

MARYLAND DEPARTMENT OF THE ENVIRONMENT
 General Discharge Permit for Discharges of Stormwater Associated with
 Industrial Activity No. 20-SW
 Notice of Intent (NOI)

DISCHARGE PERMIT NO. 20-SW-0000

NPDES PERMIT NO. MDR00000

SECTION I: Facility Operator Information

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

SECTION II: Facility Information

(G) Name of Facility			
(H) Facility Address (if different than your mailing address)			
Street			
City		State	ZIP Code
		MD	
			County

For MDE use only:	Facility #	Receipt #	Date:
PCA 13710	Comp Object 5707	Suffix 406	

MARYLAND DEPARTMENT OF THE ENVIRONMENT
NOI for Permit No. 20-SW

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 stormwater associated with industrial activities 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 II (continued): Facility Information

(I) Provide the primary four-digit SIC code that best represents the principal products or activities provided by the facility, and any co-located SIC codes.		
Primary SIC: <input type="text"/>	Co-located SICs: <input type="text"/> , <input type="text"/>	Description of your primary industrial activity:
(J) Latitude (in decimal degrees)	Longitude (in decimal degrees)	(K) <input type="checkbox"/> Check here if you a new discharger. If not a new discharger, provide the previous registration (e.g., 12SW1234)
(L) Total property size <input type="text"/> (in acres)	(M) <input type="checkbox"/> Check if your facility is inactive and unstaffed.	
(N) Identify the 8 digit identifier(s) and name(s) of the receiving water(s). , ,		
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 your facility is required to preform impaired water monitoring based on your selection above.	
<input type="checkbox"/> Check here if any of the receiving water(s) are listed as high quality (Tier 2)		
Check if stream is protected for <input type="checkbox"/> Use III <input type="checkbox"/> Use IV		
Identify your local MS4 jurisdiction or N/A if your facility is not within an MS4:		

SECTION III: Restoration

<input type="checkbox"/>	(O) Check here if your facility is subject to the Chesapeake Bay Restoration Requirements.
<input type="checkbox"/>	Check here if you failed to complete restoration under your previous authorization (12SW).
(P) If you are subject to Chesapeake Bay Restoration Requirements, provide these 3 values:	
Total impervious surface area (square feet)	<input type="text"/>
Untreated impervious surface area (in square feet)	<input type="text"/>
Impervious surface area subject to 20% restoration requirement (in acres)	<input type="text"/>

MARYLAND DEPARTMENT OF THE ENVIRONMENT
 NOI for Permit No. 20-SW

SECTION IV: Discharge Information

Use the table in the instructions to choose the appropriate benchmarks and effluent limitations that apply for the stormwater discharges at each of the outfalls at your facility and fill out the information in the table below:

Outfalls Information: (Attach a separate list if necessary)

Indicate here if the discharge is to Salt or Fresh water.

