Terminal

NOTICE OF INTENT

to Comply With the General Permit for Construction Activity for Stormwater Discharges

FOR PRIVATE AND LOCAL/MUNICIPAL PROJECTS ONLY

Maryland Department of the Environment
P.O. Box 2057
Baltimore, MD 21203-2057
(410) 537-3510

BACKGROUND INFORMATION

The United States Environmental Protection Agency (EPA) has developed the National Pollutant Discharge Elimination System (NPDES) stormwater program to control pollutants entering the nation's surface waters from many industrial activities. EPA has authorized the Maryland Department of the Environment (MDE) to implement the NPDES stormwater program in Maryland. MDE has developed a **General Permit** intended to cover stormwater discharges from construction activity. This **Notice of Intent (NOI)** is an application form, designed to notify MDE of the permittee's intent to be covered by the General Permit for Construction Activity. **This NOI form must be completed and submitted to MDE for any construction activity that results in an earth disturbance of one acre or more. However, if a single owner/developer is engaged in a multiple phase construction project having a planned total disturbance of one acre or more, an NOI is required for General Permit coverage, even if the phase will disturb less than one acre.**

GENERAL INSTRUCTIONS

- Do not bend or fold the Notice of Intent form.
- Use a No. 2 pencil to fill appropriate ovals under each item.
- Sign and date the completed NOI form in ink.
- Please retain a copy of the completed NOI for your records.
- Mail signed form to: MDE, P.O. Box 2057, Baltimore, MD, 21203-2057.
- Additional information regarding the completion of this form can be obtained from local plan review offices or by calling MDE at (410) 537-3510.
- MDE will verify receipt of the NOI by sending the permittee or principal contact a letter, a copy of the General Permit and a receipt card.
- This NOI form does not relieve the permittee of his/her responsibility under current Maryland law regarding erosion and sediment control and stormwater management plan approvals. Appropriate plan approvals must still be obtained.
- State and Local government projects are exempt from the application fee.
- Enclose a check or money order made payable to MDE for amount corresponding to the acreage listed below on the fee schedule.

FEE SCHEDULE FOR PRIVATE PROJECTS		
	1 to less than 10 acres	$ 100
	10 to less than 15 acres	$ 500
	15 to less than 20 acres	$ 1,500
	20 acres and up	$ 2,500

COUNTY: Indicate county/city where project is located.

○ Allegany	○ Charles	○ Prince George's
○ Anne Arundel	○ Dorchester	○ Queen Anne's
● Baltimore	○ Frederick	○ St. Mary's
○ Baltimore City	○ Garrett	○ Somerset
○ Calvert	○ Harford	○ Talbot
○ Caroline	○ Howard	○ Washington
○ Carroll	○ Kent	○ Wicomico
○ Cecil	○ Montgomery	○ Worcester

PHASE (if applicable)

I SITE NAME AND LOCATION

SITE NAME

AES SPARROWS POINT LNG LLC

SITE LOCATION: Be as specific as possible; be sure to include city/town and zip.

AES SPARROWS POINT LNG, LLC
600 SHIPYARD ROAD
BALTIMORE MD 21219

32466

MDE 311 (3/03) Mark Reflex® forms by NCS Pearson EM-151652-3:6543
HR06 Printed in U.S.A.

MD GRID COORDINATES

Use the approximate center of the site. This information may be found on site plans, ADC county map, or by contacting MDE. Coordinates are based on 1927 origin.

N E

LATITUDE AND LONGITUDE

Refer to ADC county map. Round to the nearest 15 seconds.

Latitude			Longitude		
39	12	45	76	29	60

WATERSHED BASIN CODE

Six digit number that indicates the site's watershed. This information may be obtained at local plan review offices or MDE.

Watershed Basin Code		
02	13	09

II PROJECT DESCRIPTION

PERMANENT STORMWATER MANAGEMENT FACILITIES (BMPs)

Use the left hand column to indicate how many of each type of permanent SWM facility will be implemented. Indicate the total drainage area for these facilities in the remaining columns. Example: if two extended detention ponds are installed, each draining 10 acres, indicate the number of ponds (2) in the left-hand column, and the total drainage area for that type of facility (20.0 acres).

