



**Division of Water Resources**  
National Pollutant Discharge Elimination System (NPDES)

**Application for Coverage Under General Permit**

**NCG510000**

*Authorization to Construct groundwater remediation projects designed to treat petroleum-contaminated groundwater.*

FOR AGENCY USE ONLY		
Date Received		
Year	Month	Day
Certificate of Coverage		
N	C	G
5	1	
Check #	Amount	
Assigned To:		

**NOTICE OF INTENT**

[Required by [15A NCAC 02H .0127\(d\)](#)]; [term definition see [15A NCAC 02H .0103\(19\)](#)]

*(Please print or type)*

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

Company Name \_\_\_\_\_

Company Contact \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax \_\_\_\_\_

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

Facility Name \_\_\_\_\_

Facility Contact \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

County \_\_\_\_\_

Telephone # \_\_\_\_\_ 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) This NPDES permit application applies to which of the following:**

New [term definition see [15A NCAC 02H .0103\(16\)](#)] or Proposed  
Does the facility have an approved CAP?     Yes     No  
If yes, date approved: \_\_\_\_\_  
If no, please contact the Regional Office Groundwater Section to determine the status of CAP approval and/or authorization to proceed if immediate remediation is recommended.  
Regional Office contact person: \_\_\_\_\_  
Site Ranking (A - E): \_\_\_\_\_      GW incident #: \_\_\_\_\_

Modification  
Please describe the modification: \_\_\_\_\_

Renewal  
Please specify existing permit number and original issue date: \_\_\_\_\_

- 5) **Does this facility have any other NPDES permits** [term definition see [15A NCAC 02H .0103\(15\)](#)]?  
 Yes - If yes, list the permit numbers for all current NPDES permits for this facility: \_\_\_\_\_  
 No

6) **Description of discharge:** [Required by [15A NCAC 02H .0105\(c\)\(1\)](#)]

- a) Is the discharge directly to the receiving water?  Yes  No - **If no, submit a site map with the pathway to the potential receiving waters clearly marked.**  
 b) Number of discharge points (ditches, pipes, etc. that convey wastewater from the property): \_\_\_\_\_  
 c) Volume of discharge per each discharge point (in GPD): \_\_\_\_\_

7) **Discharge frequency:** [Required by [15A NCAC 02H .0105\(c\)\(1\)](#)]

- a) The discharge is:  Continuous  
 Intermittent - If the discharge is intermittent, describe when the discharge will occur:  
 \_\_\_\_\_  
 \_\_\_\_\_

- b) What is the source(s) of contamination (i.e. gasoline, diesel, solvents, etc.)?: \_\_\_\_\_  
 \_\_\_\_\_

General permits may be obtained for gasoline and/or heavy fuel contamination. An individual permit application must be submitted for sites contaminated with other constituents such as solvents and pesticides.

- c) Is free product present?  
 Yes - If yes, a product storage tank and an oil/water separator are required. Free product is defined as any measurable accumulation of 1/8" or more in a well or floating on surface water.  
 No

8) **Treatment system components:** [Required by [15A NCAC 02H .0105\(c\)\(3\)](#)]

**Please note: Final design specifications for the actual system that will be installed must be included in this section. Do not submit this application if only bid specifications are known.**

Check all of the following that apply:

- Oil/Water Separator  Air Stripper  Carbon Adsorption  Filters  
 Other: \_\_\_\_\_

- a) If an Oil/Water separator is present, please provide the following information:  
 i) Rated flow capacity of the unit (in GPM): \_\_\_\_\_  
 ii) Volume of unit (gal): \_\_\_\_\_  
 iii) Detention time (min): \_\_\_\_\_  
 iv) Free product disposal method: \_\_\_\_\_
- b) If an air stripper is present, please provide the following information:  
 i) Rated flow capacity of the unit (in GPM): \_\_\_\_\_  
 ii) Air provided for stripping (in CFM): \_\_\_\_\_  
 iii) Air to Water ratio: \_\_\_\_\_  
 iv) Number of trays (if applicable): \_\_\_\_\_  
**(Removal efficiencies for all chemicals of concern should be included in this submittal. Efficiencies should be expressed as a percentage, i.e. 98% or 0.98)**

- c) If carbon adsorption is present, please provide the following information:
  - i) Rated flow capacity of the unit(s) (in GPM): \_\_\_\_\_
  - ii) Number of carbon units and arrangement if number exceeds one (i.e., in parallel or in series):  
\_\_\_\_\_
  - iii) Pounds of carbon in each unit: \_\_\_\_\_
  - iv) Specify carbon breakthrough time: \_\_\_\_\_  
**(The method used to calculate breakthrough time must included in the submittal.)**
- d) If filters are used, please provide the following information:
  - i) Rated flow capacity of each unit(s) (in GPM): \_\_\_\_\_
  - ii) Arrangement of particulate filters within the system:     parallel     series
- e) Solids disposal method: \_\_\_\_\_
- e) If other components to be included, please specify: \_\_\_\_\_