List all of outfalls from your facility. Each outfall must be identified by a unique 3-digit ID (e.g. 001, 002).		Benchmark Table(s)					
Outfall ID	001	<input type="checkbox"/> A-1	<input type="checkbox"/> C-2	<input type="checkbox"/> F-1	<input type="checkbox"/> L-1	<input type="checkbox"/> S-1	
Latitude (decimal)		<input type="checkbox"/> A-2	<input type="checkbox"/> C-3	<input type="checkbox"/> F-2	<input type="checkbox"/> L-2	<input type="checkbox"/> U-1	
Longitude (decimal)		<input type="checkbox"/> A-3	<input type="checkbox"/> C-4	<input type="checkbox"/> F-3	<input type="checkbox"/> M-1	<input type="checkbox"/> U-2	
* Identical Outfalls		<input type="checkbox"/> A-4	<input type="checkbox"/> D-1	<input type="checkbox"/> F-4	<input type="checkbox"/> N-1	<input type="checkbox"/> Y-1	
		<input type="checkbox"/> B-1	<input type="checkbox"/> E-1	<input type="checkbox"/> I-1	<input type="checkbox"/> Q-1	<input type="checkbox"/> AA-1	
		<input type="checkbox"/> C-1	<input type="checkbox"/> E-2	<input type="checkbox"/> K-1	<input type="checkbox"/> R-1	<input type="checkbox"/> AD-A-1	
						<input type="checkbox"/> AD-D-1	
Outfall ID		<input type="checkbox"/> A-1	<input type="checkbox"/> C-2	<input type="checkbox"/> F-1	<input type="checkbox"/> L-1	<input type="checkbox"/> S-1	
Latitude (decimal)		<input type="checkbox"/> A-2	<input type="checkbox"/> C-3	<input type="checkbox"/> F-2	<input type="checkbox"/> L-2	<input type="checkbox"/> U-1	
Longitude (decimal)		<input type="checkbox"/> A-3	<input type="checkbox"/> C-4	<input type="checkbox"/> F-3	<input type="checkbox"/> M-1	<input type="checkbox"/> U-2	
* Identical Outfalls		<input type="checkbox"/> A-4	<input type="checkbox"/> D-1	<input type="checkbox"/> F-4	<input type="checkbox"/> N-1	<input type="checkbox"/> Y-1	
		<input type="checkbox"/> B-1	<input type="checkbox"/> E-1	<input type="checkbox"/> I-1	<input type="checkbox"/> Q-1	<input type="checkbox"/> AA-1	
		<input type="checkbox"/> C-1	<input type="checkbox"/> E-2	<input type="checkbox"/> K-1	<input type="checkbox"/> R-1	<input type="checkbox"/> AD-A-1	
						<input type="checkbox"/> AD-D-1	
Outfall ID		<input type="checkbox"/> A-1	<input type="checkbox"/> C-2	<input type="checkbox"/> F-1	<input type="checkbox"/> L-1	<input type="checkbox"/> S-1	
Latitude (decimal)		<input type="checkbox"/> A-2	<input type="checkbox"/> C-3	<input type="checkbox"/> F-2	<input type="checkbox"/> L-2	<input type="checkbox"/> U-1	
Longitude (decimal)		<input type="checkbox"/> A-3	<input type="checkbox"/> C-4	<input type="checkbox"/> F-3	<input type="checkbox"/> M-1	<input type="checkbox"/> U-2	
* Identical Outfalls		<input type="checkbox"/> A-4	<input type="checkbox"/> D-1	<input type="checkbox"/> F-4	<input type="checkbox"/> N-1	<input type="checkbox"/> Y-1	
		<input type="checkbox"/> B-1	<input type="checkbox"/> E-1	<input type="checkbox"/> I-1	<input type="checkbox"/> Q-1	<input type="checkbox"/> AA-1	
		<input type="checkbox"/> C-1	<input type="checkbox"/> E-2	<input type="checkbox"/> K-1	<input type="checkbox"/> R-1	<input type="checkbox"/> AD-A-1	
						<input type="checkbox"/> AD-D-1	
Outfall ID		<input type="checkbox"/> A-1	<input type="checkbox"/> C-2	<input type="checkbox"/> F-1	<input type="checkbox"/> L-1	<input type="checkbox"/> S-1	
Latitude (decimal)		<input type="checkbox"/> A-2	<input type="checkbox"/> C-3	<input type="checkbox"/> F-2	<input type="checkbox"/> L-2	<input type="checkbox"/> U-1	
Longitude (decimal)		<input type="checkbox"/> A-3	<input type="checkbox"/> C-4	<input type="checkbox"/> F-3	<input type="checkbox"/> M-1	<input type="checkbox"/> U-2	
* Identical Outfalls		<input type="checkbox"/> A-4	<input type="checkbox"/> D-1	<input type="checkbox"/> F-4	<input type="checkbox"/> N-1	<input type="checkbox"/> Y-1	
		<input type="checkbox"/> B-1	<input type="checkbox"/> E-1	<input type="checkbox"/> I-1	<input type="checkbox"/> Q-1	<input type="checkbox"/> AA-1	
		<input type="checkbox"/> C-1	<input type="checkbox"/> E-2	<input type="checkbox"/> K-1	<input type="checkbox"/> R-1	<input type="checkbox"/> AD-A-1	
						<input type="checkbox"/> AD-D-1	
Outfall ID		<input type="checkbox"/> A-1	<input type="checkbox"/> C-2	<input type="checkbox"/> F-1	<input type="checkbox"/> L-1	<input type="checkbox"/> S-1	
Latitude (decimal)		<input type="checkbox"/> A-2	<input type="checkbox"/> C-3	<input type="checkbox"/> F-2	<input type="checkbox"/> L-2	<input type="checkbox"/> U-1	
Longitude (decimal)		<input type="checkbox"/> A-3	<input type="checkbox"/> C-4	<input type="checkbox"/> F-3	<input type="checkbox"/> M-1	<input type="checkbox"/> U-2	
* Identical Outfalls		<input type="checkbox"/> A-4	<input type="checkbox"/> D-1	<input type="checkbox"/> F-4	<input type="checkbox"/> N-1	<input type="checkbox"/> Y-1	
		<input type="checkbox"/> B-1	<input type="checkbox"/> E-1	<input type="checkbox"/> I-1	<input type="checkbox"/> Q-1	<input type="checkbox"/> AA-1	
		<input type="checkbox"/> C-1	<input type="checkbox"/> E-2	<input type="checkbox"/> K-1	<input type="checkbox"/> R-1	<input type="checkbox"/> AD-A-1	
						<input type="checkbox"/> AD-D-1	

