



December 20, 2023

TOM FANTOM
Baltimore City Composting/Veolia Water North America-Central, LLC
5800 QUARANTINE ROAD
BALTIMORE, MD 21226

Re: Registration of Application Number: **20SW3643**; NPDES Number: **MDR003643**

Dear TOM FANTOM:

This letter will serve as notification that your NOI has been accepted for registration under the General Discharge Permit for Storm Water Associated with Industrial Activities, Permit No. 20SW for stormwater discharges into **the Baltimore Harbor - 02130903**. Keep this for your records and provide it to your local jurisdiction as required by the permit. A copy of the permit and this letter should also be kept with your SWPPP onsite. The permit may be printed from MDE's website at this link <https://mdewwp.page.link/ISW>.

In signing the NOI and providing your updated SWPPP you have certified your agreement to comply with the terms of this permit for the **7.96** acre facility located at **5800 Quarantine Rd**. Your facility's permit coverage is identified by Registration Number **20SW3643**. This coverage will continue until January 31, 2028, or as extended, under the terms of the 20SW permit.

Impairments

Your facility discharges into a watershed which is impaired for the following categories:

- Biological
- Metals
- Nutrients
- PCBs
- Pesticides
- Sediments

Based on this status you must evaluate your control measures to ensure you are minimizing your facility discharges relating to these impairments during each annual comprehensive site compliance evaluation.

Your Facility is Registered for the Following Discharges

Your registration is subject to Benchmark Monitoring and Numeric Limits as specified below. If you need to update these, send in an updated NOI and a new registration letter will be provided.

Outfall Specific Benchmark Monitoring and/or Limits for Outfall 001

Table C-1 - Subsector C1 Benchmarks (Agricultural Chemicals for SIC 2873-2879)

Parameter	Benchmark	Units	Frequency	Sample Type
Nitrate plus Nitrite Nitrogen	0.68	mg/L	1/quarter	Grab
Total Lead (saltwater)	0.21	mg/L	1/quarter	Grab
Total Zinc (saltwater)	0.090	mg/L	1/quarter	Grab
Phosphorus	2.0	mg/L	1/quarter	Grab

¹ The benchmark values of some metals are dependent on water hardness. For these parameters, you must determine the hardness of the receiving water per Appendix C.

Environment Justice Requirements

You have identified you are in a census tract with an EJ score greater than or equal to 0.76. Based on this evaluation, you must include a copy of your annual Comprehensive Site Compliance Evaluation (Part V.A.2) annually through your NetDMR account.

Other Requirements

Your facility is subject to the required Benchmark Monitoring in the permit. You will need to report the Benchmarks for the industry sector(s) quarterly until the requirements of the permit are met. See Part V.B of the permit. Reporting is done on-line with NetDMR. The Maryland Department of the Environment offers NetDMR for filing your required NPDES Discharge Monitoring Reports. NetDMR is a freely available Web based tool that allows National Pollution Discharge Elimination System (NPDES) permittees to electronically sign and submit their discharge monitoring reports (DMRs) to EPA via a secure internet connection. NetDMR is designed to improve data quality, reduce reporting liabilities, save paper, and provide cost savings. It allows participants to discontinue mailing in hard copy forms under 40 CFR 122.41 and 403.12. For more information go to the EPA website at www.epa.gov/netdmr or call the MDE Water Management Administration, Compliance Program, at 410-537- 3510 and ask to speak to a NetDMR coordinator. You will need to apply for access to NetDMR by January 1, 2024, and begin reporting your monitoring results, as required by the permit, starting in the monitoring period January 1, 2024 - March 31, 2024. A brochure about NetDMR and how to register is enclosed. Enclosed is also a copy of the Federal Register, Part 136-- ‘Guidelines Establishing Test Procedures for Analysis of Pollutants’. The most recent version of Title 40CFR, Part 136 can be found online at www.ecfr.gpoaccess.gov. Unless otherwise specified, these guidelines are to be used for the analyses required by this permit.

Changes at the facility, such as new outfalls or new types of processes, require a new NOI so that the facility may be evaluated for continued general permit eligibility. If you have any questions, please do not hesitate to visit our General Permit for Discharges from Stormwater Associated with Industrial Activities Permit website, found at <https://mdewwp.page.link/ISW>, or call the department at 410-537-3323.

