

**MARYLAND DEPARTMENT OF THE ENVIRONMENT**  
**GENERAL PERMIT Number 12-SW for DISCHARGES from**  
**STORMWATER associated with INDUSTRIAL ACTIVITIES**  
**Notice of Intent (NOI) for Permit No. 12-SW**

**DISCHARGE PERMIT NO. 12-SW      NPDES PERMIT NO. MDR000000**

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.

<b>SECTION I: Facility Operator Information</b>			
<b>(A) Owner/Operator Name</b>			
Anne Arundel County - Department of Public Works - Bureau of Waste Management Services			
<b>(B) Primary Contact Name</b>		Title	
Mark Morris		Environmental Monitoring Manager	
Telephone Number		Email Address	
443-623-0605		pwmorr12@aacounty.org	
<b>(C) Mailing Address</b>			
389 Burns Crossing Road			
City		State	ZIP Code
Severn		MD	21144
<b>(D) IRS Employer Identification Number (EIN)</b>		<b>(E) Check Below</b>	
52-6000-878		<input type="checkbox"/> Private	<input type="checkbox"/> Federal
		<input checked="" type="checkbox"/> State/Local	
<b>SECTION II: Facility Information</b>			
<b>(F) Name of Facility</b>			
Northern Recycling Facility			
<b>(G) Facility Address (if different than your mailing address)</b>			
100 Dover Road			
City		State	ZIP Code
Glen Burnie		MD	21060
County			
Anne Arundel			
<b>(H) Worker's Compensation Insurance</b>		<i>Insurance Company Name</i>	<i>Policy Number</i>
Self Insured		I1339 (See Attached Letter)	
Identify number of above ground storage tanks at your facility		Total volume (in gallons) of above ground storage tanks	
4			*

\*Two (2) 500 Gallon Used Oil, One (1) 400 Gallon Used Oil, and One (1) 300 Gallon Used Antifreeze.

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**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: 5093	Co-located SICs: 4953, ,	Description of your primary industrial activity: Source-Separated Recycling Facility & Closed Landfill
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(J) Latitude 76.6606 (in degrees decimal)	Longitude 39.1861 (in degrees decimal)	(K) <input type="checkbox"/> Check here if you a new discharger. If not a new discharger, provide the previous registration (e.g., 02SW1234)	12SW-0298
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(L) Total property size 151 (in acres) (M)  Check if your facility is inactive and unstaffed.

(N) Identify the 8 digit identifier(s) and name(s) of the receiving water(s).  
02130903 Baltimore Harbor (Furnace Branch)

Identify if any of the receiving water(s) are listed as high quality (Tier 2)

Identify if any of these impairments have been identified for the receiving water(s). (Category 4a, 4b, 4c, or 5 waterbodies)	<input checked="" type="checkbox"/> Bacteria	<input checked="" type="checkbox"/> Pesticides
	<input checked="" type="checkbox"/> Biological	<input type="checkbox"/> pH
	<input type="checkbox"/> Ions	<input type="checkbox"/> Stream Modifications
	<input checked="" type="checkbox"/> Metals	<input checked="" type="checkbox"/> Sediments
	<input checked="" type="checkbox"/> Nutrients	<input type="checkbox"/> Toxics
	<input checked="" type="checkbox"/> PCBs	<input type="checkbox"/> Trash

Identify your local MS4 jurisdiction or N/A if your facility is not within an MS4: Anne Arundel County MS-4

**SECTION III: Stormwater Pollution Prevention Plan (SWPPP) and Monitoring**

The 12SW permit does require you evaluate and implement specific control measures and effluent limits. It requires you to perform quarterly visual monitoring, may include numeric limits in certain watersheds, and 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.

