

FOR AGENCY USE ONLY

NCG02 \_\_\_\_\_

Assigned to: \_\_\_\_\_

ARO FRO MRO RRO WARO WIRO WSRO

### Division of Energy, Mineral, and Land Resources Land Quality Section National Pollutant Discharge Elimination System NCG020000 Notice of Intent

*This General Permit covers **STORMWATER AND/OR WASTEWATER DISCHARGES** associated with activities under **SIC (Standard Industrial Classification) Code 14 [Mineral Mining Industry]** except for: peat mining, coal mining, metal mining, oil and gas extraction, tourist gem mines, NCDOT borrow pits, in-stream sand mining, and discharges from mining operations which are intermixed on site with stormwater from concrete operations. You can find information on the DEMLR Stormwater Program at [deq.nc.gov/SW](http://deq.nc.gov/SW).*

**Directions:** Print or type all entries on this application. Send the original, signed application with all required items listed in Item (9) below to: **NCDEMLR Stormwater Program, 1612 MSC, Raleigh, NC 27699-1612**. The submission of this application does not guarantee coverage under the General Permit. Prior to coverage under this General Permit a site inspection will be conducted.

**1. Owner/Operator** (to whom all permit correspondence will be mailed):

Name of legal organizational entity:		Legally responsible person as signed in Item (10) below:	
Street address:		City:	State: Zip Code:
Telephone number:		Email address:	
Type of Ownership: Government <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State Non-government <input type="checkbox"/> Business (If ownership is business, a copy of <a href="#">NCSOS</a> report must be included with this application) <input type="checkbox"/> Individual			

**2. Industrial Facility** (facility being permitted):

Facility name:		Facility environmental contact:	
Street address:		City:	State: Zip Code:
Parcel Identification Number (PIN)		County:	
Telephone number:		Email address:	
Latitude of entrance:		Longitude of entrance:	
4-digit SIC code:	Facility is: <input type="checkbox"/> New <input type="checkbox"/> Proposed <input type="checkbox"/> Existing	Date operation is to begin or began:	
Types of minerals mined at this facility: <input type="checkbox"/> Clay <input type="checkbox"/> Feldspar Ore <input type="checkbox"/> Lithium Ore <input type="checkbox"/> Phosphate <input type="checkbox"/> Soil <input type="checkbox"/> Construction Sand <input type="checkbox"/> Industrial Sand <input type="checkbox"/> Other:			

Is this a processing-only facility for materials mined elsewhere? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this an inactive mine site? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does total area of this mine site include ready-mixed concrete plant and/or asphalt plant areas? <input type="checkbox"/> Yes, and has separate NPDES stormwater permits (provide permit numbers): <input type="checkbox"/> Yes, and does not have separate NPDES stormwater permits <input type="checkbox"/> No	
Does this facility already have a valid Mining Permit from DEMLR's Land Quality Section? <input type="checkbox"/> Yes (please provide the Mining Permit Number) <input type="checkbox"/> No (please indicate the status of the Mining Permit application)	
Are you applying for a discharge permit in the same location as a previously permitted mine? <input type="checkbox"/> Yes (please provide permit number and mine name) <input type="checkbox"/> No	
If the stormwater discharges to a municipal separate storm sewer system (MS4), name the operator of the MS4: <input type="checkbox"/> N/A	

**3. Consultant (if applicable):**

Name of consultant:	Consulting firm:		
Street address:	City:	State	Zip Code
Telephone number:	Email address:		

**4. Development Activities and Buffers**

Mining operation will precede development activities at this site: <input type="checkbox"/> Yes <input type="checkbox"/> No
Mine is located within one of the 20 Coastal Counties, and will it add more than 10,000 ft <sup>2</sup> of impervious surface: <input type="checkbox"/> Yes (to both) <input type="checkbox"/> No, this mine is within one of the 20 Coastal Counties, but will not at more than 10,000 ft <sup>2</sup> of impervious surface <input type="checkbox"/> No, this mine is not within one of the 20 Coastal Counties
Mine is in the Neuse, Tar-Pamlico, or Catawba River Basins, OR in the Randleman or Jordan Water supply Watersheds? <input type="checkbox"/> Yes (specify size of stream buffers) <input type="checkbox"/> No
Mine site will include wastewater discharges from a ready-mix concrete batch plant? <input type="checkbox"/> Yes (please seek additional coverage under General Permit NCG140000: Ready-Mix Concrete) <input type="checkbox"/> No