MARYLAND DEPARTMENT OF THE ENVIRONMENT
NOI for Permit No. 20-SW

SECTION V: Environmental Justice and Climate Change Considerations

<input type="checkbox"/>	(Q) Check here if your facility is located within a census tract with an EJScore ≥ 0.76 .
<input type="checkbox"/>	Check here if your operations are within the Base Flood Elevation (BFE).

SECTION VI: Stormwater Pollution Prevention Plan (SWPPP) and Monitoring

The 20-SW permit does require you to evaluate and implement specific control measures and effluent limits. It requires you to perform quarterly visual monitoring, may include numeric limits, benchmark monitoring and reporting for specific industrial sectors. 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.

(R) Has the SWPPP been prepared in advance of filing this NOI, as required? Yes No

(S) 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.)			

SECTION VII: Chemical Additives

(T) Will you use chemical additives? Yes Will you use cationic chemical additives? Yes

The use of any cationic chemical additives, that will mix with stormwater or that might otherwise become part of the effluent discharged, is prohibited without prior approval. To obtain approval, refer submit a signed *Request for Cationic Chemical Additive Form* and refer to the *Use of Treatment Chemicals Guidance Document* for further requirements.

SECTION VIII: Permit Fee Selection

<u>Annual Payment</u> – Select this fee structure if you prefer to pay annually. The first \$120 annual payment shall be submitted with this NOI and then paid annually by July 1 thereafter.	\$120	<input type="checkbox"/>
<u>One-Time Payment</u> – Select this fee structure if you prefer to pay one-time for the term of the permit (until January 31, 2028). Additional annual fees may apply after that time, if the permit is administratively extended. Send check for this amount with this completed NOI.	\$550	<input type="checkbox"/>
Select this if you are State or Local Government.	No Fee	<input type="checkbox"/>

MARYLAND DEPARTMENT OF THE ENVIRONMENT
NOI for Permit No. 20-SW

SECTION IX: 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:	
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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. 20-SW, NPDES PERMIT NO. MDR0
FORM INSTRUCTIONS

WHO MUST FILE

The operator of a facility that is requesting to discharge water from stormwater associated with industrial activity must submit a Notice of Intent (NOI) to obtain coverage under the National Pollutant Discharge Elimination System (NPDES) General Discharge Permit No. 20-SW. 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 <https://mdewwp.page.link/ISW> 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

