



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

**Application for Modification of Existing Coverage
Under General Permit NCG500000**

Non-contact cooling water, boiler blowdown, cooling tower blowdown, condensate and similar point source discharges.

NOTICE OF RENEWAL INTENT

[Required by [15A NCAC 02H .0127\(d\)](#); [term definition see [15A NCAC 02H .0103\(19\)](#)]

Existing Certificate of Coverage (CoC): NCG50

(Press TAB to navigate form)

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

Company Name:

Owner Name and Title:

Street Address:

City:

State:

Zip: :

-

Telephone #:

Email: @

2. Location of Facility Producing the Discharge:

Facility Name:

Facility Contact:

Street Address:

City:

State:

Zip: :

-

County:

Telephone #:

Email: @

3. Description of Discharge:

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. This includes tracing the pathway of the storm sewer to the discharge point, if the storm sewer is the only viable means of discharge.

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

c) What type of wastewater is discharged? Indicate which discharge points, if more than one.

Non-contact cooling water

Discharge point(s) #: _____

Boiler blowdown

Discharge point(s) #: _____

Cooling Tower blowdown

Discharge point(s) #: _____

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Condensate

Discharge point(s) #: _____

Other – Please Describe: _____

Discharge point(s) #: _____

d) Volume of discharge per each discharge point (GPD – *Gallons Per Day*):

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

e) Geographic coordinates (latitude and longitude) at the point of discharge: _____

4. Check the type of chemical added to the wastewater for treatment, per each separate discharge point (if applicable, use separate sheet):

Biocides

Name: _____

Manuf.: _____

Corrosion inhibitors

Name: _____

Manuf.: _____

Chlorine

Name: _____

Manuf.: _____

Algaecide

Name: _____

Manuf.: _____

Other

Name: _____

Manuf.: _____

None

If any box above, other than “None” is checked, a completed Biocide 1010 Form and manufacturers’ information on the additive is required to be submitted with the application for the Division’s review.

5. Is there any type of treatment being provided to the wastewater before discharge (i.e., retention ponds, settling ponds, etc.)?

No

Yes – Please include design specifics (i.e., design volume, retention time, surface area, etc.) with submittal package. Existing treatment facilities should be described in detail.

6. 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 Tues Wed Thurs Fri

7. Additional Application Requirements:

The following information must be included with this application or it will be returned as incomplete.

➤ **Site Map** – If the discharge is not directly to a stream, the pathway to the receiving stream must be clearly indicated. Geographic coordinates (latitude and longitude) for the point of discharge must be included. This includes tracing the pathway of a storm sewer to its discharge point.

➤ **Authorization for Representatives** - If this application is being submitted by a consulting engineer (*or engineering firm*), include documentation from the Permittee showing that the consultant engineer (*or Firm*) submitting the application has been designated an Authorized Representative of the applicant, per [15A NCAC 02H .0138\(b\)\(1\)](#).

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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 definition of authorized signing officials)

Click here to enter a date.

(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.

This Notice of Renewal Intent does NOT require a separate fee. The permitted facility already pays an annual fee for coverage under NCG500000.

NCDEQ

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Mail this application to:

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