In lieu of performing the required annual Effluent Pollutant Scan and to satisfy the NPDES reporting requirement, a municipal wastewater treatment facility may complete and submit this form to NCDWQ if the following criteria are met:

* The facility can still meet the requirement to perform three pollutant scans for its next NPDES permit application; and
* Has a design flow greater than or equal to 1.0 MGD; or
* Is required to have a pretreatment program (or has one in place); or
* Is otherwise required by the NCDWQ to conduct an annual effluent pollutant scan.

|  |  |
| --- | --- |
| ***Facility Name:*** |  |
| ***NPDES Permit Number:*** |  | ***Outfall Number:*** |  |
| ***Effective Date:*** |  | *(Complete form for each outfall discharging effluent to waters of the state and requiring an annual Effluent Pollutant Scan.)* |
| ***Expiration Date:*** |  |

|  |  |
| --- | --- |
| *Owner Information* | *Person Certifying the Form* |
| Owner / Permittee Name:  | **Certifier’s Name:**  |
| Title (if applicable):  | **Title or Position with facility:**  |
| Email Address:  | **Email Address:**  |
| Mailing Address:  | **Mailing Address:**  |
| City, State Zip:  | **City, State Zip:**  |
| Telephone:  | **Telephone:**  |

By completing and submitting this form, I, , (printed name) certify that the effluent waste stream for the facility and outfall indicated above has not significantly changed within the past year in a manner that would cause any of the listed parameters to be present or present in concentrations greater than previously reported and I hereby submit this completed form to satisfy the

NPDES annual Effluent Pollutant Scan reporting requirement for calendar year .

I also attest that the facility can still meet the requirement to perform three pollutant scans for the next NPDES permit application.

|  |  |
| --- | --- |
| Certified by (signature): |  |
| Position or title of certifier: |  |
| Date certified: |  |