**5. Mine Dewatering**

Mine dewatering will occur at this site: <input type="checkbox"/> Yes <input type="checkbox"/> No (mark N/A for the rest of this section)
Mine dewatering from this facility will be discharged to: <input type="checkbox"/> Surface Waters and/or Wetlands <input type="checkbox"/> Other (specify) <input type="checkbox"/> Mine will not discharge dewatering to Surface Waters and/or Wetlands; specify how dewatering will occur and where water will be directed: <input type="checkbox"/> N/A

Wetlands and/or Surface Waters are within 400' of the mine pit perimeter: <input type="checkbox"/> Yes (specify distance) <input type="checkbox"/> No <input type="checkbox"/> N/A	404/401 Certification permits required: <input type="checkbox"/> Yes (briefly describe) <input type="checkbox"/> No <input type="checkbox"/> N/A
Have you been required to obtain a wetland delineation certified by the US Army Corps of Engineers? <input type="checkbox"/> Yes (please attach to this application) <input type="checkbox"/> No	

**6. Wastewater Treatment**

Will this facility wash mined materials? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will discharges of process wastewater treatment systems occur (including possible recycle system overflows) <input type="checkbox"/> Yes (please describe)  <input type="checkbox"/> No
Will this facility employ chemical additives to flocculate suspended solids? <input type="checkbox"/> Yes (specify name/manufacturer/quantity of daily use)  <input type="checkbox"/> No Note: please visit: <a href="https://files.nc.gov/ncdeq/Water+Quality/Environmental+Sciences/ATU/PAM8_30_18.pdf">https://files.nc.gov/ncdeq/Water+Quality/Environmental+Sciences/ATU/PAM8_30_18.pdf</a> for list of approved PAMS
Will any of the wastewater treatment facilities at this mine overflow only during rainfall events that exceed the 10-yr, 24-hr rainfall event? <input type="checkbox"/> Yes (specify which systems)  <input type="checkbox"/> No
Are wastewater treatment facilities (including recycle systems) planned in the 100-year flood plain? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Wastewater Treatment Alternative Review as required by 15A NCAC 2H.0105(c)(2)</b>
Types of wastewater this mine site will discharge: <input type="checkbox"/> Mine Dewatering <input type="checkbox"/> Process Wastewater
Types of wastewater considered for this alternative review: <input type="checkbox"/> Mine Dewatering <input type="checkbox"/> Process Wastewater
Are there existing sewer lines within a one-mile radius? <input type="checkbox"/> Yes <input type="checkbox"/> Wastewater treatment plant will accept wastewater <input type="checkbox"/> Is feasible to connect (explain)  <input type="checkbox"/> Is not feasible to connect (explain)  <input type="checkbox"/> Wastewater treatment plant will not accept wastewater (please attach letter documenting this) <input type="checkbox"/> No

Are you already proposing a closed-loop recycle system (CLRS) that meets design requirements of 15A NCAC 2T .10000?

Yes, for dewatering

Yes, for process wastewater

Yes, for both

No, this option is *technologically* feasible (explain)

No, this option is not *technologically* feasible (explain)

No, this option is otherwise feasible (explain)

No, this option is otherwise not feasible (explain)

What is the feasibility of building a CLRS compared to direct surface water discharge?

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Surface or Subsurface Disposal System

A surface or subsurface disposal system is *technologically* feasible (explain)

A surface or subsurface disposal system is not *technologically* feasible (explain)

A surface or subsurface disposal system is otherwise feasible to implement (explain)

A surface of subsurface disposal system is not otherwise feasible to implement (explain)

What is the feasibility of employing a subsurface of surface discharge as compared to a direct discharge to surface waters?

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Direct Discharge to surface waters is the most environmentally sound alternative to all reasonably cost-effective options for the wastewaters being considered?

Yes

No

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If this review included all wastewater discharge types, would excluding some types make any of the above non-discharge options feasible for some the wastewaters?

