

Division of Water Quality / Water Quality Section

National Pollutant Discharge Elimination System

FOR AGENCY USE ONLY					
Date Received					
Year	Month		Day		
Certificate of Coverage					
N C G					
Check	t# Amou		unt		
Permit Assigned to					

NCG180000

NOTICE OF INTENT

National Pollutant Discharge Elimination System application for coverage under General Permit NCG180000:

STORMWATER DISCHARGES associated with activities classified as:

Furniture and Fixtures

SIC^{*} 2434 Wood Kitchen Cabinets * Standard Industrial Classification Code (Please print or type) 1) Mailing address of owner/operator: Name Street Address _____ ZIP Code _____ City Telephone No. _____ Fax: _____ * Address to which all permit correspondence will be mailed 2) Location of facility producing discharge: Facility Name **Facility Contact** Facility Address State ZIP Code City County Telephone No. _____ Fax: _____ Fax: _____ 3) 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) 4) Latitude _____ Longitude ____ (degrees, minutes, seconds) 5) This NPDES Permit Application applies to which of the following: ☐ New or Proposed Facility Date operation is to begin ☐ Existing 6) Standard Industrial Classification: Provide the 4 digit Standard Industrial Classification Code (SIC Code) that describes the primary industrial activity at this facility SIC Code: ___ ___ 7) Provide a brief narrative description of the types of industrial activities and products manufactured at this facility:

NCG180000 N.O.I.

8)	Dis	charge points / Receiving waters:			
	Hov	w many discharge points (ditches, pipes, channels, etc.) convey stormwater from the property?			
9)	Wh	ceiving waters: at is the name of the body or bodies of water (creek, stream, river, lake, etc.) that the facility stormwater charges end up in?			
		ne site stormwater discharges to a separate storm sewer system, name the operator of the separate storm ver system (e.g. City of Raleigh municipal storm sewer).			
10)	Do	es this facility have any other NPDES permits?			
		No			
		Yes			
	_	es, list the permit numbers for all current NPDES permits for this facility:			
11)	Do	es this facility have any Non-Discharge permits (ex: recycle permits)?			
		Yes es, list the permit numbers for all current Non-Discharge permits for this facility:			
10\	-	• • • • • • • • • • • • • • • • • • • •			
12)		es this facility employ any best management practices for stormwater control?			
		No Yes			
		es, please briefly describe:			
	_				
40)	_				
13)		es this facility have a Stormwater Pollution Prevention Plan?			
		Yes es, when was it implemented?			
14)		vehicle maintenance activities occurring at this facility?			
,		No □ Yes			
15\					
15)		zardous 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: 16) 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 Article 21 or regulations of the Environmental Management Commission implementing that Article, or who falsifies, tampers with or knowingly renders inaccurate any recording or monitoring device or method required to be operated or maintained under Article 21 or regulations of the Environmental Management Commission implementing that Article, shall be guilty of a misdemeanor punishable by a fine not to exceed \$10,000, or by imprisonment not to exceed six months, or by both. (18 U.S.C. Section 1001 provides a punishment by a fine

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)

of not more than \$10,000 or imprisonment not more than 5 years, or both, for a similar offense.)

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

NCDENR

Final Checklist

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

Check for \$100 made payable to NCDENR
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 and General Permits Unit Division of Water Quality 1617 Mail Service Center Raleigh, North Carolina 27699-1617

<u>Note</u>

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

For questions, please contact the DWQ Central Office or Regional Office for your area.

DWQ 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

