



MARYLAND DEPARTMENT OF THE ENVIRONMENT

17-SI 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 do not discharge to waters of the state and, therefore, are not subject to General Permit No. 17-SI. See Parts I.B, I.C, and I.D of the permit for information on who requires permit coverage. In order to be exempt, you must certify that discharges for **ALL THREE** Discharge Types listed do not go to surface waters (including the storm sewer) or groundwater by selecting one of the available choices. *If "other" is selected, an explanation must be provided.* If a selection cannot be made for each category, you must submit the 17-SI NOI and obtain a registration letter for permit coverage prior to any discharge to waters of the state.

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:	<input type="checkbox"/> sanitary sewer	<input type="checkbox"/> do not drain/drawdown	<input type="checkbox"/> other
B) Cleaning Wastewater:	<input type="checkbox"/> sanitary sewer	<input type="checkbox"/> do not drain/drawdown	<input type="checkbox"/> other
C) Filter Backwash:	<input type="checkbox"/> sanitary sewer	<input type="checkbox"/> do not drain/drawdown	<input type="checkbox"/> other
NOTE: Do not confuse sanitary sewer with storm sewer. Discharges to sanitary sewer are subject to permission of the utility to which the sanitary sewer is connected.			
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>"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."</i>			
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 groundwater, please notify MDE-WSA Compliance immediately at (410) 537-3510.			