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

Division of Water Quality / Water Quality Section

National Pollutant Discharge Elimination System

NCG110000

NOTICE OF INTENT

National Pollutant Discharge Elimination System application for coverage under General Permit NCG110000:

STORMWATER DISCHARGES associated with activities classified as:

Treatment Works treating domestic sewage or any other sewage sludge or wastewater treatment device or system, used in the storage, treatment, recycling, and reclamation of municipal or domestic sewage, with a design flow of 1.0 million gallons per day or more, or required to have an approved pretreatment program under Title 40 Code of Federal Regulations (CFR) Part 403, including lands dedicated to the disposal of sewage sludge that is located within the confines of the facility; and like activities deemed by DWQ to be similar in the process and/or the exposure of raw materials, products, by-products, or waste materials.

(Please print or type)

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

Name _____
Street Address _____
City _____ State _____ ZIP Code _____
Telephone No. _____ _____ Fax: _____ _____
E-mail Address _____

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

Facility Name _____
Facility Contact _____
Contact E-mail _____
Street Address _____
City _____ State _____ ZIP Code _____
County _____
Telephone No. _____ _____ 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: _____

_____

_____

8) Discharge points / Receiving waters:

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

9) 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). _____

10) Does this facility have any other NPDES permits?

☐ No
☐ Yes
If yes, list the permit numbers for all current NPDES permits for this facility: _____

11) 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: _____

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

☐ No
☐ Yes
If yes, please briefly describe: _____

_____

_____

13) Does this facility have a Stormwater Pollution Prevention Plan?

☐ No
☐ Yes
If yes, when was it implemented? _____

14) Are vehicle maintenance activities occurring at this facility?

☐ No ☐ Yes

15) 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: _____

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 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

NCG110000 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 NCDENR
- ☐ This completed application and all supporting documents
- ☐ Copy of county map or USGS quad sheet with location of facility clearly marked on map

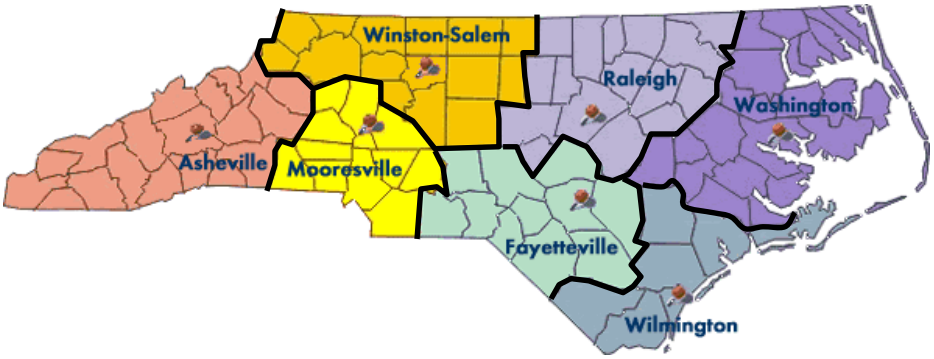
Mail the entire package to:

Stormwater and General Permits Unit
Division of Water Quality
1617 Mail Service Center
Raleigh, North Carolina 27699-1617

Note

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