

FOR AGENCY USE ONLY

NCG24 _____

Assigned to: _____

ARO FRO MRO RRO WARO WIRO WSRO

**Division of Energy, Mineral, and Land Resources Land Quality Section
National Pollutant Discharge Elimination System
NCG240000 Notice of Intent**

*This General Permit covers **STORMWATER AND/OR WASTEWATER DISCHARGES** associated with activities under **SIC (Standard Industrial Classification) Code 2875 and/or 2879 [Compost Facilities] classified as large Type 1, Type 2, and small Type 3**. The following are excluded from coverage under this general permit: small Type 1 facilities, backyard composting and on-farm composting, large Type 3, all Type 4, any type that discharges into waters classified as ORW, HWQ, Tr, PNA, or zero-flow streams, and stand-alone mulching only facilities with no accelerated biological decomposition. You can find information on the DEMLR Stormwater Program at 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 (7) 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 (8) 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 NCSOS 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:	
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:	
Latitude of entrance:		Longitude of entrance:	
Brief description of the types of industrial activities and products manufactured at this facility:			

Type of Composting Facility: Large Type 1 Type 2 Small Type 3

<input checked="" type="checkbox"/> The stormwater discharges to a municipal separate storm sewer system (MS4), name the operator of the MS4: <input type="checkbox"/> N/A
<input checked="" type="checkbox"/> This facility uses: <input type="checkbox"/> Liquid, granular, or other materials added for their concentrated phosphorus compounds content <input type="checkbox"/> Liquid, granular, or other materials added for their concentrated nitrogen compounds content <input type="checkbox"/> N/A
This facility has a closed-loop recycle system that meets design requirements in 15A NCAC 02T. 1000 and hold the facilities working volume <input type="checkbox"/> Yes – stop completion of this NOI. Contact DWR Non-Discharge Permitting Program for permitting requirements <input type="checkbox"/> No

3. Consultant (if applicable):

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

4. Outfall(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 Only <input type="checkbox"/> Wastewater Only <input type="checkbox"/> Wastewater Comingled with Stormwater			
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 are of this outfall?			Yes No
If yes, how many gallons of new motor oil are used each month when averaged over the calendar year?			

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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.

5. Wastewater treatment alternatives

Are there existing sewer lines within a one mile radius: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input type="checkbox"/> The wastewater treatment plant will accept the wastewater. It is feasible to connect. Explain:

<input type="checkbox"/> The wastewater treatment plant will accept the wastewater. It is not feasible to connect. Explain:
<input type="checkbox"/> The wastewater treatment plant will not accept the wastewater (attach a letter documenting)
<input type="checkbox"/> Surface or subsurface disposal is technologically feasible <input type="checkbox"/> Surface or subsurface disposal is not technologically feasible Explain:
<input type="checkbox"/> Surface or subsurface disposal system is feasible to implement <input type="checkbox"/> Surface or subsurface disposal system is not feasible to implement Explain:
What is the feasibility of employing a subsurface or surface discharge as compared to a direct discharge to surface waters? Explain:
Discharge to surface waters is the most environmentally sound alternative of all reasonably cost-effective options of the wastewaters being considered: <input type="checkbox"/> Yes <input type="checkbox"/> No – contact DEMLR’s Land Application Unit to determine permitting requirements

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

<input type="checkbox"/> This facility has a DMLR Erosion & Sedimentation Control Permit. If checked, list the permit numbers for all current E&SC permits for this facility:
<input type="checkbox"/> This facility has a Division of Waste Management permit. If checked, list the permit numbers for all current DWM permits for this facility:
<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 is subject to Phase II Post-Construction Area If checked, please list the permitting authority:
<input type="checkbox"/> This facility is located in one of the 20 Coastal Counties If checked, please indicate if the facility is adding more than 10,000 ft2 of built-upon area or is a CAMA Major Permit <ul style="list-style-type: none"> <input type="checkbox"/> Will add more than 10,000 ft of built-upon area <input type="checkbox"/> Is a CMA Major Permit <input type="checkbox"/> Yes to both <input type="checkbox"/> No to both

<input type="checkbox"/> This facility is discharging wastewater to a stormwater BMP If checked, please indicate the permitting authority, and attach letter approval to do so:	
<input type="checkbox"/> This facility has wastewater treatment facilities in the 100-year floodplain	
<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"> <input type="checkbox"/> Hazardous Waste Generation Facility <input type="checkbox"/> Hazardous Waste Treatment Facility <input type="checkbox"/> Hazardous Waste Storage Facility <input type="checkbox"/> Hazardous Waste Disposal Facility 	
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	

7. 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
<input type="checkbox"/> This completed application and any supporting documentation
<input type="checkbox"/> Two (2) 24" x 36" site diagrams showing, at a minimum, existing and proposed: <ul style="list-style-type: none"> a) outline of drainage areas b) Stormwater/wastewater treatment structures c) Location of numbered stormwater/wastewater outfalls (corresponding to which drainage areas) d) Delineation of drainage areas to each discharge point e) Runoff conveyance structures f) Areas and acreage where materials are stored g) Location of the various composting activities with identifying labels h) Impervious area acreages i) Locations(s) of streams and/or wetlands the site is draining to, and applicable buffers j) Site property lines, North Arrow, and bar scale k) If applicable, the 100-year floodplain line l) Acreage of each stormwater and wastewater topographical area m) Each of the facilities' wastewater or stormwater source and discharge structures and each of its hazardous waste treatment, storage, or disposal facilities n) Notation of the water quality classification of the receiving water that site waters eventually discharge to o) Site location (insert)
<input type="checkbox"/> A line drawing of the water flow through the facility.

<input type="checkbox"/> A narrative description and identification of the compost manufacturing sequence at the applicant's site, the general feedstocks, the determination of where the site's final products qualities as "finished compost" as reference in the General Permit test (NCG240000) and as determined by the DWM permitting process, identification of the stormwater BMPs employed, and the general nature of the wastewater treatment system utilized to meet process wastewater discharge limits.
<input type="checkbox"/> Copy of county map or USGS quad sheet with the location of the facility clearly marked
<input type="checkbox"/> Letter documenting that WWTP will not accept wastewater (if applicable)
<input type="checkbox"/> Approval from permitting authority to discharge wastewater to a stormwater BMP (if applicable)

8. 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 NCG240000 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 NCG240000 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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