**Documents shall be prepared in accordance with** [**15A NCAC 02T .0100, 15A NCAC 02T .0400,**](http://reports.oah.state.nc.us/ncac/title%2015a%20-%20environmental%20quality/chapter%2002%20-%20environmental%20management/subchapter%20t/subchapter%20t%20rules.pdf) **and all relevant Division Policies. Failure to submit all required items will necessitate additional processing and review time.**

##### *For more information, visit the* [*System-wide Collection System Permitting website:*](https://deq.nc.gov/about/divisions/water-resources/water-resources-permits/wastewater-branch/collection-systems/system-wide-collection-system-permitting)

**General** – When submitting an application to the Municipal Permitting Unit, please use the following instructions as a checklist in order to ensure all required items are submitted. Adherence to these instructions and checking the provided boxes will help produce a quicker review time and reduce the amount of requested additional information.

**The Applicant shall submit one original and one copy of the application and supporting documentation.**

**The copy may be submitted in digital format.**

1. **Cover Letter**

Submit a cover letter listing all items and attachments included in the permit application package

1. **No Application Fee Required**

* No application fee is necessary. The permittee will be billed an annual fee upon issuance of the permit
* The appropriate annual fee for systemwide wastewater collection system permits may be found at:
* [Annual Non-Discharge Fees](https://www.deq.nc.gov/about/divisions/water-resources/permitting/npdes-wastewater/fee-schedule-water-quality-permits)

1. **System-Wide Wastewater Collection System (FORM: CSA 04-16) Application:**

Submit the completed and appropriately executed System-wide Wastewater Collection System (FORM: CSA 04-16) application. Any unauthorized content changes to this form shall result in the application package being returned. If necessary for clarity or due to space restrictions, attachments to the application may be made, as long as the attachments are numbered to correspond to the section and item to which they refer.

If the Applicant Type in Section I.3 is a Privately-Owned Public Utility, provide the Certificate of Public Convenience and Necessity (CPCN) from the [North Carolina Utilities Commission](https://www.ncuc.net/) demonstrating the Applicant is authorized to hold the utility franchise for the area to be served by the wastewater collection system, or

Provide a letter from the [North Carolina Utilities Commission’s Water and Sewer Division Public Staff](http://www.pubstaff.commerce.state.nc.us/pswater/pswater.htm) stating an application for a franchise has been received and that the service area is contiguous to an existing franchised area or that franchise approval is expected.

If the Applicant Type in Section I.3 is a corporation or company, provide documentation if it is registered for business with the [North Carolina Secretary of State](https://www.sosnc.gov/online_services/search/by_title/_Business_Registration).

1. **General Information:**

* The Authorized signing official listed in Section I.4 should match with that of the Applicant certification page in accordance with [15A NCAC 02T .0106(b)](http://reports.oah.state.nc.us/ncac/title%2015a%20-%20environmental%20quality/chapter%2002%20-%20environmental%20management/subchapter%20t/15a%20ncac%2002t%20.0106.pdf). Per 15A NCAC 02T .0106(c), an alternate person may be designated as the signing official if a delegation letter is provided from a person who meets the criteria in 15A NCAC 02T .0106(b).
* **NOTE - Public Works Directors are not authorized to sign this permit application, according to the rule, unless they are formally delegated**.

1. **Summary of Attachments Required:**

**Instruction A: Cover Letter**

**Instruction C: Application**

**Instruction C: Ownership Documentation (i.e. CPCN) (If necessary)**

**Instruction D: Delegation Letter (If necessary for signing official)**

**Section IV.3 Pump Station List**

**Section IV.4 High Priority Lines List**

**Section V.4 Annual Budget for Collection System (Updated and Approved)**

**Section V.6 Capital Improvement Plan (Updated and Approved)**

**Section VI. 2 Response Action Plan**

**Section VI.4 Contingency Plan**

**Section VI.6 Comprehensive Collection System Map**

**Section VII Note Any Potential Compliance Issues**

**THE COMPLETED APPLICATION PACKAGE, INCLDING ALL SUPPORTING INFORMATION AND MATERIALS, SHOULD BE SENT TO:**

**NCDEQ-DWR**

**Water Quality Permitting Section**

**MUNICIPAL PERMITTING UNIT**

|  |  |
| --- | --- |
| By U.S. Postal Service: | By Courier/Special Delivery: |
|  |  |
| 1617 Mail Service Center | 512 N. SALISBURY ST. Suite 925 |
| RALEIGH, NORTH CAROLINA 27699-1617 | RALEIGH, NORTH CAROLINA 27604 |
| TELEPHONE NUMBER: (919) 707-3601 | TELEPHONE NUMBER: (919) 707-3601 |