- (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 county or city associated with mailing address.
- (I) Provide the primary and any co-located four-digit Standard Industrial Classification (SIC) code describing the facility. Also provide a short written explanation of the industrial process category (e.g., scrap recycling of automobiles). The current Department of Labor's - Occupation, Safety and Health Administration (OSHA) website <http://www.osha.gov/pls/imis/sicsearch.html> provides a detailed written description of SIC codes.
- (J) 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: <https://mdewwp.page.link/FindGPS>. 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.
- (K) 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., 12SW1234 general permit or 12DP1234 individual permit, where 1234 was the unique 4 digit designation for your coverage).
- (L) Provide the total property size at the address, including both the industrial and non-industrial portions of your property (e.g., 2 acres).
- (M) 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.
- (N) 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 <https://mdewwp.page.link/MDWatershedMap>. When using they "FindMyWatershed" tool 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 <https://mdewwp.page.link/MDIRMap> and

MARYLAND DEPARTMENT OF THE ENVIRONMENT
NOI for Permit No. 20-SW, NPDES PERMIT NO. MDR00
FORM INSTRUCTIONS

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.

To verify if the receiving waters are designated as high quality waters, use the Department's "Tier 2" tools at this link <https://mdewwp.page.link/Tier2Map> 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.

To verify whether your receiving stream is a Use III or Use IV, use the Department's "Designated Use" map at this link <https://mdewwp.page.link/MDUseMap>.

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: <https://mdewwp.page.link/MDMS4s>. If you are uncertain of the MS4 operator, contact your local government department of public works for that information.

SECTION III: Restoration

- (O) Confirm if your facility is subject to the Chesapeake Bay Restoration Requirements (see below). You must comply with the Chesapeake Bay Restoration Requirements (Part III.A of the permit) if you meet ALL of these criteria: your facility is within the Chesapeake Bay Watershed; your facility is 5 acres or greater in size; any portion of your facility is located within a Phase I or Phase II municipal separate storm sewer system (MS4) jurisdiction; and your facility is not owned by or leased from an entity that is permitted as an MS4.

If you failed to complete restoration in the timeline provided under your previous authorization (12SW). You must contact MDE's compliance program to receive a consent order prior to being registered under the 20SW

To determine if your property is in the Chesapeake Bay Watershed, you can use the results from your assessment above or using the Department's "FindMyWatershed" tool at this link <https://mdewwp.page.link/MDWatershedMap>. Although most of the state is in the Chesapeake Bay Watershed, there are exceptions on the western and eastern sides of the state. The exceptions in western Maryland are those that drain to the Youghiogheny River (eight digit codes 05020201 and 05020202), including Deep Creek Lake (05020203), and areas that drain to the Casselman River (05020204). The exceptions in eastern Maryland are areas that drain to the Christina River (02130607), Isle of Wight Bay (02130103), Assawoman Bay (02130102), Newport Bay (02130105), Chincoteague Bay (02130106), or Sinepuxent Bay (02130104) and areas that drain directly to the Atlantic Ocean (02130101).

Whether you are within the MS4 jurisdiction (e.g. it is located in Frederick County) can be verified by contacting your local government or the Department if you are unsure.

Facilities owned by or leased from an entity that is permitted as an MS4 will perform restoration through the MS4 permit and are therefore not required to do additional work under this permit.

The second question indicates whether restoration was complete under the previous permit. If it wasn't the Department will need to verify if you are meeting the requirements through trading or a consent order. This may delay processing.

- (P) These three values are part of the calculations required in the permit, for those who are subject to the Chesapeake Bay Restoration Requirements.

Total impervious surface area in square feet is determined in the permit Part III.A.2.a.

Untreated impervious surface area in square feet is determined in the permit Part III.A.2.d.

Impervious surface area subject to 20% restoration requirement in acres is determined in the Part III.A.2.e.

MARYLAND DEPARTMENT OF THE ENVIRONMENT
NOI for Permit No. 20-SW, NPDES PERMIT NO. MDR00
FORM INSTRUCTIONS

SECTION IV: Discharge Information

Depending on your industrial activities, your facility may be subject to benchmarks or federal effluent limitation guidelines which include additional effluent limits and monitoring requirements for your facility. 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. If there are any substantially identical outfalls, indicate it in the table by listing the outfall ID(s) in the appropriate box. Some Subsectors have different requirements for discharges into saltwater. To see if your facility discharges into fresh or salt water see COMAR 26.08.03.03-1.

