**NOTICE OF RENEWAL INTENT**

**[Required by** [**15A NCAC 02H .0127(d)**](http://portal.ncdenr.org/c/document_library/get_file?folderId=285750&name=DLFE-8519.pdf#page=20)**]; [term definition see** [**15A NCAC 02H .0103(19)**](http://portal.ncdenr.org/c/document_library/get_file?folderId=285750&name=DLFE-8519.pdf#page=4)**]**

Application for renewal of existing coverage under General Permit NCG510000

**Existing** [**Certificate of Coverage**](http://portal.ncdenr.org/c/document_library/get_file?folderId=285750&name=DLFE-8519.pdf#page=3) **(CoC): NCG510\_\_\_\_\_\_\_\_\_\_**

(*Please print or type*)

1. **Mailing address of site Owner:** (*address to which all correspondence should be mailed*)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Company Name |  | | | | |
| Company Contact |  | | | | |
| Street Address |  | | | | |
| City |  | State |  | ZIP |  |
| Telephone # |  | Fax # |  | | |
| Cell/Mobile # |  | Email |  | | |

1. **Location of remediation site producing discharge:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Facility Contact |  | | | | |
| Street Address |  | | | | |
| City |  | State |  | ZIP |  |
| County |  | | | | |
| Telephone # |  | Fax # |  | | |

1. **System operator / Consultant ID:**  (*if different from Owner*)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Company Name |  | | | | |
| Street Address |  | | | | |
| City |  | State |  | ZIP |  |
| County |  | | | | |
| Telephone # |  | Fax # |  | | |
| Email |  | | | | |

1. **Site ranking & ID:** GW incident #:

Site Ranking (*if available*):

Date of most recent discharge:

**Additional Application Requirements:**

The following information must be included in duplicate [original + 1 copy] with this application or it will be returned as incomplete.

* **Site map:** Clearly showing the path of the remediation system effluent from the site to its discharge point
* **Authorization for representatives**. If this application will be submitted by a consulting engineer (or engineering firm), include documentation from the Permittee showing that the consultant submitting the application has been designated an Authorized Representative of the applicant.

**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:

Click here to enter a date.

*(Signature of Applicant) (Date Signed)*

**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 $25,000, or by imprisonment not to exceed six months, or by both. (18 U.S.C. Section 1001 provides a punishment by a fine of not more than $25,000 or imprisonment not more than 5 years, or both, for a similar offense.)

**♦ ♦ ♦ ♦ ♦**

This Notice of Renewal Intent does NOT require a separate fee.

The permitted facility already pays an annual fee for coverage under NCG510000.

**♦ ♦ ♦ ♦ ♦**

**Mail this application and one copy of the entire package to:**

NC DENR / DWR / Water Quality Permitting Section

1617 Mail Service Center

Raleigh, North Carolina 27699-1617

Attn: Charles Weaver