



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

**Modification Form for Existing Coverage Under
General Permit NCG510000**

*For remediated groundwater and similar wastewaters
contaminated with petroleum products and/or chlorinated solvents.*

FOR AGENCY USE ONLY								
Date Received								
Year			Month			Day		
Certificate of Coverage (COC)								
N	C	G	5	1				
Check #					Amount			
Assigned To:								

MODIFICATION APPLICATION

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

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 Unit [website](#).*

(If on a computer, press TAB to navigate form.)

1) Existing Certificate of Coverage (COC): NCG51_____

2) Owner's Contact Information: *(address to which all permit correspondence will be mailed)*

Company Name: _____

Owner Name and Title: _____

Street Address: _____

City: _____ State: ____ Zip: _____ - _____

Telephone #: _____

Email: _____

3) Location of Facility Producing the Discharge: *(Please list the address of the facility. If facility is not yet constructed, give street address or lot number.)*

Facility Name: _____

Facility Contact: _____

Street Address: _____

City: _____ State: ____ Zip: _____ - _____

County: _____

Telephone #: _____

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4) Describe the proposed modification to the existing permit:

- ☐ Replacement of an Existing Wastewater Treatment System
- ☐ Expansion of Existing Wastewater Treatment System (*i.e. increased flow, addition of new components*)

If increasing permitted or existing flow, provide the new, proposed design wastewater flow: _____ GPD

(Explain in detail the nature of the modification. Attach all site maps, plans and specifications, signed by an NC Certified Engineer if applicable.)

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

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

6) 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.
- b) Number of discharge points (ditches, pipes, etc. that convey wastewater from the property): _____
- c) Volume of discharge per each discharge point (in GPD): _____

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

- a) The discharge is: ☐ Continuous
- ☐ Intermittent - Describe when the discharge will occur: _____
- b) What is the source(s) of contamination (i.e. gasoline, diesel, solvents, etc.)?: _____
- c) Is free product present?
- ☐ Yes - Product storage tank and an oil/water separator are required. Free product is defined as any measurable accumulation of 1/8" or more in a well or floating on surface water.
- ☐ No

8) PROPOSED new treatment system components: [Required by [15A NCAC 02H .0105\(c\)\(3\)](#)]

Check all of the following that will be newly added components in the treatment system:

- ☐ Oil/Water Separator ☐ Air Stripper ☐ Carbon Adsorption ☐ Filters
- ☐ Other: _____

- a) If an Oil/Water separator is being added (or replacing an existing Oil/Water separator), please provide the following information:
- i) Rated flow capacity of the unit (in GPM): _____

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- ii) Volume of unit (gal): _____
- iii) Detention time (min): _____
- iv) Free product disposal method: _____

b) If an air stripper is being added (or replacing an existing air stripper), please provide the following information:

- i) Rated flow capacity of the unit (in GPM): _____
- ii) Air provided for stripping (in CFM): _____
- iii) Air to Water ratio: _____
- iv) Number of trays (if applicable): _____

(Removal efficiencies for all chemicals of concern should be included in this submittal. Efficiencies should be expressed as a percentage, i.e. 98% or 0.98)

c) If carbon adsorption is being added (or replacing existing carbon adsorption), please provide the following information:

- i) Rated flow capacity of the unit(s) (in GPM): _____
- ii) Number of carbon units and arrangement if number exceeds one (i.e., in parallel or in series): _____
- iii) Pounds of carbon in each unit: _____
- iv) Specify carbon breakthrough time: _____

(The method used to calculate breakthrough time must be included in the submittal.)

d) If filters are being added (or replacing existing filters), please provide the following information:

- i) Rated flow capacity of each unit(s) (in GPM): _____
- ii) Arrangement of particulate filters within the system: ☐ Parallel ☐ Series

e) Solids disposal method: _____

f) If other components are included in this proposed modification, please specify: _____

9) If requesting an Expansion of discharge flow, submit an Evaluation of Alternatives to Discharge to Waters of the State: [Evaluation required by [G.S. § 143-215.1\(b\)\(5\)\(a\)](#) and [15A NCAC 02H .0105\(c\)\(2\)](#)].

(If you are not requesting an expansion of flow, skip to Number 10.)

Address the feasibility of implementing discharge alternatives, as outlined in the Division's "[Engineering Alternatives Analysis \(EAA\) Guidance Document](#)". The alternatives should include:

- a) Connecting 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 local sewer system is not an option. It should also include a *present value of costs analysis (PVCA)*.

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10) Additional Application Requirements:

For proposed modifications which will add or replace treatment system components, the following information must be included with this application or it will be returned as incomplete; per [15A NCAC 02H .0105\(c\)](#).

- a) Site Map shall locate and identify monitoring wells, recovery wells, treatment system components, and discharge location.
- b) Flow Schematic documenting flow through the treatment system from influent to outfall, including anti-erosion structures and sample-port locations.
- c) Final Plans and Specifications for the modified treatment system, which shall include a narrative description of treatment components, and shall be signed and sealed by a North Carolina-registered Professional Engineer. Plans and Specs shall be stamped "Final Design - Not Released for Construction," per [15A NCAC 02H .0139](#).
- d) Submittals by a Consulting Engineer or Engineering Firm applying on behalf of the Applicant shall include documentation that the engineer (or firm) is legally authorized to represent said applicant; per [15A NCAC 02H .0138\(b\)\(1\)](#).

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\(e\)](#) for authorized signing officials)

(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.

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This Modification Application does NOT require a separate fee. The permitted facility already pays an annual fee for coverage under NCG510000. A modified Certificate of Coverage (CoC) cannot be issued if there are any unpaid annual fees.

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Mail this application to:

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