1. **APPLICANT INFORMATION**:
2. Applicant's name (Municipality, Public Utility, etc):
3. Facility Information: Name:       Collection System Permit No.: WQCS00
4. Applicant type:  Municipal  State  Privately-Owned Public Utility

County  Other:

1. Signature authority’s name:       per [15A NCAC 02T .0106(b)](http://reports.oah.state.nc.us/ncac/title%2015a%20-%20environmental%20quality/chapter%2002%20-%20environmental%20management/subchapter%20t/15a%20ncac%2002t%20.0106.pdf)

Title:

1. Applicant’s mailing address:

City:       State:       Zip:      -

1. Applicant’s contact information:

Phone number: (   )    -     Fax number: (   )    -     Email address:

1. **CONTACT/CONSULTANT INFORMATION:**
2. Contact Name:
3. Title/Affiliation:
4. Contact’s mailing address:
5. City:       State:       Zip:      -
6. Contact’s information:

Phone number: (   )    -     Fax number: (   )    -     Email address:

1. **GENERAL REQUIREMENTS:**
2. New Permit or Premit Renewal?  New  Renewal
3. County System is located in:       County
4. Owner & Name of Wastewater Treatment Facility(ies) receiving wastewater from this collection system:

Owner(s) & Name(s):

1. WWTF Permit Number(s):
2. What is the wastewater type?       % Domestic or       % Industrial (See [15A NCAC 02T .0103(20)](http://reports.oah.state.nc.us/ncac/title%2015a%20-%20environmental%20quality/chapter%2002%20-%20environmental%20management/subchapter%20t/15a%20ncac%2002t%20.0103.pdf))

Is there a Pretreatment Program in effect?  Yes or  No

1. Wastewater flow:       MGD (Current average flow of wastewater generated by collection system)
2. Combined permitted flow of all treatment plants:       MGD
3. Explain how the wastewater flow was determined:  [15A NCAC 02T .0114](http://reports.oah.state.nc.us/ncac/title%2015a%20-%20environmental%20quality/chapter%2002%20-%20environmental%20management/subchapter%20t/15a%20ncac%2002t%20.0114.pdf) or  Representative Data
4. Population served by the collection system:
5. **COLLECTION SYSTEM INFORMATION:**
6. Line Lengths for Collection System:

|  |  |
| --- | --- |
| **Sewer Line Description** | **Length** |
| Gravity Sewer | (miles) |
| Force Main | (miles) |
| Vacuum Sewer | (miles) |
| Pressure Sewer | (miles) |

1. Pump Stations for Collection System:

|  |  |
| --- | --- |
| **Pump Station Type** | **Number** |
| Simplex Pump Stations (Serving Single Building) |  |
| Simplex Pump Stations (Serving Multiple Buildings) |  |
| Duplex Pump Stations |  |

1. Submit a list of all major (i.e. not simplex pump station serving a single family home) pump stations. Include the following information:

* Pump Station Name
* Physical Location
* Alarm Type (i.e. audible, visual, telemetry, SCADA)
* Pump Reliability (Can convey peak hourly wastewater flow with largest single pump out of service)
* Reliability Source (permanent/portable generator, portable pumps)
* Capacity of Station (Pump Station Capacity in GPM)

1. Submit a list of all high priority lines according per [15A NCAC 02T .0402(2)](http://reports.oah.state.nc.us/ncac/title%2015a%20-%20environmental%20quality/chapter%2002%20-%20environmental%20management/subchapter%20t/15a%20ncac%2002t%20.0402.pdf) known to exist in the collection system. Head the list with “Attachment A for Condition V(4)” and include the system name.

* Use the same line identification regularly used by the applicant
* Indicate type of high priority line (i.e. aerial), material and general location

1. **COLLECTION SYSTEM ADMINISTRATION:**
2. Provide a brief description of the organizational structure that is responsible for management, operation and maintenance of the collection system.

