



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

**Application for Coverage Under
General Permit NCG520000**

For Sand Dredging operations and similar point source discharges

FOR AGENCY USE ONLY									
Date Received									
Year		Month			Day				
Certificate of Coverage									
N	C	G	5	2					
Check #					Amount				
Assigned To:									

NOTICE OF INTENT

[Required by 15A NCAC 02H .0127(h); 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](#).*

(Please print or type)

- 1) Regional Office Contact:** Please contact your [DWR Regional Office](#) before submitting this application. If you have not met with your appropriate DWR Regional Office Representative, the application will be returned.

Please list the DWR Regional Office representative(s) with whom you have discussed this project:

Name(s): _____ Date: _____

- 2) Mailing address of owner/operator:** *(address to which all correspondence should be directed)*

Company Name: _____

Owner Name: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone No.: _____ Email: _____

- 3) Location of facility producing discharge:**

Facility Name: _____

Facility Contact: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

County: _____

Telephone No.: _____ Email: _____

- 4) Physical location information:**

Please provide a narrative description of how to get to the facility *(use street names, state road numbers, and distance and direction from a roadway intersection)*.

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(A copy of a county map or USGS quad sheet with facility clearly located on the map is required to be submitted with this application)

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

☐ No ☐ Yes - If 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, channels, etc. that convey wastewater from the property): _____

c) Volume of discharge per each discharge point (in GPD):

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

d) Please describe the type of process the sand dredging wastewater is being discharged from, be specific:

e) Is there any treatment being applied to the wastewater before discharge (check the type of treatment in use)?

☐ Settling pond ☐ Lagoon ☐ None ☐ Other: _____

f) How much of the volume discharged is treated (state in percent)? _____

g) If any box in item (e) above, other than none, was checked, 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/or 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 with the limits set by the General Permit. The trapping efficiency should be greater than 75%. The surface area should be as large as possible to ensure sedimentation occurs. To secure optimum efficiency the flow length of the basin to the basin width should have a ratio of 2:1

7) 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. ☐ Tue. ☐ Wed. ☐ Thu. ☐ Fri.

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8) Receiving waters: [Required by [15A NCAC 02H .0105\(c\)\(1\)](#) and [15A NCAC 02H .0127\(i\)](#)]

- 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 municipal separate storm sewer system (MS4), name the operator of the MS4 (e.g. City of Raleigh).

b) Stream Classification: _____

9) 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 is not an option. It should also include a present value of costs analysis as outlined in the Division's Engineering Alternatives Analysis Guidance Document:

<https://www.deq.nc.gov/engineering-alternatives-analysis-eaa-guidance-document/download?attachment>

Additional Application Requirements:

For new or proposed discharges, the following information must be included in triplicate with this application, or it will be returned as incomplete. Per [15A NCAC 02H .0105\(c\)](#) and [15A NCAC 02H .0127](#)

- a) 7.5-minute series USGS topographic map (or a photocopied portion thereof) with discharge location clearly indicated.
- 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 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\(e\)](#) 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.

Notice of Intent must be accompanied by a check or money order for **\$119.00** [per [G.S. § 143-215.3\(a\)\(1b\)](#)] made payable to: NC DEQ

Mail one copy of the entire package to:

Division of Water Resources
NPDES Permitting Section
1617 Mail Service Center
Raleigh, North Carolina 27699-1617

Final Checklist

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

- ☐ Check for **\$119.00** made payable to NC DEQ
- ☐ County map or USGS quad sheet with location of facility clearly marked on map
- ☐ This completed application and all supporting documents
- ☐ Thorough responses to items 1-10 on this application
- ☐ Alternatives analysis including present value of costs for all alternatives

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