



**Division of Energy, Mineral & Land Resources
Stormwater Program**

FOR AGENCY USE ONLY		
Date Received		
Year	Month	Day

National Pollutant Discharge Elimination System

**REPRESENTATIVE OUTFALL STATUS (ROS)
REQUEST FORM**

If a facility is required to sample multiple discharge locations with very similar stormwater discharges, the permittee may petition the Director for Representative Outfall Status (ROS). DEQ may grant Representative Outfall Status if stormwater discharges from a single outfall are representative of discharges from multiple outfalls. Approved ROS will reduce the number of outfalls where analytical sampling requirements apply.

If Representative Outfall Status is granted, ALL outfalls are still subject to the qualitative monitoring requirements of the facility's permit—unless otherwise allowed by the permit (such as NCG020000) and DEQ approval. The approval letter from DEQ must be kept on site with the facility's Stormwater Pollution Prevention Plan. The facility must notify DEQ in writing if any changes affect representative status.

For questions, please contact the DEQ Regional Office for your area (see page 3).

(Please print or type)

1) Enter the permit number to which this ROS request applies:

Individual Permit

(or)

Certificate of Coverage

N	C	S							
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N	C	G							
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2) Facility Information:

Owner/Facility Name _____

Facility Contact _____

Street Address _____

City _____ State _____ ZIP Code _____

County _____ E-mail Address _____

Telephone No. _____ Fax: _____

3) List the representative outfall(s) information (attach additional sheets if necessary):

Outfall(s) _____ is representative of Outfall(s) _____

- Outfalls' drainage areas have the same or similar activities? Yes No
- Outfalls' drainage areas contain the same or similar materials? Yes No
- Outfalls have similar monitoring results? Yes No No data*

Outfall(s) _____ is representative of Outfall(s) _____

- Outfalls' drainage areas have the same or similar activities? Yes No
- Outfalls' drainage areas contain the same or similar materials? Yes No
- Outfalls have similar monitoring results? Yes No No data*

Outfall(s) _____ is representative of Outfall(s) _____

- Outfalls' drainage areas have the same or similar activities? Yes No
- Outfalls' drainage areas contain the same or similar materials? Yes No
- Outfalls have similar monitoring results? Yes No No data*

***Non-compliance with analytical monitoring prior to this request may prevent ROS approval. Specific circumstances will be considered by the Regional Office responsible for review.**

Representative Outfall Status Request

- 4) **Detailed explanation about why the outfalls above should be granted Representative Status:**
(Or, attach a letter or narrative to discuss this information.) **For example, describe how activities and/or materials are similar.**

5) **Certification:**

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 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 [Environmental Management] 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).

I hereby request Representative Outfall Status for my NPDES Permit. I understand that ALL outfalls are still subject to the qualitative monitoring requirements of the permit, unless otherwise allowed by the permit and regional office approval. I must notify DEQ in writing if any changes to the facility or its operations take place after ROS is granted that may affect this status. If ROS no longer applies, I understand I must resume monitoring of all outfalls as specified in my NPDES permit.

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)

Please note: This application for Representative Outfall Status is subject to approval by the NCDEQ Regional Office. The Regional Office may inspect your facility for compliance with the conditions of the permit prior to that approval.

Final Checklist for ROS Request

This application should include the following items:

- This completed form.
- Letter or narrative elaborating on the reasons why specified outfalls should be granted representative status, unless all information can be included in Question 4.
- Two (2) copies of a **site map** of the facility with the location of all outfalls clearly marked, including the drainage areas, industrial activities, and raw materials/finished products within each drainage area.
- Summary of results from monitoring conducted at the outfalls listed in Question 3.
- Any other supporting documentation.

Representative Outfall Status Request

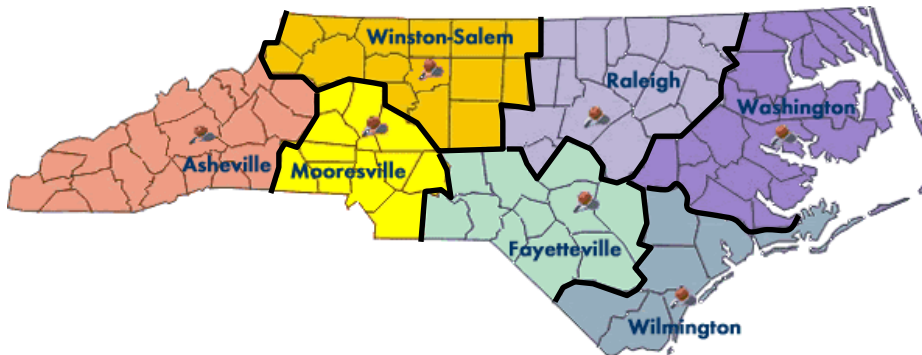
Mail the entire package to:

NCDEQ DEMLR at the appropriate Regional Office (See map and addresses below)

Notes

The submission of this document does not guarantee Representative Outfall Status (ROS) will be granted as requested. Analytical monitoring as per your current permit must be continued, at all outfalls, until written approval of this request is granted by DEQ. Non-compliance with analytical monitoring prior to this request may prevent ROS approval. Specific circumstances will be considered by the Regional Office responsible for review.

For questions, please contact the DEQ Regional Office for your area.



Asheville Regional Office

2090 U.S. Highway 70
Swannanoa, NC 28778

Phone (828) 296-4500
FAX (828) 299-7043

Fayetteville Regional Office

System Building,
225 Green St., Suite 714
Fayetteville, NC 28301-5094

Phone (910) 433-3300
FAX 910/ 486-0707

Mooresville Regional Office

610 East Center Ave.
Mooresville, NC 28115

Phone (704) 663-1699
FAX (704) 663-6040

Raleigh Regional Office

1628 Mail Service Center
Raleigh, NC 27699-1628

Phone (919) 791-4200
FAX (919) 571-4718

Washington Regional Office

943 Washington Square Mall
Washington, NC 27889

Phone (252) 946-6481
FAX (252) 975-3716

Wilmington Regional Office

127 Cardinal Drive Extension
Wilmington, NC 28405

Phone (910) 796-7215
FAX (910) 350-2004

Winston-Salem Regional Office

585 Waughtown Street
Winston-Salem, NC 27107

Phone (336) 771-5000
Water Quality Main FAX (336) 771-4630

Central Office

1612 Mail Service Center
Raleigh, NC 27699-1612

Phone (919) 807-6300
FAX (919) 807-6494