



MARYLAND DEPARTMENT OF THE ENVIRONMENT

17-SI GROUNDWATER NOI EXEMPTION FORM

DISCHARGES FROM SWIMMING POOLS & SPAS

17-SI Permit Webpage: <https://mdewwp.page.link/SIGP>



This form is to be filled out and **maintained on site** by facilities which discharge solely to groundwater and do not use pool additives containing copper or silver and, therefore, are not subject to submission of a Notice of Intent for coverage under General Permit No. 17-SI. See Part III.A of the 17-SI permit for additional details. See Part III.D.2 of the 17-SI permit before concluding discharges occur solely to groundwater. In order to be exempt from submitting a Notice of Intent, you must certify that discharges for **ALL THREE** Discharge Types listed are directed solely to groundwater or are not discharged at all AND that you do not use any pool additives containing copper or silver. If a selection cannot be made for each category, you must submit the 17-SI Notice of Intent and obtain a registration letter for permit coverage prior to any discharge to waters of the state.

If ALL discharges are directed to the sanitary sewer, please refer to Part I.D and Appendix C of the 17-SI Permit.

This form should be made available to any state inspection personnel as a demonstration that the facility recognizes the 17-SI permit and verifies that coverage is not required.

SECTION I: Facility Information

Pool Name

Facility Address

City

State

ZIP Code

MD

Facility Contact Name

Telephone Number

Mailing Address

City

State

ZIP Code

SECTION II: Pool/Discharge Information

Discharge Types

Total Capacity of Pool / Spa:

gallons

A) Draining/drawdown: groundwater only do not discharge/discharge to sanitary sewer

B) Cleaning Wastewater: groundwater only do not discharge/discharge to sanitary sewer

C) Filter Backwash: groundwater only do not discharge/discharge to sanitary sewer

Check here to indicate that you DO NOT use any pool additives containing copper or silver

SECTION III: Certification

To be completed by a responsible corporate officer, proprietor, general partner, principal executive officer or ranking elected official, as detailed in 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 providing false information, including the possibility of fine and imprisonment for knowing violations."*

Facility Representative Signature

Date

Facility Representative Name/Title: Typed or Printed

NOTE TO INSPECTORS: MDE has not reviewed the information presented on this form. If discharges at this facility are determined to flow into surface waters (including storm drains) or pool additives contain copper or silver, please notify MDE-WSA Compliance immediately at (410) 537-3510.