Discharge Type	Table*
SUBSECTOR A1 BENCHMARKS (GENERAL SAWMILLS AND PLANING MILLS FOR SIC 2421)	A-1
SUBSECTOR A2 BENCHMARKS (WOOD PRESERVING FOR SIC 2491)	A-2
SUBSECTOR A3 BENCHMARKS (LOG STORAGE AND HANDLING FOR SIC 2411)	A-3
SUBSECTOR A4 BENCHMARKS (SPECIAL PRODUCTS SAWMILLS, NOT ELSEWHERE CLASSIFIED AND WOOD PRODUCTS FACILITIES NOT ELSEWHERE CLASSIFIED FOR SIC 2426 AND 2499)	A-4
SUBSECTOR B1 BENCHMARKS (PAPERBOARD MILLS FOR SIC CODE 2631)	B-1
SUBSECTOR C1 BENCHMARKS (AGRICULTURAL CHEMICALS FOR SIC 2873-2879)	C-1
SUBSECTOR C2 (INDUSTRIAL INORGANIC CHEMICALS FOR SIC 2812-2819) BENCHMARKS	C-2
SUBSECTOR C3 (SOAPS, DETERGENTS, COSMETICS AND PERFUMES FOR SIC 2841 – 2844) BENCHMARKS	C-3
SUBSECTOR C4 (PLASTICS, SYNTHETICS, AND RESINS FOR SIC 2821-2824) BENCHMARKS	C-4
SUBSECTOR D1 BENCHMARKS (ASPHALT PAVING AND ROOFING MATERIALS SIC 2951, 2952)	D-1
SUBSECTOR E1 BENCHMARKS (CLAY PRODUCT MANUFACTURERS SIC 3251-3259, 3261-3269)	E-1
SUBSECTOR E2 BENCHMARKS (CONCRETE AND GYPSUM PRODUCT MANUFACTURERS SIC 3271-3275)	E-2
SUBSECTOR F1 BENCHMARKS (STEEL WORKS, BLAST FURNACES, AND ROLLING AND FINISHING MILLS FOR SIC 3312-3317)	F-1
SUBSECTOR F2 BENCHMARKS (IRON AND STEEL FOUNDRIES FOR SIC 3321-3325)	F-2
SUBSECTOR F3 BENCHMARKS (ROLLING, DRAWING, AND EXTRUDING OF NONFERROUS METALS FOR SIC 3351-3357)	F-3
SUBSECTOR F4 BENCHMARKS (NONFERROUS FOUNDRIES (SIC 3363-3369)	F-4
SUBSECTOR I1 BENCHMARKS (CRUDE PETROLEUM AND NATURAL GAS; NATURAL GAS LIQUIDS; OIL AND GAS FIELD SERVICES (SIC 1311, 1321, 1381-1389)	I-1
SUBSECTOR K1 BENCHMARKS (ALL - INDUSTRIAL ACTIVITY CODE "HZ". BENCHMARKS ONLY APPLICABLE TO DISCHARGES NOT SUBJECT TO EFFLUENT LIMITATIONS IN 40 CFR PART 445 SUBPART A)	K-1
SUBSECTOR L1 BENCHMARKS - LANDFILLS AND LAND APPLICATION SITES	L-1
SUBSECTOR L2 BENCHMARKS - LANDFILLS AND LAND APPLICATION SITES, EXCEPT MUNICIPAL SOLID WASTE LANDFILL (MSWLF) AREAS CLOSED IN ACCORDANCE WITH 40 CFR 258.60	L-2
SECTOR M BENCHMARKS (AUTOMOBILE SALVAGE YARDS)	M-1
SUBSECTOR N1 BENCHMARKS (SCRAP RECYCLING AND WASTE RECYCLING FACILITIES EXCEPT SOURCE-SEPARATED RECYCLING)	N-1
SUBSECTOR Q1 BENCHMARKS (WATER TRANSPORTATION FACILITIES SIC 4412-4499)	Q-1
SUBSECTOR R1 BENCHMARKS (SHIP AND BOAT BUILDING OR REPAIRING YARDS FOR SIC 3731, 3732)	R-1
SUBSECTOR S1 BENCHMARKS (AIRPORTS USING MORE THAN 100,000 GALLONS OF DEICING GLYCOLS BASED FLUIDS OR 100 TONS OF UREA, ON AN ANNUAL BASIS FOR SIC 4512 - 4581)	S-1
SUBSECTOR U1. GRAIN MILL PRODUCTS (SIC 2041-2048)	U-1
SUBSECTOR U2. FATS AND OILS PRODUCTS (SIC 2074-2079)	U-2
SUBSECTOR Y1 BENCHMARKS (TIRES AND INNER TUBES, RUBBER AND PLASTICS FOOTWEAR, GASKETS, PACKING AND SEALING DEVICES, AND RUBBER AND PLASTIC HOSES AND BELTING, FABRICATED RUBBER PRODUCTS, NOT ELSEWHERE CLASSIFIED FOR SIC 3011, 3021, 3052, 3053, 3061, 3069)	Y-1
SECTOR AA BENCHMARKS (FABRICATED METAL PRODUCTS, FABRICATED METAL COATING AND ENGRAVING, AND ALLIED SERVICES, JEWELRY, SILVERWARE, AND PLATED WARE)	AA-1
SUBSECTOR AD.A1 BENCHMARKS REQUIRED FOR STORMWATER THAT HAS COME INTO CONTACT WITH STREET SWEEPING OR STORM DRAIN INLET CLEANING DEBRIS	AD.A-1
TABLE AD.D-1 - SECTOR AD.D REPORTING (SALT TERMINALS)	AD.D-1

