FOR AGENCY USE ONLY
NCG07 __ __ __ __
Assigned to: _____
ARO FRO MRO RRO WARO WIRO WSRO

Division of Energy, Mineral, and Land Resources Land Quality Section
National Pollutant Discharge Elimination System
NCG070000 Notice of Intent

*This General Permit covers **STORMWATER DISCHARGES** associated with activities under the following Standard Industrial Classifications: **SIC 32** [Stone, Clay, Glass and Concrete Products], and like activities deemed by DEMLR to be similar in the process and/or the exposure of raw materials, products, by-products, or waste materials. **SIC 3273** [Ready-Mixed Concrete] **is specifically excluded from coverage under this General Permit** and is instead covered under NCG140000. You can find information on the DEMLR Stormwater Program at deq.nc.gov/SW*

Directions: Print or type all entries on this application. Send the original, signed application with all required items listed in Item (6) below to: **NCDEMLR Stormwater Program, 1612 MSC, Raleigh, NC 27699-1612.** The submission of this application does not guarantee coverage under the General Permit. Prior to coverage under this General Permit a site inspection will be conducted.

1. Owner/Operator (to whom all permit correspondence will be mailed):

Name of legal organizational entity:	Legally responsible person as signed in Item (7) below:		
Street address:	City:	State:	Zip Code:
Telephone number:	Email address:		
Type of Ownership: Government ☐ County ☐ Federal ☐ Municipal ☐ State Non-government ☐ Business (If ownership is business, a copy of NCSOS report must be included with this application) ☐ Individual			

2. Industrial Facility (facility being permitted):

Facility name:	Facility environmental contact:		
Street address:	City:	State:	Zip Code:
Parcel Identification Number (PIN):	County:		
Telephone number:	Email address:		
4-digit SIC code:	Facility is: ☐ New ☐ Proposed ☐ Existing	Date operation is to begin or began:	
Latitude of entrance:	Longitude of entrance:		
Brief description of the types of industrial activities and products manufactured at this facility:			
If the stormwater discharges to a municipal separate storm sewer system (MS4), name the operator of the MS4: ☐ N/A			

3. Consultant (if applicable):

Name of consultant:	Consulting firm:		
Street address:	City:	State:	Zip Code:
Telephone number:	Email address:		

4. Outfall(s) At least one outfall is required to be eligible for coverage.

3-4 digit identifier:	Name of receiving water:	Classification:	☐ This water is impaired. ☐ This watershed has a TMDL.
Latitude of outfall:		Longitude of outfall:	
Brief description of the industrial activities that drain to this outfall:			
Do Vehicle Maintenance Activities occur in the drainage area of this outfall? ☐ Yes ☐ No If yes, how many gallons of new motor oil are used each month when averaged over the calendar year?			

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All outfalls **must** be listed and **at least one outfall is required**. Additional outfalls may be added in the section "**Additional Outfalls**" found on the last page of this NOI.

5. Other Facility Conditions (check all that apply and explain accordingly):

☐ This facility has other NPDES permits. If checked, list the permit numbers for all current NPDES permits:
☐ This facility has Non-Discharge permits (e.g. recycle permit). If checked, list the permit numbers for all current Non-Discharge permits:
☐ This facility uses best management practices or structural stormwater control measures. If checked, briefly describe the practices/measures and show on site diagram:
☐ This facility has a Stormwater Pollution Prevention Plan (SWPPP). If checked, please list the date the SWPPP was implemented:
☐ This facility stores hazardous waste in the 100-year floodplain. If checked, describe how the area is protected from flooding:
☐ This facility is a (mark all that apply) ☐ Hazardous Waste Generation Facility ☐ Hazardous Waste Treatment Facility ☐ Hazardous Waste Storage Facility ☐ Hazardous Waste Disposal Facility

If checked, indicate:	
Kilograms of waste generated each month:	Type(s) of waste:
How material is stored:	Where material is stored:
Number of waste shipments per year:	Name of transport/disposal vendor:
Transport/disposal vendor EPA ID:	Vendor address:

☐ This facility is located on a Brownfield or Superfund site If checked, briefly describe the site conditions

6. Required Items (Application will be returned unless all of the following items have been included):

☐ Check for $120 made payable to NCDEQ
☐ Copy of most recent Annual Report to the NC Secretary of State
☐ This completed application and any supporting documentation
☐ A site diagram showing, at a minimum, existing and proposed: a) outline of drainage areas b) surface waters c) stormwater management structures d) location of stormwater outfalls corresponding to the drainage areas e) runoff conveyance features f) areas where industrial process materials are stored g) impervious areas h) site property lines
☐ Copy of county map or USGS quad sheet with the location of the facility clearly marked

7. Applicant Certification:

North Carolina General Statute 143-215.6B (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 . . . shall be guilty of a Class 2 misdemeanor which may include a fine not to exceed ten thousand dollars ($10,000).

Under penalty of law, I certify that:

☐ I am the person responsible for the permitted industrial activity, for satisfying the requirements of this permit, and for any civil or criminal penalties incurred due to violations of this permit.

☐ The information submitted in this NOI is, to the best of my knowledge and belief, true, accurate, and complete based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information.

☐ I will abide by all conditions of the NCG070000 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 hereby request coverage under the NCG070000 General Permit.

Printed Name of Applicant: _____

Title: _____

_____ _____

(Signature of Applicant) (Date Signed)

Mail the entire package to: DEMLR – Stormwater Program
Department of Environmental Quality
1612 Mail Service Center
Raleigh, NC 27699-1612

Additional Outfalls

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