



Division of Water Resources

National Pollutant Discharge
Elimination System (NPDES)

Application for Coverage Under

General Permit NCG550000

For Single-Family Residences and Similar Discharges

100% Domestic Wastewater \leq 1,000 gallons per day

7FOR AGENCY USE ONLY								
Date Received								
Year			Month			Day		
Certificate of Coverage (COC)								
N	C	G	5	5				
Check #						Amount		
Assigned to:								

NOTICE OF INTENT

[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](#). (Press TAB to navigate form)*

- 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: [Click here to enter a date.](#)

- Owner's Contact Information:**

Applicant Type: ☐ Individual ☐ Corporation ☐ Partnership

Owner Name and Title: [Click here to enter text.](#)

Street Address:

City:

State:

Zip: -

Telephone #(H):

Telephone # (W):

Cell/Mobile #:

Email:

@

- 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.

Street Address:

City:

State:

Zip: -

County:

Telephone #:

Cell/Mobile #:

Website:

- Site-Location Narrative:**

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Please describe how to get to the facility from the nearest town, major highway or identifiable roadway intersection (use street names, state road numbers, and/or distances and directions).

[Click here to enter text.](#)

- 5. Describe the nature of the project** [“New” means has not yet been physically constructed, “existing” means system already physically exists. Please see [15A NCAC 02H .0103\(11\)](#) for further clarification].

- ☐ Installation of a New Wastewater Treatment System (*If yes, skip to Number 9.*)
- ☐ Expansion of an Existing Wastewater Treatment System (for example, adding bedrooms) (*If yes, skip to Number 9.*)
- ☐ Replacement of an Existing Wastewater Treatment System (*If yes, go to Number 6.*)

- 6. Describe the Existing Wastewater Treatment System:**

- ☐ Conventional Septic Tank/Leach-field – Discharge to Sub-Surface Soils. If previously permitted, please attach a copy of the permit or enter the permit number _____.
If you are not aware of an existing permit, check here. ☐
- ☐ Sandfilter – Discharge to Surface Waters [or other, as defined *15A NCAC 02H .0103(11)*]. If previously permitted, please attach a copy of the permit or enter the permit number _____.
If you are not aware of an existing permit, check here. ☐
- ☐ Filter Media System (Pod System)– Discharge to Surface Waters [or other, as defined *15A NCAC 02H .0103(11)*]. If previously permitted, please attach a copy of the permit or the permit number. If you are not aware of an existing permit, check here. ☐
- ☐ Other _____

- 7. Check all EXISTING wastewater treatment 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"/> Leach Field | | |
| <input type="checkbox"/> Post Aeration (<i>specify type</i>) _____ | | |

- 8. Provide Details of Single-Family Residence (SFR) or Similar Facility:**

- a) Type of facility:

- ☐ Residential ☐ Commercial
- ☐ Other: _____

- b) Amount of wastewater discharged:

- Residential: Number of bedrooms _____ x 120 gallons per bedroom = _____
gallons per day (flow)

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- Commercial: Number of Employees _____ x 25 gallons per employee = _____
gallons per day (flow)

c) Is your existing treatment system failing? Yes ☐ No ☐

d) Has the Health Department formally condemned your existing system
“unsuitable for repair?” Yes ☐ No ☐

_____ If yes, please name the Health Department [local, county, or state], and provide the site-
inspection date [attach Health Department’s judgement letter, if available]: [Click here to enter
text.](#) [Click here to enter a date.](#)

e) 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: [Click here to enter text.](#)

9. Check all PROPOSED new 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

Provide details of the Proposed NEW Discharge [Flow and Source Water]:

☐ Check if same as 6.

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

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

10. Evaluate Alternatives to Discharge to Waters of the State. Please address the feasibility of discharge alternatives as instructed in the NCDEQ Engineering Alternatives Analysis (EAA) Guidance Document found [here](#). **Complete the EAA and submit it with this application form. A completed EAA is required for consideration of coverage under NCG550000.** *(Note: Evaluation for endangered species is not required.)*

11. Provide Regional Information: Please provide the following information. If you need assistance in obtaining this information, please contact [your local DEQ regional office](#).

