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

FOR AGENCY USE ONLY		
Date Received		
Year	Month	Day
Certificate of Coverage		
N C G 5 6		
Check #	Amount	
Assigned To:		

Modification Form for Existing Coverage Under General Permit NCG560000

Pesticide Applications

MODIFICATION APPLICATION

Required by 15A NCAC 02H .0127(d); term definition see 15A NCAC 02H .0103(19)
(*Please print or type*)

1) Mailing address of applicant[1] *(address to which all correspondence should be mailed)*:

[1]Applicants generally include both (1) the entity with control over the financing for, or the decision to perform pesticide applications, including the ability to modify those decisions, that results in a discharge to waters of the State and (2) the entity with day-to-day operational control of or who performs activities (e.g., the application of pesticides) that are necessary to ensure compliance with the permit (e.g., they are authorized to direct workers to carry out activities required by the permit or perform such activities themselves).

Primary Applicant

Company Name _____

Owner Name _____

Street Address _____

City _____ State _____ ZIP Code _____

Telephone # _____ _____ Fax # _____ _____

Cell # _____ Email _____

Relation to this Project _____

If the entity who oversees the financing for or makes the decision to perform pesticide applications is different than the entity who oversees day-to-day operations or performs activities to ensure compliance, please fill out the other applicant's information below (use additional pages for additional contacts):

Additional Applicant

Company Name _____

Owner Name _____

Street Address _____

City _____ State _____ ZIP Code _____

Telephone # _____ _____ Fax # _____ _____

Cell # _____ Email _____

Relation to this Project _____

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

a) For what type[s] of pesticide-related discharge are you requesting coverage?

- ☐ Mosquito / flying insect pest control (*adulticide applications only*) Acres: _____
- ☐ Aquatic Weed / Algae control Acres: _____
- ☐ Aquatic Weed / Algae control Linear miles: _____
- ☐ Aquatic Nuisance Animal Control Acres: _____
- ☐ Aquatic Nuisance Animal Control Linear miles: _____
- ☐ Forest Canopy Pest Control Acres: _____
- ☐ Intrusive Vegetation Control Linear miles: _____

3) Have you prepared a Pesticide Discharge Management Plan? ☐ Yes ☐ No

4) Are you a large entity as defined in Appendix A of the permit? ☐ Yes ☐ No

Note: Large entity - as defined in Appendix A of this General Permit, is any (1) public entity that serves a population greater than 10,000 or (2) private enterprise that exceeds the Small Business Administration size standard as identified at 13 CFR 121.201.

5) Does your discharges to waters of the State and/or discharge-related activities that may expose Fish and Wildlife Service (FWS) listed resources of concern or National Marine Fisheries Service (NMFS) listed resources of concern to pollutants, as defined in Appendix A of the permit? ☐ Yes ☐ No

[certification and signature shall be completed on the following page]

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 authorized signing officials)

_____ _____

(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 Modification Form does NOT require a separate fee.
The permitted facility already pays an annual fee for coverage under NCG560000. A modified Certificate of Coverage (CoC) cannot be issued if there are any unpaid annual fees.

♦ ♦ ♦ ♦ ♦

Mail one (1) copy of this application to:

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