

Division of Water Quality / Surface Water Protection

FOR AGENCY USE ONLY							
Date Received							
Year	Month	Day					

National Pollutant Discharge Elimination System

REPRESENTATIVE OUTFALL STATUS (ROS) REQUEST FORM

If a facility is required to sample multiple discharge locations with very similar stormwater discharges, the permittee may petition the Director for Representative Outfall Status (ROS). DWQ may grant Representative Outfall Status if stormwater discharges from a single outfall are representative of discharges from multiple outfalls. Approved ROS will reduce the number of outfalls where <u>analytical</u> sampling requirements apply.

If Representative Outfall Status is granted, <u>ALL</u> outfalls are still subject to the <u>qualitative</u> monitoring requirements of the facility's permit—unless otherwise allowed by the permit (such as NCG020000) <u>and DWQ</u> approval. The approval letter from DWQ must be kept on site with the facility's Stormwater Pollution Prevention Plan. The facility must notify DWQ in writing if any changes affect representative status.

	For questions, please contact the DWQ Regional	Office	for your	area (see _l	page 3).
	(Please print or ty	pe)			
1)	Enter the permit number to which this ROS request applies	s:			
	Individual Permit (or)	_	Certific	cate of Cov	erage
	N C S		N C	i	
2)	Facility Information:				
	Owner/Facility Name				
	Facility Contact				
	Street Address				
	City				
	County Telephone No.				
٥١	•				
3)	List the representative outfall(s) information (attach additi	ionai si	ieets ii ne	ecessary):	
	Outfall(s) is representative of Outf	fall(s) _			
	Outfalls' drainage areas have the same or similar activities? Outfalls' drainage areas contain the same or similar materials? Outfalls have similar monitoring results?		□ Yes	□ No	
			□ Yes	□ No	
			□ Yes	□ No	□ No data*
	Outfall(s) is representative of Outf	fall(s)			
		–			
	Outfalls' drainage areas have the same or similar activities?		□ Yes	□ No	
	Outfalls' drainage areas have the same or similar activities? Outfalls' drainage areas contain the same or similar materia	ıls?	□ Yes □ Yes	□ No □ No	
	Outfalls' drainage areas have the same or similar activities? Outfalls' drainage areas contain the same or similar materia Outfalls have similar monitoring results?	ls?			□ No data*
	Outfalls' drainage areas contain the same or similar materia Outfalls have similar monitoring results?		□ Yes	□ No	
	Outfalls' drainage areas contain the same or similar materia Outfalls have similar monitoring results? Outfall(s) is representative of Outfall(s)	fall(s) _	□ Yes	□ No	
	Outfalls' drainage areas contain the same or similar materia Outfalls have similar monitoring results?	fall(s) _	□ Yes □ Yes	□ No	

^{*}Non-compliance with analytical monitoring prior to this request may prevent ROS approval. Specific circumstances will be considered by the Regional Office responsible for review.

Representative Outfall Status Request

ertification:	
lorth Carolina General Statute 143-215.6 B((i) provides that:
report, plan, or other document filed or required Article; or who knowingly makes a false statemen under this Article; or who falsifies, tampers with, or method required to be operated or maintaine	ement, representation, or certification in any application, record to be maintained under this Article or a rule implementing thin of a material fact in a rulemaking proceeding or contested cap, or knowingly renders inaccurate any recording or monitoring or dunder this Article or rules of the [Environmental Managemental uilty of a Class 2 misdemeanor which may include a fine not to expend the content of the
ubject to the qualitative monitoring required not regional office approval. I must notify D	us for my NPDES Permit. I understand that <u>ALL</u> outfalls ar ments of the permit, unless otherwise allowed by the per WQ in writing if any changes to the facility or its operation ect this status. If ROS no longer applies, I understand I multin my NPDES permit.
certify that I am familiar with the information of the complex and belief such information is true	on contained in this application and that to the best of more, complete, and accurate.
Printed Name of Person Signing: Title:	
(Signature of Applicant)	(Date Signed)
ICDENR Regional Office. The Regional Offic	ative Outfall Status is subject to approval by the ce may inspect your facility for compliance with the
onditions of the permit prior to that approv	vai.
	vai.
Checklist for ROS Request	vai.
Checklist for ROS Request application should include the following ite	
Checklist for ROS Request application should include the following ite This completed form. Letter or narrative elaborating on the reason	ems: ons why specified outfalls should be granted representati
Checklist for ROS Request application should include the following ite This completed form. Letter or narrative elaborating on the reasons status, unless all information can be included.	ems: ons why specified outfalls should be granted representati ed in Question 4.
Checklist for ROS Request Application should include the following ite This completed form. Letter or narrative elaborating on the reason status, unless all information can be included Two (2) copies of a site map of the facility of the statistics.	ems: ons why specified outfalls should be granted representati ed in Question 4. with the location of all outfalls clearly marked, including t
Checklist for ROS Request Application should include the following ite This completed form. Letter or narrative elaborating on the reason status, unless all information can be included Two (2) copies of a site map of the facility of the statistics.	ems: ons why specified outfalls should be granted representati ed in Question 4. with the location of all outfalls clearly marked, including t w materials/finished products within each drainage area.

Representative Outfall Status Request

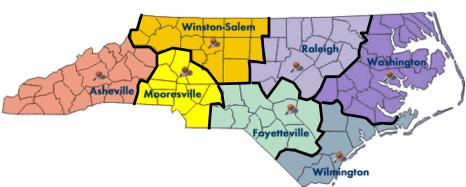
Mail the entire package to:

NC DENR Division of Water Quality Surface Water Protection Section at the appropriate Regional Office (See map and addresses below)

Notes

The submission of this document does not guarantee Representative Outfall Status (ROS) will be granted as requested. Analytical monitoring as per your current permit must be continued, at all outfalls, until written approval of this request is granted by DWQ. Non-compliance with analytical monitoring prior to this request may prevent ROS approval. Specific circumstances will be considered by the Regional Office responsible for review.

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



Asheville Regional Office

2090 U.S. Highway 70 Swannanoa, NC 28778

Phone (828) 296-4500 FAX (828) 299-7043

Fayetteville Regional Office

Systel Building, 225 Green St., Suite 714 Fayetteville, NC 28301-5094

Phone (910) 433-3300 FAX 910/ 486-0707

Mooresville Regional Office

610 East Center Ave. Mooresville, NC 28115

Phone (704) 663-1699 FAX (704) 663-6040

Raleigh Regional Office

1628 Mail Service Center Raleigh, NC 27699-1628

Phone (919) 791-4200 FAX (919) 571-4718

Washington Regional Office

943 Washington Square Mall Washington, NC 27889

Phone (252) 946-6481 FAX (252) 975-3716

Wilmington Regional Office

127 Cardinal Drive Extension Wilmington, NC 28405

Phone (910) 796-7215 FAX (910) 350-2004

Winston-Salem Regional Office

585 Waughtown Street Winston-Salem, NC 27107 Phone (336) 771-5000 Water Quality Main FAX (336) 771-4630

Central Office

1617 Mail Service Center Raleigh, NC 27699-1617

Phone (919) 807-6300 FAX (919) 807-6494