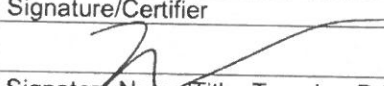
(O) Stormwater Pollution Prevention Plan (SWPPP) Primary Contact

Name	Mark Morris	
Telephone Number	Email Address	SWPPP Provided (URL, email, etc)
443-623-0605	pwmorr12@aacounty.org	Undergoing Revision (See Cover Letter)

(P) Select all the sector's benchmark and electronic reporting that apply to your operations.

- None
- Subsector C1 (Agricultural Chemicals for SIC 2873-2879)
- Subsector C2 (Industrial Inorganic Chemicals for SIC 2812-2819)
- Subsector C3 (Soaps, Detergents, Cosmetics and Perfumes for SIC 2841 – 2844)
- Subsector L1 – Landfill or Land Application Site with refuse disposal or marginal land permit
- Subsector L2 – Landfill or Land Application Site with refuse disposal or marginal land permit, except MSWLF Areas Closed in Accordance with 40 CFR 258.60
- Sector M - Automobile Salvage Yards
- Subsector N1 - Scrap Recycling and Waste Recycling Facility not Source-Separated Recycling
- Subsector U1 - Grain Mill Products (SIC 2041-2048)
- Subsector U2 - Fats and Oils Products (SIC 2074-2079)
- Sector AA - Fabricated Metal Products

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<input type="checkbox"/>	<b>(Q)</b> Check here if your facility is subject to the Chesapeake Bay Restoration Requirements.		
<b>(R)</b> If you are subject to Chesapeake Bay Restoration Requirements, provide these 3 values:			
Total impervious surface area (square feet) .....			
Untreated impervious surface area (in square feet) .....			
Impervious surface area subject to 20% restoration requirement (in acres) .....			
<b>SECTION IV: Permit Fee Selection</b>			
Annual Payment – 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"/>
One-Time Payment – Select this fee structure if you prefer to pay one-time for the term of the permit (until December 31, 2018). 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 checked="" type="checkbox"/>
<b>SECTION V: Certification</b>			
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.			
The permit has specific control measure selection and implementation requirements. The permit has quarterly benchmark and visual monitoring requirements. The permit requires you to perform annual Comprehensive Site Compliance Evaluations, and to document the results with your SWPPP. The permit has triggers and requirements for corrective actions. You should be aware of these and other requirements by thoroughly reviewing 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>			
Signature/Certifier		Date	
		6/18/2018	
Signatory Name/Title: Typed or Printed		Telephone Number	
Rhody Holthaus, Deputy Director		(410) 222-4010	
NOI Preparer (Complete if NOI was prepared by someone other than the certifier)			
<b>Prepared by:</b>		Mark Morris, Environmental Monitoring Manager	
Telephone Number		Email Address	
(443) 623-0605		pwmorr12@aaccounty.org	
<b>Submit completed form along with FEE (payable to Maryland Department of the Environment) to:  Maryland Department of the Environment, P.O. Box 2057, Baltimore, MD 21203-2057</b>			
<b>For MDE use only:</b>			
	<b>Facility #</b>	<b>Receipt #</b>	<b>Date:</b>
PCA 13710	Comp Object 5707	Suffix 406	



Heritage Office Complex  
Risk Management Division  
2660 Riva Road, 3<sup>rd</sup> Floor  
Annapolis, MD 21401  
Phone (410) 222-7630  
Fax (410) 222-7640

**Steven R. Schuh**  
County Executive

**Amy Lanham**  
Manager, Safety and Insurance

May 3, 2016

Rhody Holthaus, Deputy Director  
Waste Management Services  
2662 Riva Road  
Annapolis, MD 21401

Reference: Workers' Compensation Insurance – Policy ID# 11339

To Whom It May Concern:

Anne Arundel County, Maryland including the Department of Public Works Waste Management Division is self-insured by the Anne Arundel County Self-Insurance Fund for its Workers' Compensation coverage pursuant to Maryland Code Annotated, Labor and Employment § 9-405. There is no expiration date.

If you have any questions, please do not hesitate to contact me.

Very truly yours,



Amy Lanham  
Safety & Insurance Manager