



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

**Application for Coverage Under
General Permit NCG500000**

*Non-contact cooling water, boiler blowdown, cooling tower blowdown,
condensate and similar point source discharges.*

NOTICE OF INTENT

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

FOR AGENCY USE ONLY								
Date Received								
Year			Month			Day		
Certificate of Coverage (COC)								
N	C	G	5	0				
Check #						Amount		
Assigned to:								

The Division of Water Resources will not accept an application package unless all instructions are followed. Failure to submit all required items may result in the application being returned. *For more information, visit the Water Quality Permitting Section's NPDES Permitting Branch [website](#). (Press TAB to navigate form)*

1. Mailing Address of Facility Owner/Operator: *(address to which all correspondence should be mailed)*

Company Name:

Owner Name and Title:

Street Address:

City:

State:

Zip: :

-

Telephone #:

Email: @

2. Location of Facility Producing the Discharge:

Facility Name:

Facility Contact:

Street Address:

City:

State:

Zip:

-

County:

Telephone #:

Email: @

3. Physical Location Information:

Please describe how to get to the facility from the nearest town, major highway or identifiable roadway intersection *(use street names, state road numbers, and/or distances and directions)*.

4. This NPDES permit application applies to which of the following:

☐ New [term definition see [15A NCAC 02H .0103\(16\)](#)] or Proposed

☐ Modification

Please describe the modification:

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5. Does this facility have any other NPDES permits [term definition see [15A NCAC 02H .0103\(15\)](#)]?:

- ☐ No
- ☐ Yes – Please list the permit numbers for all current NPDES for this facility: _____

6. What is the nature of the business applying for this permit? _____

- | | | |
|--|--|---|
| <input type="checkbox"/> Septic tank | <input type="checkbox"/> Dosing tank | <input type="checkbox"/> UV disinfection |
| <input type="checkbox"/> Primary sand filter | <input type="checkbox"/> Secondary sand filter | <input type="checkbox"/> Recirculating sand filter(s) |
| <input type="checkbox"/> Chlorination | <input type="checkbox"/> Dechlorination | <input type="checkbox"/> Other components: _____ |
| <input type="checkbox"/> Self-Contained POD system [describe] _____ | | |
| <input type="checkbox"/> Leach Field | | |
| <input type="checkbox"/> Post Aeration (<i>specify type</i>) _____ | | |

7. 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. This includes tracing the pathway of the storm sewer to the discharge point, if the storm sewer is the only viable means of discharge.

- b) Number of discharge points (*ditches, pipes, channels, etc. that convey wastewater from the property*): _____

- c) What type of wastewater is discharged? Indicate which discharge points, if more than one.

- | | |
|--|--|
| <input type="checkbox"/> Non-contact cooling water | <input type="checkbox"/> Discharge point(s) #: _____ |
| <input type="checkbox"/> Boiler blowdown | <input type="checkbox"/> Discharge point(s) #: _____ |
| <input type="checkbox"/> Cooling Tower blowdown | <input type="checkbox"/> Discharge point(s) #: _____ |
| <input type="checkbox"/> Condensate | <input type="checkbox"/> Discharge point(s) #: _____ |
| <input type="checkbox"/> Other – Please Describe: | <input type="checkbox"/> Discharge point(s) #: _____ |

- d) Volume of discharge per each discharge point (GPD – *Gallons Per Day*):

#1: _____ GPD #2: _____ GPD #3: _____ GPD #4: _____ GPD

- e) Please describe the type of process (i.e. compressor, A/C unit, chiller, boiler, etc.) the wastewater is being discharged from, per each separate discharge point (*if applicable, use separate sheet*):

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8. Check the type of chemical added to the wastewater for treatment, per each separate discharge point (if applicable, use separate sheet): [Required by [15A NCAC 02H .0105\(c\)\(j\)](#)]

<input type="checkbox"/> Biocides	Name: _____	Manuf.: _____
<input type="checkbox"/> Corrosion inhibitors	Name: _____	Manuf.: _____
<input type="checkbox"/> Chlorine	Name: _____	Manuf.: _____
<input type="checkbox"/> Algaecide	Name: _____	Manuf.: _____
<input type="checkbox"/> Other	Name: _____	Manuf.: _____
<input type="checkbox"/> None		

If any box above, other than "None" is checked, a completed Biocide 1010 Form and manufacturers' information on the additive is required to be submitted with the application for the Division's review.

9. Is there any type of treatment being provided to the wastewater before discharge (i.e., retention ponds, settling ponds, etc.)?

☐ No

☐ Yes – Please include design specifics (i.e., design volume, retention time, surface area, etc.) with submittal package. Existing treatment facilities should be described in detail. Design criteria and operational data (including calculations) should be provided to ensure that the facility can comply with the requirements of the [General Permit](#), as required by [15A NCAC 02H .0127](#). The treatment shall be sufficient to meet the limits set by the general permits.

Note: Design of treatment facilities must comply with the requirements of [15A NCAC 02H .0138](#). If construction applies to this discharge, include the three sets of plans and specifications with this application.

10. Discharge Frequency: [Required by [15A NCAC 02H .0105\(c\)\(1\)](#)]

a) The discharge is: ☐ Continuous ☐ Intermittent ☐ Seasonal

i. If the discharge is intermittent, describe when the discharge will occur: _____

ii. If seasonal, check the month(s) the discharge occurs:

☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ Dec

b) How many days per week is there a discharge? _____

c) Please check the days discharge occurs: ☐ Sat ☐ Sun ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri

11. Pollutants: [Required by [15A NCAC 02H .0105\(c\)\(1\)](#)]

Please list any known pollutants that are present in the discharge, per each separate discharge point (if applicable, use separate sheet): _____

12. 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 end up in? If the site wastewater discharges to a separate storm sewer system (4S), name the operator of the 4S (e.g. City of Raleigh). _____

b) Stream Classification: _____

c) Geographic coordinates (Latitude and Longitude) at point of discharge: _____

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13. 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, as defined in [15A NCAC 02H .0103](#), is not an option. It should also include a present value costs analysis as outlined in the Division's "[Engineering Alternatives Analysis \(EAA\) Guidance Document](#)."

14. Additional Application Requirements:

For new or proposed discharges, the following information must be included 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 including latitude and longitude.
- b) Site map, if the discharge is not directly to a stream, the pathway to the receiving stream must be clearly indicated. This includes tracing the pathway of a storm sewer to its discharge point.
- c) 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\(b\)\(1\)](#).
- d) Final plans for the treatment system (*if applicable*). The plans must be signed and sealed by a North Carolina registered Professional Engineer, as defined in [15A NCAC 02H .0103](#), and stamped – "Final Design-Not released for construction", per [15A NCAC 02H .0139](#).

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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\(c\)](#) for definition of authorized signing officials)

[Click here to enter a date.](#)

(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.

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

NCDEQ
◆ ◆ ◆ ◆ ◆

Mail this application (with check) to:

NCDEQ / DWR / NPDES
Attention: Caroline Robinson, Supervisor
Compliance and Expedited Permitting Unit
1617 Mail Service Center
Raleigh, North Carolina 27699-1617

Final Checklist

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

- ☐ Complete application with all supporting documents
- ☐ Check or money order for \$100.00, payable to NCDEQ
- ☐ County map or USGS quad sheet with location of facility clearly marked on map
- ☐ Plans and specifications signed and sealed by a North Carolina P.E.
- ☐ Engineering Alternatives Analysis (EAA). See item 13.
- ☐ Thorough responses to items 1-14 on this application

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