- ○ SWM Waived
- ○ SWM Exempt

INFILTRATION TRENCHES	INFILTRATION BASINS	OFFSITE SWM FACILITY

RETENTION PONDS	DETENTION PONDS	EXTENDED DETENTION POND - WET	EXTENDED DETENTION POND - DRY

VEGETATED SWALES	WETLAND/ SHALLOW MARSHES	OIL/GRIT SEPARATORS	DRYWELLS
		1	330

BRIEFLY DESCRIBE PROJECT

(include existing and proposed land uses)

THE PROJECT IS THE CONSTRUCTION AND OPERATION OF A LIQUIFIED NATURAL GAS TERMINAL THAT BEGINS AN 88± MILE NATURAL GAS PIPELINE, THE MID-ATLANTIC EXPRESS PIPELINE, LLC TO A TERMINUS IN EAGLE, PA

OTHER NPDES NUMBER

If this project/site has an NPDES number for a discharge other than for stormwater from construction, please indicate that number below:

TOTAL SITE AREA

(in acres) 800

TOTAL DISTURBED AREA

(in acres) 800

RUNOFF CURVE NUMBER

PRE POST

ESTIMATE OF IMPERVIOUS SURFACE AREA

(Post development in acres; includes rooftops, parking lots, etc.)

80 ACRES

THE RUNOFF FROM THIS SITE GOES TO:

(mark one and describe)

- ○ a municipal separate storm sewer system. Give name of that system and its receiving waters:
- ● surface waters. Give name of receiving waters (use the closest named waterway): Patapsco River

STANDARD INDUSTRIAL CLASSIFICATION

Indicate the appropriate SIC number that best represents the eventual use of the facility under construction. For residential and commercial facilities (i.e., non-industrial), use the appropriate construction SIC number. SIC information may be obtained at local plan review offices, public libraries, or by contacting MDE.

(SIC code) 4922

THIS PROJECT IS

(choose one)

- ○ County/Municipal
- ● Private

PROJECT TYPE

- ○ Residential
- ○ Commercial
- ● Industrial
- ○ Other (describe):

III PERMITTEE IDENTIFICATION

Give name of individual or company applying for permit coverage (fill in the appropriate oval indicating whether individual or company).

The permittee will be responsible for complying with the General Permit, unless and until he or she officially transfers or terminates this authority. Refer to the General Permit for specifics.

PERMITTEE IS:

- ○ Individual
- ● Company
  - ● Mr.
  - ○ Ms.

FEDERAL TAX ID #

54-1163725

PERMITTEE NAME

Example: John Smith or XYZ Company

AES SPARROWS POINT LNG LLC

PERMITTEE STREET ADDRESS

Street Number and Name (Use standard abbreviations where possible)

140 PROFESSIONAL WAY SUITE A

TOWN/CITY: LOCKPORT

STATE: NY

ZIP CODE + 4: 14094

PHONE NUMBER OF PRINCIPAL CONTACT — Area Code: 716 — Number: 4391273

Mr. / Ms. — PRINCIPAL CONTACT

Last Name: DIEZ — First Name: CHRISTOPHER — MI

32466

IV CERTIFICATION

Please read the certification statement below and sign and date.

I certify under penalty of law that this document was completed under my supervision and that the information contained herein is accurate and truthful to the best of my knowledge. I understand that I will be held accountable under the terms specified in the General Permit unless and until I officially transfer or terminate permit authority as outlined in the General Permit.

PRINT NAME

Signature of Permittee

Date

V FEES

A one-time application fee based on total planned disturbance is required with the initial submission of the NOI form. Use the fee schedule below to determine check or money order amount. If multiple NOIs are received for stages or phases of the same project, the Department will require that the fees included with those NOIs be equal to the fee which would be paid if a single NOI were submitted for the total project. Coverage under the general permit will be denied if the correct fee is not provided. State and Local/Municipal projects are exempt.

FEE SCHEDULE

1 to less than 10 acres	$ 100
10 to less than 15 acres	$ 500
15 to less than 20 acres	$ 1,500
20 acres and up	$ 2,500

AMOUNT ENCLOSED

$

To assure timely processing of your NOI form please answer the following questions:

Is this a revised NOI form? ○ Yes ● No

If yes, please indicate previously assigned number here:

Is this a phased project? ○ Yes ● No

If yes, and a phase of this project has been assigned a number, please indicate site/phase name, assigned number and amount previously paid here:

Site/phase name: COVERED BY

Site assigned number: CFRA

Previously paid amount: $ 500