



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

Modification Form for Existing Coverage

Under General Permit NCG550000

*For Single-Family Residences and Similar Discharges
100% Domestic Wastewater \leq 1,000 gallons per day*

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

Certificate of Coverage NCG55_____

(Please verify the information in items 1 & 2 as correct, or note any corrections that should be made.)

(Please print or type)

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 Discharge:

a) Type of facility producing waste (please check one):

☐ Primary residence

☐ Vacation/second home

☐ Undeveloped property

☐ Other [describe]: _____

4) Description of Modification:

5) Check all proposed wastewater treatment system components:

- | | | |
|--|--|---|
| <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"/> Post Aeration (<i>specify type</i>) _____ | | |

- ☐ Proposed New Treatment System for Surface Discharge (not constructed) - Attach all site maps, plans and specifications, to be signed by an NC Certified Engineer. If prepared by others, plans must conform to [15A NCAC 02H .0139](#).

_____ Click here to enter text.

- ☐ Proposed Modifications to Existing Treatment System - Explain in detail the nature of the modification. Attach all site maps, plans and specifications, signed by an NC Certified Engineer. If prepared by others, plans must conform to [15A NCAC 02H .0139](#).

_____ Click here to enter text.

Expanding Flow? - Do you propose to **increase permitted or existing flow**? ☐ Yes ☐ No

Existing: Amount of wastewater currently discharged: Number of bedrooms _____ x 120 gallons per bedroom = _____ gallons per day to be permitted (design flow)

Expanding: Amount of wastewater proposed to be discharged: Number of bedrooms _____ x 120 gallons per bedroom = _____ gallons per day to be permitted (design flow)

If expanding flow, please submit an updated Engineer's Alternative Analysis (EAA). The EAA guidance document can be found [here](#).

Does the proposed new system conform to the following boundaries? (per [15A NCAC 02T .0506](#))

Yes ☐ No ☐

Treatment system is located at least 15ft away from a dwelling

Treatment system is located at least 100 feet from any other water-supply well either on or off site

Treatment system is located above any applicable 100-year flood line

Treatment system is located at least 50 ft from property lines

If no, please explain which boundaries are not feasible and why:

6) Other Information:

- a) When was the septic tank last pumped out? _____
- b) Is the facility [home] occupied year-round, or only seasonally? _____
- c) Approximately how many people use the facility when it is occupied? _____
- d) When was the wastewater system installed? _____

7) Please provide a Narrative Description of the treatment system. This narrative should present treatment components in order of flow – influent to outfall, including anti-erosion structures and sample-port location(s):

8) 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: _____

(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 and a copy of the receipt for your last septic service to:

Charles H. Weaver
NC DEQ / DWR / NPDES
1617 Mail Service Center
Raleigh, NC 27699-1617