FOR A	AGENC	Y USE C	ONLY			
NCGC	)9					
Assig	ned to	:				
ARO	FRO	MRO	RRO	WARO	WIRO	WSRC

## Division of Energy, Mineral, and Land Resources Land Quality Section National Pollutant Discharge Elimination System NCG090000 Notice of Intent

This General Permit covers **STORMWATER DISCHARGES** associated with activities under the following Standard Industrial Classifications: **SIC 285** [Paints, Varnishes, Lacquers, Enamels, and Allied Products. 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.

City:

Legally responsible person as signed in Item (7) below:

State:

Zip Code:

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

Name of legal organizational entity:

Street 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  Individual  Industrial Facility (facility being permitted): Facility name:  Street address:  City:  State:  Zip Code  Parcel Identification Number (PIN):  County:  Telephone number:  Email address:  4-digit SIC code:  New Proposed Existing  Latitude 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:					U		
□ County □ Federal □ Municipal □ State   Non-government □ Business (If ownership is business, a copy of NCSOS report must be included with this application) □ Individual    dustrial 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:  □ New □ Proposed □ Existing  Latitude of entrance:  Brief description of the types of industrial activities and products manufactured at this facility:	• •				17		
Non-government   Business (If ownership is business, a copy of NCSOS report must be included with this application)   Individual							
□ Business (If ownership is business, a copy of NCSOS report must be included with this application)   □ Individual      County:		deral 🗆 Municipal 🗀 <mark>Stat</mark>	te		- //		
dustrial Facility (facility being permitted):  Facility name:  Street address:  City:  State:  Zip Code  Parcel Identification Number (PIN):  Telephone number:  Email address:  4-digit SIC code:  New Proposed Existing  Latitude of entrance:  Brief description of the types of industrial activities and products manufactured at this facility:	•						
dustrial 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:       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:	☐ Business (If own	ership is business, a copy of No	CSOS report must be include	ed with this application)			
Facility name:  Street address:  City:  State:  Zip Code  Parcel Identification Number (PIN):  Telephone number:  Email address:  4-digit SIC code:  New Proposed Existing  Latitude of entrance:  Brief description of the types of industrial activities and products manufactured at this facility:	☐ Individual						
Facility name:  Street address:  City:  State:  Zip Code  Parcel Identification Number (PIN):  Telephone number:  Email address:  4-digit SIC code:  New Proposed Existing  Latitude of entrance:  Brief description of the types of industrial activities and products manufactured at this facility:							
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Latitude of entrance:  Longitude of entrance:  Brief description of the types of industrial activities and products manufactured at this facility:	4-digit SIC code: Facility is:		Dat	Date operation is to begin or began:			
Brief description of the types of industrial activities and products manufactured at this facility:		☐ New ☐ Proposed ☐	Existing				
	Latitude of entrand	e:	Longitude of e	ntrance:			
	Brief description of	the types of industrial activities	es and products manufactu	red at this facility:			
If the atomic value discharges to a provisional concepts atomic popular (MCA) warms the appropriate of the MCA.	·		·	ŕ			
If the Stormwater discharges to a municipal separate storm sewer system (19154), name the operator of the 19154:		discharges to a municinal senar	ate storm sewer system (M	1S4), name the operator of t	he MS4:		
	If the stormwater o	alseriarges to a mamerpar separ	(1)	,,			