1. Indicate the current designated collection system operators for the collection system per [15A NCAC 08G.0201](http://reports.oah.state.nc.us/ncac/title%2015a%20-%20environmental%20quality/chapter%2008%20-%20water%20pollution%20control%20system%20operators%20certification%20commission/subchapter%20g/15a%20ncac%2008g%20.0201.pdf)

|  |  |
| --- | --- |
| Main ORC Name: | Certification Number: |
| Back-Up ORC Name: | Certification Number: |

See the “[WQCS Contacts and ORC Report](http://reports.ncdenr.org/CrystalReports/viewrpt.cwr?id=20787706&apsuser=BIMS_U&apspassword=b10Ms_cr(ddnri59)&apsauthtype=secEnterprise&cmd=EXPORT&EXPORT_FMT=U2FPDF:0)” for a current listing of the ORC(s) the Division has on file for WQCS permit

1. Approximate annual budget for collection system **only**: $
2. **Submit a copy of your current annual budget.**
3. Approximate capital improvement budge for the collection system **only: $**
4. **Submit a copy of your current capital improvement plan.**
5. Is this collection system currently a satellite system  Yes or  No
6. Do any satellite systems discharge to this collection system  Yes or  No (If yes complete table below)

|  |  |
| --- | --- |
| Satellite System | Contact Information (Name, Address, Phone Number) |
|  |  |
|  |  |
|  |  |

Complete for Satellite Systems that have a flow or capacity greater than 200,000 GPD (Average daily flow)

1. List any agreements or ordinances currently in place to address flows from satellite systems:

1. **COLLECTION SYSTEM COMPLIANCE:**
2. Is a Response Action Plan currently in place  Yes or  No
3. **If Yes, submit a copy of the Response Action Plan or see table 6 below.**
4. Is a pump station contingency plan currently in place?  Yes or  No
5. **If Yes, submit a copy of the pump station contingency plan or see table 6 below.**
6. Is a comprehensive collection system map currently in place?  Yes or  No
7. **Submit a submit a copy of the collection system map (CD or hardcopy) or indicate a schedule for completion**
8. **Thoroughly read and review the** [**System-Wide Collection System Permit Conditions**](https://deq.nc.gov/about/divisions/water-resources/water-resources-permits/wastewater-branch/collection-systems/system-wide-collection-system-permitting)**. Typically compliance schedules are only offered to NEW permit applicants and NOT permit renewals. Any compliance dates must be included within the permit prior to issuance or the permit holder will be found in violation upon inspection.**

|  |  |  |  |
| --- | --- | --- | --- |
| Permit Condition | Current Compliance? | If no, Indicate a Compliance Date | Typical Compliance Schedule |
| I(4) – Grease ordinance with legal authority to inspect/enforce | Yes  No |  | 12 – 18 mo. |
| I(5) – Grease inspection and enforcement program | Yes  No |  | 12 – 18 mo. |
| I(6) – Three to five year current Capital Improvement Plan. | Yes  No |  | 12 – 18 mo. |
| I(8) – Pump station contingency plan | Yes  No |  | 3 mo. |
| I(9) – Pump station identification signs. | Yes  No |  | 3 mo. |
| I(11) – Functional and conspicuous audible and visual alarms. | Yes  No |  | 3 – 6 mo. |
| II(5) – Spare pumps for any station where one pump cannot handle peak flows alone (in a duplex station, the 2nd pump is the spare if pump reliability is met). | Yes  No |  | 6 – 9 mo. |
| II(7) – Accessible right-of-ways and easements. | Yes  No |  | 6 – 12 mo. |
| II(9) – Response action plan with Items 9 (a – h). | Yes  No |  | 3 mo. |
| III(3) – Comprehensive collection system map | Yes  No |  | 10% per year |

For conditions not listed, compliance dates are not typically offered. List any permit conditions that may be difficult for the applicant to meet (attach clarification if needed):

1. **APPLICANT’S CERTIFICATION per** [**15A NCAC 02T .0106(b)**](http://reports.oah.state.nc.us/ncac/title%2015a%20-%20environmental%20quality/chapter%2002%20-%20environmental%20management/subchapter%20t/15a%20ncac%2002t%20.0106.pdf)**:**

I,       attest that this application for

(Signature Authority’s Name & Title from Item I.4) (Facility name from Item I.1)

has been reviewed by me and is accurate and complete to the best of my knowledge. I understand that if all required parts of this application are not completed and that if all required supporting information and attachments are not included, this application package will be returned to me as incomplete.

**Note**: In accordance with NC General Statutes [143-215.6A](http://www.ncleg.net/EnactedLegislation/Statutes/HTML/BySection/Chapter_143/GS_143-215.6A.html) and [143-215.6B](http://www.ncleg.net/EnactedLegislation/Statutes/HTML/BySection/Chapter_143/GS_143-215.6B.html), any person who knowingly makes any false statement, representation, or certification in any application shall be guilty of a Class 2 misdemeanor which may include a fine not to exceed $10,000 as well as civil penalties up to $25,000 per violation.

Signature: Date: