**DEMLR Land Quality Section**
**Stormwater Permitting Program**

National Pollutant Discharge Elimination System

# NCG210000

| FOR AGENCY USE ONLY | | |
|---|---|---|
| Date Received | | |
| Year | Month | Day |
| | | |
| Certificate of Coverage | | |
| N C G 2 1 | | |
| Check # | Amount | |
| | | |
| Permit Assigned to | | |
| | | |

## NOTICE OF INTENT

**National Pollutant Discharge Elimination System application for coverage under General Permit NCG210000:**

**For STORMWATER DISCHARGES associated with activities classified as:**

**SIC* 24** Timber Products (except as specified below), including Wood Chip Mills;

**And,** Like activities deemed by DEMLR to be similar in the process and/or the exposure of raw materials, products, by-products, or waste materials.

**The following activities are specifically excluded from coverage under this General Permit:**

- Wood Kitchen Cabinets **(SIC 2434)**
- Wood Preserving **(SIC 2491)**
- Logging **(SIC 2411)**

*** Standard Industrial Classification Code**

(*Please print or type)*

**1) Mailing address of owner/operator (address to which official permit correspondence will be mailed):**

Name _____
Owner Contact (a person) _____
Street Address _____
City _____ State_____ ZIP Code _____
Telephone No. _____ _____ Fax: _____ _____
E-mail Address _____

**2) Location of facility producing discharge:**

Facility Name _____
Facility Contact (a person)_____
Contact E-mail _____
Street Address _____
City _____ State_____ ZIP Code _____
County _____
Telephone No. _____ _____ Fax: _____ _____

**3) Permit Contact**

Permit Contact (a person) _____
Contact E-mail _____
Contact phone number _____

**4) Physical Location Information:**

Please provide a narrative description of how to get to the facility (use street names, state road numbers, and distance and direction from a roadway intersection). _____

_____

(A copy of a county map or USGS quad sheet with facility clearly located on the map is required to be submitted with this application)

**5) Latitude _____ Longitude _____ (degrees, minutes, seconds)**

**6) This NPDES Permit Application applies to which of the following :**

☐ New or Proposed Facility Date operation is to begin_____

☐ Existing

**7) Standard Industrial Classification (SIC):**

Provide the 4 digit Standard Industrial Classification Code (SIC Code) that describes the primary industrial activity at this facility

SIC Code: ___ ___ ___ ___

**8) Provide a brief narrative description of the types of industrial activities and products manufactured at this facility:** _____

_____

_____

**9) Discharge points / Receiving waters:**

How many discharge points (ditches, pipes, channels, etc.) convey stormwater from the property? _____

**10) Receiving waters:**

What is the name of the body or bodies of water (creek, stream, river, lake, etc.) that the facility stormwater discharges end up in? _____

If the site stormwater discharges to a separate storm sewer system, name the operator of the separate storm sewer system (e.g. City of Raleigh municipal storm sewer). _____

**11) Does this facility have any other water quality permits?**

☐ No

☐ Yes

If yes, list the permit numbers for all current water quality permits for this facility: _____

**12) Does this facility have any Non-Discharge permits (ex: recycle permits)?**

☐ No

☐ Yes

If yes, list the permit numbers for all current Non-Discharge permits for this facility: _____

**13) Does this facility employ any best management practices for stormwater control?**

☐ No

☐ Yes

If yes, please briefly describe: _____

_____

_____

**14) Does this facility have a Stormwater Pollution Prevention Plan?**

☐ No

☐ Yes

If yes, when was it implemented? _____

**15) Does this facility have exposed accumulations of sawdust, bark, mulch, wood chips, or similar size woody material on-site for longer than seven (7) days? (Exposed directly to rainfall or to run-on from other areas of the facility.)**

☐ No ☐ Yes

**16) Are vehicle maintenance activities occurring at this facility?**

☐ No ☐ Yes

**17) Hazardous Waste:**

a) Is this facility a Hazardous Waste Treatment, Storage, or Disposal Facility?