**9) Receiving waters:** [Required by [15A NCAC 02H .0105\(c\)\(1\)](#)]

- a) What is the name of the body or bodies of water (creek, stream, river, lake, etc.) that the facility wastewater discharges into? If the wastewater discharge is to a separate storm sewer system (4S), name the operator of the 4S (e.g. City of Raleigh). \_\_\_\_\_
- b) Stream Classification (i.e. WS-IV, C, SA, etc): \_\_\_\_\_

**10) Alternatives to direct discharge:**

[Evaluation required by [G.S. § 143-215.1\(b\)\(5\)\(a\)](#) and [15A NCAC 02H .0105\(c\)\(2\)](#)]

Address the feasibility of implementing each of the following non-discharge alternatives:

- a) Connection to a Municipal or Regional Sewer Collection System
- b) Subsurface disposal (including nitrification field, infiltration gallery, injection wells, etc.)
- c) Spray irrigation

The alternatives to discharge analysis should include boring logs and/or other information indicating that a subsurface system is neither feasible nor practical as well as written confirmation indicating that connection to a [POTW](#) is not an option. It should also include a present value of costs analysis as outlined in the Division's "[Engineering Alternatives Analysis \(EAA\) Guidance Document](#)".

**Additional Application Requirements:**

For new or proposed discharges, the following information must be included in triplicate with this application or it will be returned as incomplete; per [15A NCAC 02H .0105\(c\)](#).

- a) 7.5 minute series USGS topographic map (or a photocopied portion thereof) with discharge location clearly indicated.
- b) A site map clearly tracing the pathway of the discharged water from the site to its discharge point, if the discharge is not directly to a stream.
- c) If the discharge will cross or empty into any easements, right-of-ways, or other public/private property, i.e. DOT, utilities, ditches, etc., before entering the permitted discharge stream, proof that approval was received from the appropriate landowners and/or agencies must be provided prior to issuance of the permit.

- d) If this application is being submitted by a consulting engineer (or engineering firm), include documentation from the applicant showing that the engineer (or firm) submitting the application has been designated an authorized representative of the applicant; per [15A NCAC 02H .0138\(b\)\(1\)](#).
- e) Final plans for the treatment system (if application is for a new or modified permit). The plans must be signed and sealed by a North Carolina registered [Professional Engineer](#) and stamped-"Final Design-Not released for construction;" per [15A NCAC 02H .0139](#).
- f) Final specifications for all major treatment components (if application is for a new or modified permit). The specifications must be signed and sealed by a North Carolina registered [Professional Engineer](#) and shall include a narrative description of the treatment system to be constructed, per [15A NCAC 02H .0139](#).
- g) Site map identifying the location of the monitoring wells, the recovery wells, and the treatment system unit.
- h) Analytical monitoring data which sufficiently characterizes the type and concentration of contaminants on site. This includes a listing of any chemicals found with the maximum observed concentrations reported. The data provided must be no older than **one year** prior to the date of this application. At a minimum, the following parameters must be reported: Benzene, Toluene, Ethylbenzene, Xylene, Lead, Phenol, MTBE, and 1,2-Dichlorethane.

**CERTIFICATION**

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: \_\_\_\_\_

(Please review [15A NCAC 02H .0106\(e\)](#) for authorized signing officials)

\_\_\_\_\_  
*(Signature of Applicant)*

\_\_\_\_\_  
*(Date Signed)*

**North Carolina General Statute [§ 143-215.6B](#) 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 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). [18 U.S.C. Section 1001](#) provides a punishment by a fine or imprisonment not more than 5 years, or both, for a similar offense.



This application must be accompanied by a check or money order for **\$100.00** [per [G.S. § 143-215.3\(a\)\(1b\)](#)] made payable to:

**NCDENR**



**Mail this application and one copy of the entire package (with check) to:**

NC DENR / DWR / Water Quality Permitting Section  
1617 Mail Service Center  
Raleigh, North Carolina 27699-1617  
Attn: Charles Weaver

**Final Checklist**

This application will be returned as incomplete, as allowed by [15A NCAC 02H.0107\(b\)](#), unless all of the following items have been included:

- Complete application with all supporting documents (plus one copy of entire package)
- Check or money order for \$100.00, payable to NCDENR
- 3 copies of county map or USGS quad sheet with location of facility clearly marked on map
- 3 sets of plans and specifications signed and sealed by a North Carolina P.E. (if new or modified permit)
- Thorough responses to items 1-11 on this application
- Alternatives analysis including present value of costs for all alternatives

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