



NORTH CAROLINA  
Environmental Quality

**NCDEQ / Division of Water Resources**  
**National Pollutant Discharge Elimination System**  
**Application for Coverage Under General Permit**

**NCG520000**

*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 RENEWAL INTENT**

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

*(Please print or type)*

**1) Mailing address\* of owner/operator:**

Company Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Email: \_\_\_\_\_

*\* Address to which all permit correspondence will be mailed*

**2) Location of facility producing discharge:**

Facility Name: \_\_\_\_\_

Facility Contact: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

County: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

**3) Description of Discharge:**

a) Is the discharge directly to the receiving water?  Yes  No

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

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

Settling pond  Lagoon  None

Other: \_\_\_\_\_

**4) Discharge Frequency:**

- 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

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:**

Mr. Charles H. Weaver  
 NCDENR / DWR / NPDES  
 1617 Mail Service Center  
 Raleigh, North Carolina 27699-1617