Yes

No

**7. Outfalls(s) At least one outfall is required to be eligible for coverage.**

3-4 digit identifier:	Name of receiving water:	Classification:	<input type="checkbox"/> This water is impaired. <input type="checkbox"/> This watershed has a TMDL.
Discharge from this outfall is from: <input type="checkbox"/> Stormwater <input type="checkbox"/> Mine Dewatering <input type="checkbox"/> Process Wastewater			
7Q10 Flow of receiving waterbody (if discharging Mine Dewatering or Process Wastewater to waters classified as HQW, ORW, Tr, WS-I, WS-II, WS-III, SA, or PNA ):			
Discharge occurs from this outfall:			
<input type="checkbox"/> Only during a rainfall event	<input type="checkbox"/> Intermittently (indicate how often)	<input type="checkbox"/> Continuously (indicate flow in CFS)	
Latitude of outfall:		Longitude of outfall:	
Brief description of the industrial activities that drain to this outfall:			
Do Vehicle Maintenance Activities occur in the drainage area of this outfall? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>			
If yes, how many gallons of new motor oil are used each month when averaged over the calendar year?			
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If yes, how many gallons of new motor oil are used each month when averaged over the calendar year?		

All outfalls **must** be listed and **at least one outfall is required**. Additional outfalls may be added in the section **“Additional Outfalls”** found on the last page of this NOI.

**8. Other Facility Conditions (check all that apply and explain accordingly):**

<input type="checkbox"/> This facility has other NPDES permits. If checked, list the permit numbers for all current NPDES permits:	
<input type="checkbox"/> This facility has Non-Discharge permits (e.g. recycle permit). If checked, list the permit numbers for all current Non-Discharge permits:	
<input type="checkbox"/> This facility uses best management practices or structural stormwater control measures. If checked, briefly describe the practices/measures and show on site diagram:	
<input type="checkbox"/> This facility has a Stormwater Pollution Prevention Plan (SWPPP). If checked, please list the date the SWPPP was implemented:	
<input type="checkbox"/> This facility stores hazardous waste in the 100-year floodplain. If checked, describe how the area is protected from flooding:	
<input type="checkbox"/> This facility is a (mark all that apply) <ul style="list-style-type: none"> <li><input type="checkbox"/> Hazardous Waste Generation Facility</li> <li><input type="checkbox"/> Hazardous Waste Treatment Facility</li> <li><input type="checkbox"/> Hazardous Waste Storage Facility</li> <li><input type="checkbox"/> Hazardous Waste Disposal Facility</li> </ul>	
If checked, indicate:	
Kilograms of waste generated each month:	Type(s) of waste:
How material is stored:	Where material is stored:
Number of waste shipments per year:	Name of transport/disposal vendor:
Transport/disposal vendor EPA ID:	Vendor address:
<input type="checkbox"/> This facility is located on a Brownfield or Superfund site. If checked, briefly describe the site conditions:	
<input type="checkbox"/> Facility provides appropriate secondary containment for bulk storage of liquid materials. If checked, briefly describe these measures:	
<input type="checkbox"/> Site has an active landfill within the mining permit boundary. If checked, please indicate type: <ul style="list-style-type: none"> <li>a) <input type="checkbox"/> LCID (Land clearing and Inert Debris)</li> <li>b) <input type="checkbox"/> other (specify)</li> </ul>	

