, note that here as well.

**SPECIAL INSTRUCTIONS**

***Groundwater Discharges: The selection of groundwater indicates that there is absolutely zero discharge via runoff to a stream or storm sewer system. It is recommended that you walk the likely runoff path to determine if there will be the potential for it to reach any surface water, including drainage ditches or swales that lead to a stream. In making this determination, it is important to consider that runoff will travel further during wet periods.***

***If you conclude that the discharge may not fully saturate into the ground, it is recommended that you select "surface water," to avoid any potential liability for an unregulated discharge. Additional monitoring for surface water discharges (pages 11-12 of the permit) are minimal, in most cases only requiring a test for chlorine. Permittees are solely responsible for any violations stemming from discharges that are categorized incorrectly as groundwater.***

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**SECTION IV: Permit Fee**

Indicate the amount sent with this NOI form. See COMAR 26.08.04.09-1 (H). Discharges from municipal, county and state facilities are exempt from a permit fee.

**SECTION V: Site Map**

Per Part III - Section A.2 of the permit, a site map is required with submission of application.

**SECTION VI: 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 and all required documentation, including site map, are provided.

**HOW TO SUBMIT:**

Send the completed NOI and fee to:

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

Be sure to 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.