* Please see the referenced tables in Appendix D of the permit.

MARYLAND DEPARTMENT OF THE ENVIRONMENT
NOI for Permit No. 20-SW, NPDES PERMIT NO. MDR00
FORM INSTRUCTIONS

SECTION V: Environmental Justice and Climate Change Considerations

(Q) The first question will determine if you are responsible for additional reporting in areas considered to have an EJ Score equal to or greater than 0.76. You can determine this in two ways.

- 1) By using the KMZ file available on the 20SW website <https://mdewwp.page.link/ISW> opening it in a program like Google Earth and typing in your address. Any facility located in a red shaded area has an EJ score greater than 0.76
- 2) By using the JPEG available <https://mdewwp.page.link/EJMap> and comparing it to your facility location.

The second question relates to whether your operations are in a flood prone area and may require additional consideration in the SWPPP. <https://gisapps.dnr.state.md.us/coastalatl2019/MERLIN/index.html>. Select the floodplain option on the left of the map to see if any portion of your facility operates in a floodplain.

SECTION VI: Stormwater Pollution Prevention Plan (SWPPP) and Monitoring

(R) Preparation and delivery of the SWPPP is required prior to the submittal of the NOI.

(S) 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. 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 VII: Chemical Additives

(T) Confirm whether any Chemical Additives are used in the treatment of water, and whether you use cationic chemical additives (Part III.B.1.b.v) which you are requesting approval for use (Part I.E.5). The use of polymers, flocculants, or other treatment chemicals, including use of cationic treatment chemicals (Part III.B.1.b.v), require that you include documentation in your SWPPP of the appropriate controls and implementation procedures designed to ensure that your use of treatment chemicals will not lead to a violation of water quality standards.

SECTION VIII: Permit Fee

Indicate the amount sent with this NOI form. The permit fee for stormwater discharges associated with industrial activity is \$120 per year if submitted with the NOI and then annually on July 1st thereafter. Alternatively, an upfront payment of \$550 (January 31, 2028). Additional annual fees may apply after that time, if the permit is administratively extended. The fee shall be submitted with the NOI. Local and State Government are exempt from the fee. The annual rate and application fee may change over time, so you are encouraged to check COMAR 26.08.04.09-1 (C) at the time of your application.

SECTION IX: Certification

Signatures and Certifications are detailed in the permit Part II.C. 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.

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.b 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.