Name of consultant:		Consulting firm:		
Street address:		City:	State: Zip Code	
Telephone number:		Email address:	<u> </u>	
Nutfall(s) At least o	one outfall is required to be eligib	ale for coverage		
3-4 digit identifier:	Name of receiving water:	Classification:	☐ This water is impaired.	
3-4 digit identilier.	Maine of receiving water.	Classification.	☐ This water is impaired.	
Latitude of outfall:		Longitude of outfall:		
Brief description of t	he industrial activities that drain to	_  this outfall:		
Do Vehicle Maintena	ince Activities occur in the drainage	area of this outfall?	☐ Yes ☐	
If yes, how many gall	ons of new motor oil are used each	month when averaged or	ver the calendar year?	
3-4 digit identifier:	Name of receiving water:	Classification:	☐ This water is impaired.	
			☐ This watershed has a TMDI	
Latitude of outfall:		Longitude of outfall:		
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	he industrial activities that drain to		7	
Brief description of t		this outfall:		
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Brief description of t  Do Vehicle Maintena If yes, how many gall  3-4 digit identifier:  Latitude of outfall:  Brief description of t  Do Vehicle Maintena If yes, how many gall	nnce Activities occur in the drainage ons of new motor oil are used each  Name of receiving water:  the industrial activities that drain to ance Activities occur in the drainage ons of new motor oil are used each	this outfall:  area of this outfall?  month when averaged or  Classification:  Longitude of outfall:  this outfall:  area of this outfall?  month when averaged or	rer the calendar year?  ☐ This water is impaired. ☐ This watershed has a TMDL ☐ Yes ☐  wer the calendar year?	
Brief description of t  Do Vehicle Maintena If yes, how many gall  3-4 digit identifier:  Latitude of outfall:  Brief description of t  Do Vehicle Maintena If yes, how many gall  3-4 digit identifier:  Latitude of outfall:	Name of receiving water:  he industrial activities that drain to ince Activities occur in the drainage ons of new motor oil are used each  Name of receiving water:	this outfall:  area of this outfall? month when averaged or  Classification:  Longitude of outfall:  this outfall:  area of this outfall? month when averaged or  Classification:  Longitude of outfall:	ver the calendar year?  ☐ This water is impaired. ☐ This watershed has a TMDL  ☐ Yes ☐ Yes ☐ This water is impaired.	
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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.