**9. Required Items** (Application will be returned unless all of the following items have been included):

<input type="checkbox"/> Check for \$120 made payable to NCDEQ
<input type="checkbox"/> Copy of most recent Annual Report to the NC Secretary of State (if applicable)
<input type="checkbox"/> This completed application and any supporting documentation
<input type="checkbox"/> Copy of the approved mining permit or indication of mining permit application status
<input type="checkbox"/> Copy of US Army Corps – approved wetland delineation (if applicable)
<input type="checkbox"/> Line drawing of the water flow through the facility or block flow diagram
<input type="checkbox"/> Pictorial description of the nature of any sources of water and any collection and treatment measures
<input type="checkbox"/> A site diagram showing, at a minimum, existing and proposed: <ul style="list-style-type: none"> <li>a) outline of drainage areas</li> <li>b) surface waters</li> <li>c) stormwater management structures</li> <li>d) location of stormwater outfalls corresponding to the drainage areas</li> <li>e) runoff conveyance features</li> <li>f) areas where process materials are stored</li> <li>g) impervious areas</li> <li>h) site property lines</li> </ul>
<input type="checkbox"/> 2 copies of large scale (24"x36" minimum) site plan showing: <ul style="list-style-type: none"> <li>a) topographical lines</li> <li>b) all outfall locations</li> <li>c) applicable buffers and delineated wetlands</li> <li>d) receiving waters</li> <li>e) 100-year flood plain (if applicable)</li> </ul>
<input type="checkbox"/> Copy of county map or USGS quad sheet with the location of the facility clearly marked
<b>If mines site is in one of the 20 Coastal Counties (if applicable)</b>
<input type="checkbox"/> Applicant has check with the appropriate regional office to verify the need for a Coastal State Stormwater permit. <ul style="list-style-type: none"> <li>a) Indicate the Regional Office Contact:</li> </ul>
<input type="checkbox"/> Detailed list of: <ul style="list-style-type: none"> <li>a) impervious surface areas and percentages</li> <li>b) sub-drainage areas</li> <li>c) total drainage area</li> </ul>
<b>If mine is dewatering and near wetlands, or may otherwise impact surface waters or groundwater</b>
<input type="checkbox"/> 2 copies of large scale (24"x36" minimum) plans delineating areas on the listing acreage including: <ul style="list-style-type: none"> <li>a) wetlands</li> <li>b) ditches</li> <li>c) well-placements</li> <li>d) pits</li> <li>e) borrow areas</li> <li>f) overburden storage</li> <li>g) stormwater controls/BMPs</li> <li>h) vehicle maintenance areas</li> <li>i) settling basins</li> <li>j) product process (such as screening, stockpiles, and waste piles)</li> <li>k) total drainage area</li> <li>l) impervious surface percentages (if state Stormwater programs apply)</li> <li>m) applicable buffers</li> <li>n) access and/or haul roads</li> </ul>
<input type="checkbox"/> Pump dewatering size and information on its specifications



<input type="checkbox"/> Well information (design, depths, maintenance)
<input type="checkbox"/> Physical monitoring for the wetland areas
<input type="checkbox"/> Settling pond size information, if applicable
<input type="checkbox"/> Level spreader design, if applicable
<input type="checkbox"/> Details about dewatering method
<input type="checkbox"/> Cone of influence calculations
<input type="checkbox"/> Description of measures to prevent erosion and flooding
<input type="checkbox"/> Description and information about 401/404 permits that have been obtained
<input type="checkbox"/> Copy of US Army Corps of Engineers wetlands delineations or approved wetland delineation (if applicable)
<input type="checkbox"/> I have contacted my local regional office about a Pumping Operation and Monitoring (POM) plan a) Regional Office Contact: b) Date Contacted:

**10. Applicant Certification:**

North Carolina General Statute 143-215.6B (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 . . . shall be guilty of a Class 2 misdemeanor which may include a fine not to exceed ten thousand dollars (\$10,000).

Under penalty of law, I certify that:

- I am the person responsible for the permitted industrial activity, for satisfying the requirements of this permit, and for any civil or criminal penalties incurred due to violations of this permit.
- The information submitted in this NOI is, to the best of my knowledge and belief, true, accurate, and complete based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information.
- I will abide by all conditions of the NCG020000 permit. I understand that coverage under this permit will constitute the permit requirements for the discharge(s) and is enforceable in the same manner as an individual permit.
- I hereby request coverage under the NCG020000 General Permit.

Printed Name of Applicant: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date Signed)

Mail the entire package to:      DEMLR – Stormwater Program  
    Department of Environmental Quality  
    1612 Mail Service Center  
    Raleigh, NC 27699-1612



**Additional Outfalls**

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Discharge from this outfall is from: <input type="checkbox"/> Stormwater <input type="checkbox"/> Mine Dewatering <input type="checkbox"/> Process Wastewater			
7Q10 Flow of receiving waterbody (if discharging Mine Dewatering or Process Wastewater to waters classified as HQW, ORW, Tr, WS-I, WS-II, WS-III, SA, or PNA ):			
Discharge occurs from this outfall:			
<input type="checkbox"/> Only during a rainfall event	<input type="checkbox"/> Intermittently (indicate how often)	<input type="checkbox"/> Continuously (indicate flow in CFS)	
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Do Vehicle Maintenance Activities occur in the drainage area of this outfall? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many gallons of new motor oil are used each month when averaged over the calendar year?			

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