



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

Modification Form for Existing 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:									

Existing Certificate of Coverage (CoC): NCG52_____

[Correct items 1 and 2, as necessary. Please print or type answers to the other questions.]

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

Company Name: _____
 Owner Name/Title: _____
 Street Address: _____
 City: _____ State: _____ ZIP Code: _____
 Telephone No.: _____ Email: _____

2) Location of Facility Producing Discharge:

Facility Name: _____
 Facility Contact: _____
 Street Address: _____
 City: _____ State: _____ ZIP Code: _____
 County: _____ Email: _____
 Telephone No.: _____

3) Description of Modification:

4) Description of Discharge: [Required by 15A NCAC 02H .0105(c)(1)]

- 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.
- Number of discharge points (ditches, pipes, channels, etc. that convey wastewater from the property): _____
- Volume of discharge per each discharge point (in GPD):
 #1: _____ #2: _____ #3: _____ #4: _____

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- d) Is there any treatment being applied to the wastewater before discharge (check the type of treatment in use)?:
- ☐ Settling pond ☐ Lagoon ☐ None
- ☐ Other: _____

5) 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:
- ☐ Saturday ☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

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: _____

(Signature of Applicant)

(Date Signed)

North Carolina General Statute 143-215.6 b (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 Article 21 or regulations of the Environmental Management Commission implementing that Article, or who falsifies, tampers with or knowingly renders inaccurate any recording or monitoring device or method required to be operated or maintained under Article 21 or regulations of the Environmental Management Commission implementing that Article, shall be guilty of a misdemeanor punishable by a fine not to exceed \$25,000, or by imprisonment not to exceed six months, or by both. (18 U.S.C. Section 1001 provides a punishment by a fine of not more than \$25,000 or imprisonment not more than 5 years, or both, for a similar offense.)

Mail this COMPLETED form to:

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