☐ No ☐ Yes

b) Is this facility a Small Quantity Generator (less than 1000 kg. of hazardous waste generated per month) of hazardous waste?

☐ No ☐ Yes

c) Is this facility a Large Quantity Generator (1000 kg. or more of hazardous waste generated per month) of hazardous waste?

☐ No ☐ Yes

d) If you answered yes to questions b. or c., please provide the following information:

Type(s) of waste:_____
How is material stored: _____
Where is material stored: _____
How many disposal shipments per year:_____
Name of transport / disposal vendor: _____
Vendor address: _____

**18) Certification:**

**North Carolina General Statute 143-215.6 b (i) provides that:**

Any person who knowingly makes any false statement, representation, or certification in any application, record, report, plan, or other document filed or required to be maintained under this Article or a rule implementing this Article; or who knowingly makes a false statement of a material fact in a rulemaking proceeding or contested case under this Article; or who falsifies, tampers with, or knowingly renders inaccurate any recording or monitoring device or method required to be operated or maintained under this Article or rules of the [Environmental Management] Commission implementing this Article shall be guilty of a Class 2 misdemeanor which may include a fine not to exceed ten thousand dollars ($10,000).

I hereby request coverage under the referenced General Permit. I understand that coverage under this permit will constitute the permit requirements for the discharge(s) and is enforceable in the same manner as an individual permit.

I certify that I am familiar with the information contained in this application and that to the best of my knowledge and belief such information is true, complete, and accurate.

Printed Name of Person Signing: _____
Title: _____

_____ _____
*(Signature of Applicant)* *(Date Signed)*

**Notice of Intent must be accompanied by a check or money order for $100.00 made payable to:**

**NCDENR**

## NCG210000 N.O.I.

**Final Checklist**

**This application will be returned as incomplete unless all of the following items have been included:**

- ☐ Check for $100 made payable to NC DENR
- ☐ This completed application and all supporting documents
- ☐ Copy of county map or USGS quad sheet with location of facility clearly marked on map

**Mail the entire package to:**

Stormwater Permitting Program
Division of Energy, Mineral, and Land Resources
1612 Mail Service Center
Raleigh, North Carolina 27699-1612

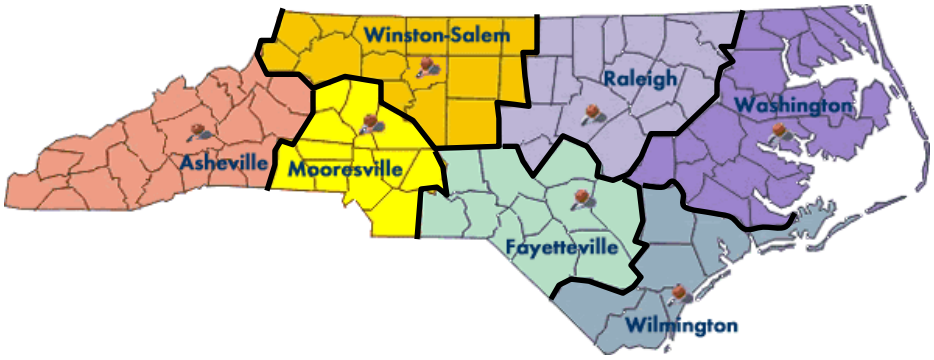
**Note**

**The submission of this document does not guarantee the issuance of an NPDES permit.**

***For questions, please contact the DEMLR Central Office or Regional Office for your area.***
***To visit our website, go to http://portal.ncdenr.org/web/lr/stormwater***

**DEMLR Regional Office Contact Information:**

Asheville Office …… (828) 296-4500
Fayetteville Office … (910) 433-3300
Mooresville Office … (704) 663-1699
Raleigh Office …….. (919) 791-4200
Washington Office …(252) 946-6481
Wilmington Office … (910) 796-7215
Winston-Salem …… (336) 771-5000
Central Office ……(919) 807-6300



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