

FOR AGENCY USE ONLY

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

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**Division of Energy, Mineral, and Land Resources Land Quality Section  
National Pollutant Discharge Elimination System  
Rescission Request Form**

*Please fill out and return this form if you no longer need to maintain your NPDES stormwater permit.*

**Directions:** Print or type all entries on this application form. Send the original, signed application to: **NCDEMLR Stormwater Program, 1612 Mail Service Center, Raleigh, NC 27699-1612**. The submission of this form does not guarantee rescission of your NPDES stormwater permit. Prior to the rescission of your NPDES stormwater 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 (4) below:	
Street address:	City:	State and zip code:
Telephone number:	Email address:	

**2. Industrial Facility** (facility requesting rescission):

Facility name:			
Street address:			
City:	State:	Zip Code:	County:
Permit Number to which this request applies:			

**3. Reason for rescission Request**

This is required information. Attach separate sheets if necessary.

<input type="checkbox"/> Facility is closed or closing. All industrial activities have ceased such that no discharges of stormwater are contaminated by exposure to industrial activities or materials. Date closed/closing:
<input type="checkbox"/> Facility sold. Sold to: On date:
<input type="checkbox"/> Other (please explain):

**4. 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). I hereby request exclusion from NPDES stormwater permitting.

Under penalty of law, I certify that:

I, as an authorized representative, hereby request rescission of coverage under the NPDES stormwater Permit for the subject facility. I am familiar with the information contained in this request and 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)

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

