North Carolina Department of Environment and Natural Resources
Division of Water Resources

Pat McCrory
Governor

Thomas A. Reeder
Director

John E. Skvarla, III
Secretary

NOTICE OF RENEWAL INTENT

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

Application for renewal of existing coverage under General Permit NCG530000

Existing Certificate of Coverage (CoC): NCG530_____

(*Please print or type*)

1) Mailing address of facility owner/operator: (*address to which all correspondence should be mailed*)

Company Name _____

Owner Name _____

Street Address _____

City _____ State _____ ZIP _____

Telephone # _____ _____ Fax # _____ _____

Email Address _____

2) Location of facility producing discharge:

Facility Name _____

Facility Contact _____

Street Address _____

City _____ State _____ ZIP _____

County _____

Telephone # _____ _____ Fax # _____ _____

3) What is the nature of the business applying for this permit? _____

_____

4) Description of Discharge:

a) Is the discharge directly to the receiving stream? ☐ Yes ☐ No

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

c) Volume of discharge per each discharge point (in GPD):

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

What type of wastewater is discharged?

☐ Crab washing ☐ Table washing ☐ Fish washing ☐ Fish farm water

☐ Other: _____

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

☐ Settling pond ☐ Screens ☐ Floor screens ☐ None

☐ Other: _____

_____

_____

_____

_____

e) How much of the volume discharged is treated (state in percent)? _____

5) 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: ☐ January ☐ February ☐ March ☐ April ☐ May ☐ June ☐ July ☐ August ☐ September ☐ October ☐ November ☐ December

b) How many days per week is there a discharge? _____

c) Please check the days discharge occurs: _____

☐ Saturday ☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

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: _____

_____ _____

(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.)

This Notice of Renewal Intent does NOT require a separate fee. The permitted facility already pays an annual fee for coverage under NCG530000.

Mail this application and one copy of the entire package to:

NC DENR / DWR / Water Quality Permitting Section
1617 Mail Service Center
Raleigh, North Carolina 27699-1617
Attn: Charles Weaver