| FOR AGENCY USE ONLY | | |
|---|---|---|
| Date Received | | |
| Year | Month | Day |
| | | |
| Certificate of Coverage | | |
| N C G 1 5 | | |
| Check # | Amount | |
| | | |
| Permit Assigned to | | |
| | | |

NCDENR
North Carolina Department of Environment and Natural Resources

# Division of Water Quality / Surface Water Protection

National Pollutant Discharge Elimination System

# NCG150000

**NOTICE OF INTENT**

**National Pollutant Discharge Elimination System application for coverage under General Permit NCG150000:**

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

**SIC* (Standard Industrial Classification) Code 45 Air Transportation Facilities including air transportation, scheduled, and air courier (SIC 4512 and 4513); air transportation, non scheduled (SIC 4522); airports, flying fields, except those maintained by aviation clubs, and airport terminal services including: air traffic control, except government; aircraft storage at airports; aircraft upholstery repair; airfreight handling at airports; airport hangar rental; airport leasing, if operating airport; airport terminal services; and hangar operations; and airport and aircraft service and maintenance including: aircraft cleaning and janitorial service; aircraft servicing/repairing, except on a factory basis; vehicle maintenance shops (including vehicle and equipment rehabilitation mechanical repairs, painting, fueling, lubrication); and material handling facilities.**

***For questions, please contact the DWQ Regional Office for your area. (See page 4)***

**(Please print or type)**

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

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

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

Facility Name _____
Facility Contact _____
Street Address _____
City _____ State _____ ZIP Code _____
County _____
Telephone No. _____ _____ Fax: _____ _____
Email _____

**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 a required part of 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) Services and Activites**

**a) Provide a brief narrative description of the types of industrial activities and products manufactured at this facility: (Include a site diagram showing the process areas and location of activities present at this facility.)**

**b) Check all services and activities offered or allowed at this facility**

- ☐ Scheduled air transportation
- ☐ Air courier
- ☐ Non-scheduled air transportation
- ☐ Airport terminal services
- ☐ Aircraft storage
- ☐ Aircraft upholstery services
- ☐ Airfreight handling
- ☐ Airport hangar rental
- ☐ Airport leasing
- ☐ Aircraft service and maintenance
- ☐ Aircraft cleaning and janitorial services
- ☐ Aircraft and/or vehicle rehabilitation
- ☐ Aircraft and vehicle maintenance
- ☐ Aircraft and/or vehicle fueling
- ☐ Aircraft and/or vehicle lubrication
- ☐ Aircraft and/or vehicle painting
- ☐ Aircraft and/or vehicle mechanical repair
- ☐ Material handling facilities

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

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

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). _____

Receiving water classification (if known):_____

**9) Does this facility**

**a) Have an untreated wastewater discharge?** ☐ No ☐ Yes

**b) Have a treated wastewater discharge?** ☐ No ☐ Yes

If yes, list the permit number._____

**c) Have a wastewater discharge from a recycle system?** ☐ No ☐ Yes

If yes, list the permit number._____

**d) Have a non-discharge permit?** ☐ No ☐ Yes

If yes, list the permit number._____

**e) Discharge wastewater to a municipal wastewater collection system?** ☐ No ☐ Yes

If yes, list the municipality and permit number_____

**Note: Stormwater discharge permit NCG150000 does not authorize the discharge of any wastewater. If this site discharges wastewater, you must obtain the appropriate wastewater discharge permit in addition to coverage for stormwater discharges under NCG150000.**

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

☐ No ☐ Yes (Show any structural BMP's on the site diagram.)

If yes, please briefly describe: _____

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

☐ No ☐ Yes

If yes, when was it implemented? _____

**12) 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) Is hazardous waste stored in the 100-year flood plain?

☐ No ☐ Yes If yes, include information to demonstrate protection from flooding.

e) 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: _____

**13) 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**

## NCG150000 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
- ☐ A site diagram showing, at a minimum, (existing or proposed):
  (a) outline of drainage areas, (b) stormwater management structures, (c) location of stormwater outfalls (corresponding to which drainage areas), (d) runoff conveyance structures, (e) areas where materials and/or boats are stored, (f) impervious areas, (g) site property lines, (h) boat maintenance, blasting, painting and washing areas, and (i) location of services and activities listed in 7b.
- ☐ Copy of county map or **USGS quad sheet (preferred)** with location of facility clearly marked on map

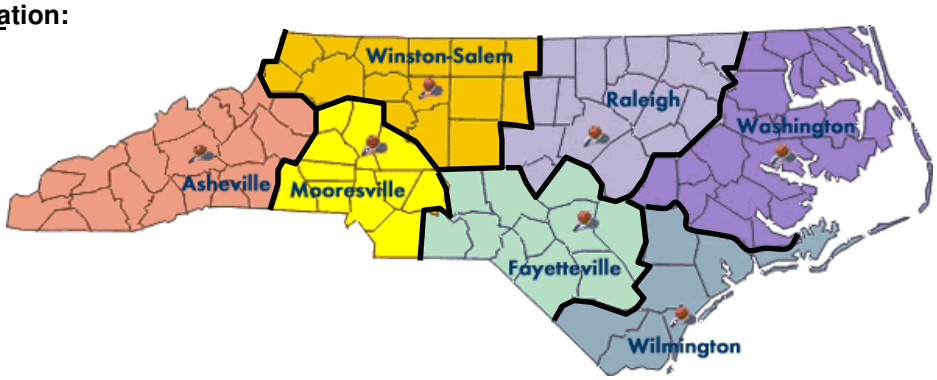
**Mail the entire package to:**

Stormwater Permitting 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 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