f checked, list the permit numbers for all curren	nt NPDES permits:
$\square$ This facility has Non-Discharge permits (e.g. $r_0$ If checked, list the permit numbers for all curren	
☐ This facility uses best management practices	
If checked, briefly describe the practices/measur	ares and show on site diagram:
☐ This facility has a Stormwater Pollution Preve	ention Plan (SWPPP).
If checked, please list the date the SWPPP was in	implemented:
$\Box$ This facility stores hazardous waste in the 100	
If checked, describe how the area is protected fr	
☐ This facility is a (mark all that apply)	
☐ Hazardous Waste Generation Facility	
$\square$ 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:
	Vendor address:
Transport/disposal vendor EPA ID:	TERRETARY AND
Commission of the control of	mention distance.
☐ This facility is located on a Brownfield or Supe	perfund site
☐ This facility is located on a Brownfield or Supe	perfund site
☐ This facility is located on a Brownfield or Supe	perfund site
☐ This facility is located on a Brownfield or Superlif checked, briefly describe the site conditions	perfund site  unless all of the following items have been included):
☐ This facility is located on a Brownfield or Super If checked, briefly describe the site conditions	
☐ This facility is located on a Brownfield or Super If checked, briefly describe the site conditions  equired Items (Application will be returned u	unless all of the following items have been included):
☐ This facility is located on a Brownfield or Super If checked, briefly describe the site conditions    equired Items (Application will be returned utous in the Company of the State of State	unless all of the following items have been included): C Secretary of State
<ul> <li>□ This facility is located on a Brownfield or Super If checked, briefly describe the site conditions</li> <li>equired Items (Application will be returned urange in the second payable to NCDEQ</li> <li>□ Copy of most recent Annual Report to the NC</li> <li>□ This completed application and any supporting</li> </ul>	unless all of the following items have been included):  C Secretary of State ing documentation
☐ This facility is located on a Brownfield or Super If checked, briefly describe the site conditions  equired Items (Application will be returned upon Check for \$120 made payable to NCDEQ  ☐ Copy of most recent Annual Report to the NCD Copy of m	unless all of the following items have been included):  C Secretary of State ing documentation
☐ This facility is located on a Brownfield or Super If checked, briefly describe the site conditions  ■ Check for \$120 made payable to NCDEQ  ☐ Copy of most recent Annual Report to the NCDED This completed application and any supportine A site diagram showing, at a minimum, existing a) outline of drainage areas  b) surface waters	unless all of the following items have been included):  C Secretary of State ing documentation
☐ This facility is located on a Brownfield or Super If checked, briefly describe the site conditions  equired Items (Application will be returned u ☐ Check for \$120 made payable to NCDEQ ☐ Copy of most recent Annual Report to the NC ☐ This completed application and any supportir ☐ A site diagram showing, at a minimum, existing a) outline of drainage areas b) surface waters c) stormwater management structures	unless all of the following items have been included):  C Secretary of State ing documentation ing and proposed:
□ This facility is located on a Brownfield or Super If checked, briefly describe the site conditions  ■ Checked, briefly describe the site conditions  ■ Check for \$120 made payable to NCDEQ  □ Copy of most recent Annual Report to the NC  □ This completed application and any supportine  □ A site diagram showing, at a minimum, existing a) outline of drainage areas b) surface waters c) stormwater management structures d) location of stormwater outfalls correspond	unless all of the following items have been included):  C Secretary of State ing documentation ing and proposed:
□ This facility is located on a Brownfield or Super If checked, briefly describe the site conditions    Equired Items (Application will be returned used on the second of	unless all of the following items have been included):  C Secretary of State ing documentation ing and proposed:
☐ This facility is located on a Brownfield or Super If checked, briefly describe the site conditions  ■ Check for \$120 made payable to NCDEQ  ☐ Copy of most recent Annual Report to the NCO  ☐ This completed application and any supportin  ☐ A site diagram showing, at a minimum, existing a) outline of drainage areas b) surface waters c) stormwater management structures d) location of stormwater outfalls corresponding e) runoff conveyance features f) areas where materials are stored	unless all of the following items have been included):  C Secretary of State ing documentation ing and proposed:
☐ This facility is located on a Brownfield or Super If checked, briefly describe the site conditions    Compared Items   Compared Items   Compared Items	unless all of the following items have been included):  C Secretary of State ing documentation ing and proposed:

## 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).

any

civil or criminal penalties incu	at: or the permitted industrial activity, for satisfying the requirements of this permit, and for and the surred due to violations of this permit. this NOI is, to the best of my knowledge and belief, true, accurate, and complete based on
my inquiry of the person or p information.	ersons who manage the system, or those persons directly responsible for gathering the
<del>-</del>	f the NCG090000 permit. I understand that coverage under this permit will constitute the discharge(s) and is enforceable in the same manner as an individual permit.
	der the NCG090000 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**

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:						
	nce Activities occur in the drainagons of new motor oil are used eac		☐ Yes ☐ No the calendar year?			
in yes, now many gain						
2 4 diait identifian	Name of possible water.	Classifications	This was to be a single dead			
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 th	ne industrial activities that drain to	this outfall:				
Do Vohiclo Maintona	nce Activities occur in the drainage	o area of this outfall?	☐ Yes ☐ No			
	ons of new motor oil are used eac					
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 th	ne industrial activities that drain to	this outfall:				
Do Vehicle Maintena	nce Activities occur in the drainage	e area of this outfall?	☐ Yes ☐ No			
	ons of new motor oil are used eac					
Depar	tment of Environment	at Chrainty				
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?						
If yes, how many gallons of new motor oil are used each month when averaged over the calendar year?						
3-4 digit identifier:	Name of receiving water:	Classification:	☐ This water is impaired.			
Latitude of outfall:  □ This watershed has a TMDL.  Longitude of outfall:						
Brief description of the industrial activities that drain to this outfall:						
bilet description of the industrial activities that drain to this outrali.						
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?						