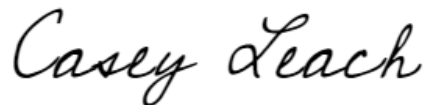
You should thoroughly review the permit to make sure you are always in compliance with its requirements. Those requirements include, but are not limited to, selecting and implementing the specific control measure for your industry, performing quarterly visual monitoring requirements, performing the annual Comprehensive Site Compliance Evaluations. The permit also has triggers and requirements for corrective actions.

Please direct all future correspondence regarding permit compliance to the following address:

Maryland Department of the Environment
1800 Washington Boulevard
Compliance Program, Suite 425
Baltimore, Maryland 21230-1708
(410) 537-3557 (410) 537-3573 FAX

If you have any questions, please do not hesitate to contact the Industrial Stormwater Permits Division at 410-537-3323.

Sincerely,

A handwritten signature in black ink that reads "Casey Leach". The signature is written in a cursive, flowing style.

Casey Leach
Natural Resource Planner
Industrial Stormwater Permits Division
Water and Science Administration

cc: WSA, Compliance Program (Anne Arundel)
WSA, NetDMR Division (Anne Arundel)

14

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 *CE #0000250749, \$120.4*

*VEOLIA WATER NORTH AMERICA - CENTRAL LLC **

(B) Primary Contact Name	Title
<i>THOMAS FANTOM</i>	<i>ASSISTANT PROJECT MANAGER</i>

Telephone Number	Email Address
<i>410-354-1636</i>	<i>THOMAS.FANTOM@VEOLIA.COM</i>


(C) Mailing Address

Street
5800 QUARANTINE RD.


City	State	ZIP Code
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<i>BALTIMORE</i>	<i>MD</i>	<i>21226</i>
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(D) IRS Employer Identification Number (EIN) (E) Ownership Type - check below

	<input checked="" type="checkbox"/> Private	<input type="checkbox"/> Federal	<input type="checkbox"/> State/Local
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(F) Worker's Compensation Insurance:	Insurance Company Name	Policy Number
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<i>EVEREST NATIONAL INSURANCE COMPANY</i>	
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SECTION II: Facility Information

(G) Name of Facility

BALTIMORE CITY COMPOST FACILITY

(H) Facility Address (if different than your mailing address)

Street
SAME AS MAILING

City	State	ZIP Code	County
	<i>MD</i>		

For MDE use only:	Facility #	Receipt #	Date:
<i>PCA 13710</i>	<i>Comp Object 5707</i>	<i>JPWA0710</i>	<i>7/10/23</i>
		<i>Suffix 406</i>	

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: 0711	Co-located SICs: [] []	Description of your primary industrial activity: 4 COMPOSTING OF BIOSOLIDS	
(J) Latitude 39.212748 (in decimal degrees)	Longitude 76.555208 (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)	12SW3643
(L) Total property size 7.96 (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). 02130903 - BALTIMORE HARBOR			
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: N/A			

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)	[]
Untreated impervious surface area (in square feet)	[]
Impervious surface area subject to 20% restoration requirement (in acres)	[]

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)	39.212748	<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)	76.555208	<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-2	<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-2	<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-2	<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-2	<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-2	<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	SAME AS I.B	
Title		
Telephone Number	Email Address	
SWPPP Delivery Method (URL, email, etc.)	HARD COPY WITH APPLICATION EMAILED COPY TO CASEY.LEACH@MARYLAND.DOV	

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

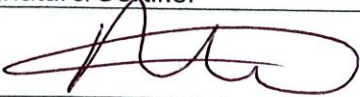
<u>Annual Payment</u> – Select this fee structure if you prefer to pay annually. The first \$120 annual payment shall be submitted with this NOI and then paid annually by July 1 thereafter.	\$120	<input checked="" type="checkbox"/>
<u>One-Time Payment</u> – Select this fee structure if you prefer to 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
		7/5/2023
Signatory Name/Title: Typed or Printed		Telephone Number
THOMAS FANTOM / ASST. PROJ. MGR		410-354-1636
NOI Preparer (Complete if NOI was prepared by someone other than the certifier)		
Prepared by:		
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		