- a) Stream Classification - Verify the stream classification for the nearest downgradient named waterbody. The NC Surface Water Classification map can be found by clicking [here](#).
- b) Is it a High-Quality Water? If so, check if it is by definition or by designation? In order to check this, ask the [Planning Unit](#).
[Click here to enter text.](#)
- c) Map - Provide a map locating the nearest downstream waters of the State (i.e. where the effluent reaches an unnamed tributary, creek, stream, river, or lake via any surface-water conveyance).
[Click here to enter text.](#)
- d) Site Evaluation - Contact [DEQ's local Regional Office](#) for a site evaluation to confirm the proposed discharge flow path to the nearest waters of the State. The wastewater/stream confluence and stream class must be verified in the field by DEQ's Regional Staff. Please list the Regional Office staff member you contacted for the inspection. [Click here to enter text.](#)
- e) Flow Path - Display graphically the flow path of the discharge to the nearest surface waters of the State.
 - If the proposed discharge into waters of the State is a lake, please be aware that the lake owners may prohibit new discharges of domestic wastewater.
 - Document any potential hydrologic trespass or right-of-way infringement on any neighboring property (i.e. note all properties encountered prior to reaching waters of the State). [Click here to enter text.](#)
- f) 7Q10/30Q2 Estimate - Contact the division to obtain the estimated 7Q10 and 30Q2 stream-flow estimates for the first downstream point-of-contact with waters of the State. Please note we do not allow new discharges to zero-flow streams per [15A NCAC 02B .0206 \(d\)\(2\)](#).

11. Certificates of Coverage/Notices of Intent to Discharge/Authorizations to Construct - Check ALL of the following information has been provided. Incomplete Applications will be returned.

☐ An original letter requesting coverage under NCG550000.

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- ☐ This application form, and the EAA. Your signature on this application certifies that you are legally responsible for the proposed treatment system (see page 6 of 6) for the COC/NOI/ATC.
- ☐ A check or money order for **\$71.00** permit fee made payable to **NCDEQ**.

12. Additional Application Requirements

- 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).
- b) Final Plans and Specifications for a wastewater treatment system shall be signed by a North Carolina-registered Professional Engineer, or if prepared by others, must conform to [15A NCAC 02H .0139](#). All documents are to be stamped "Final Design - Not Released for Construction." Submittal shall include a site map showing the proposed outfall and the effluent proposed path to surface waters-of-the-State. (*see Item 1 for location verification by DWR Regional Office staff.*)
- c) Submittals by a Consulting Engineer or Engineering Firm shall include:
1. A copy of your written authorization to represent, signed by the legal permit Applicant; and
 2. Upon completion of proposed work, a signed copy of DWRs Engineer's Certification form attesting that the project was completed in accord with the DWR approved COC/ATC, as issued.

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 definition of authorized signing officials)

(Signature of Applicant)

Click here to enter a date.

(Date Signed)

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NOTE: Treatment System Maintenance is Required - Upon receiving a Certificate of Coverage/Authorization to Construct (COC/ATC), the Division recommends that the Permittee solicit manufacturer-certified training or solicit a qualified contractor or service to regularly inspect and maintain this treatment system. The Permittee is responsible under this COC/ATC to maintain all components of the approved treatment system, designed to meet Surface Water Quality Standards [[see attached Operation and Maintenance Agreement](#)].

Compliance duties include:

- paying your annual fee [due on the anniversary of COC/ATC effective date],
- following the manufacturer's guidelines,
- conducting and documenting inspections, in compliance with General Permit NCG550000,
- establishing sources for OEM spare parts and supplies,
- taking discharge samples for analysis, and logging the results,
- making necessary repairs, documenting said maintenance in logs, and
- keeping logs onsite for the life of the permit, available for DWR inspection.

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.

Application must be accompanied by a check or money order for **\$71.00**
made payable to:

NCDEQ
♦ ♦ ♦ ♦ ♦

Mail this application and one copy of the entire package (with check) to:

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

Note: Submission of this document insures DWR's consideration, but does not guarantee issuance of a Certificate of Coverage/Authorization to Construct.