

MARYLAND DEPARTMENT OF THE ENVIRONMENT

GENERAL PERMIT Number 18-CT for the DISCHARGE of Composting Toilet Wastewater to Groundwater by Land Application

Notice of Intent (NOI) for Permit No. 18-CT

DISCHARGE PERMIT NO. 18-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 toilet wastewater 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) Federal Employer Identification Number or Individual's Social Security Number

(E) Worker's Comp
Insurance

Company Name

Policy Number

SECTION II: Facility/Property Owner's Information

(F) Name of Facility

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

City

State

Zip Code

County

(H) Is this: a residence [], a business [], or other _____

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

(J) Latitude

Longitude

(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:

SECTION IV: Supplemental Information:

(R) Site map included ☐ (S) Operation & Maintenance Manual Included ☐

(T) Approval of graywater onsite disposal system included ☐

(U) 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.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:

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 composting toilet wastewater must submit a Notice of Intent (NOI) to obtain coverage under the General Discharge Permit No. 18-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.

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 composting 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 <http://clickmeterlink.com/18CT> 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 Federal Employer Identification Number or the owner's Social Security Number.
- (E) Provide worker's compensation insurance information for the facility identified in this section of the application.

SECTION II: Facility Information

- (F) Provide the name of facility – enter “same” if the name does not differ from the information in Section I(A).
- (G) 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 cities associated with mailing address.
- (H) Identify if the composting toilet is located in a residence, a business, or other
- (I) Describe the nature of the business, if applicable, and provide the SIC code.
- (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: <http://www.wikihow.com/Find-the-GPS-Coordinates-of-an-Address-Using-Google-Maps>.
- (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 yearly flow and the maximum flow.
- (O) Provide the number of composting toilets in use on the property.

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(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 grasses, the permittee may request an alternative land application rate. (see Part IV., Section A.6.b.)

(Q) Provide the name of the manufacturer of the composting toilet unit (Clivus Multrum, Sun-Mar, etc.).

SECTION IV: Supplemental Information

(R) 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 Liquids Land Application Rate Requirement (Part IV, Section A.6.) The site map should provide significant points of reference (i.e., road, building, etc.) near the discharge location.

(S) Submit the Operation and Maintenance Manual required in Part IV, Section C.1. for review.

(T) Include a copy of the approval obtained from the local approving authority for a graywater onsite disposal system, if applicable.

(U) Provide the name of the Designated Operator according to Part IV, Section C.2.

SECTION V: 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.

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 Mike Eisner or Tracy Rocca-Weikart at 410-537-3778 or mike.eisner@maryland.gov or tracy.rocca-weikart@maryland.gov.