



Division of Water Resources
National Pollutant Discharge
Elimination System
(NPDES)

Application for Coverage Under General Permit
NCG600000

*Concentrated Aquatic Animal Production (CAAP),
 Seafood Packing and Rinsing, and Similarly Designated Wastewaters*

FOR AGENCY USE ONLY		
Date Received		
Year	Month	Day
Certificate of Coverage (COC)		
N	C	G 6 0
Check #		Amount
Assigned to:		

NOTICE OF INTENT (NOI)

[Required by [15A NCAC 02H.0127\(h\)](#)]; [term definition see [15A NCAC 02H.0103\(19\)](#)]

If you have a question or concern regarding this form, please reach out to your respective Regional Office for assistance.

If you were previously covered under NPDES General Permit NCG530000, please provide your previous Certificate of Coverage (COC): NCG53 _____
(If on a computer, click on the blanks to fill out the form)

1. Mailing Address of Facility Owner/Operator: *(address to which all correspondence should be mailed)*

Company Name: _____
 Owner Name and Title: _____
 Street Address: _____
 City: _____ State: __ Zip: _____ - _____
 Telephone #: _____
 Email: _____

2. Location of Facility Producing the Discharge:

Facility Name: _____
 Facility Contact: _____
 Street Address: _____
 City: _____ State: __ Zip: _____ - _____
 County: _____
 Telephone #: _____
 Email: _____

3. Type of System:

- Concentrated Aquatic Animal Production (CAAP):
 - Flow-through *(raceways, tanks, etc.)*
 - Recirculating *(tanks, etc.)*
 - Net Pen or Cage
 - Pond
- Seafood Packing/Rinsing Operations
- Other: _____

4. Description of Discharge:

- a) Description of wastewater generated and the treatment methods and/or BMPs utilized at the facility:

- b) Number of discharge points (*ditches, pipes, channels, etc. that convey wastewater from the property*): _____

- c) Coordinates for discharge point(s): (*provide coordinates for each, if applicable*)

Outfall 001: _____

Outfall 002: _____

Outfall 003: _____

Outfall 004: _____

If this facility has more than 4 outfalls, please include that information on an attached, separate sheet.

- d) Does this facility discharge to a separate municipal storm sewer system?

Yes

No

- e) Estimated volume of discharge: _____ GPD (*use best estimate of the Annual average*)

Minimum Discharge Flow: _____ GPD (*optional*)

Maximum Discharge Flow: _____ GPD (*optional*)

- f) If the sampling location(s) is different than the discharge point(s), please provide a description of the sampling location(s): _____

5. Discharge Frequency:

- a) The discharge is: Continuous Intermittent

- i. If the discharge is intermittent, describe when the discharge will occur:

How many days is there a discharge per year? _____

When the facility discharges, what is the duration? _____

- 6. If this Facility is a CAAP, please provide the name(s) of the aquatic species and the estimated production level:** (*Use best estimate of pounds of aquatic animals produced per year. If facility has more than 3 species, include the extra information on an attached, separate sheet*)

- a) Species: _____

Estimated Production Level (in pounds per year): _____

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b) Species: _____
Estimated Production Level (in pounds per year): _____

c) Species: _____
Estimated Production Level (in pounds per year): _____

7. **Receiving Stream Information:** *(include a map or picture showing the location of the facility, discharge point(s), and receiving stream—Google Maps is sufficient)*

a) Name of receiving stream: _____

b) Stream Classification *(if known)*: _____

8. **What are you applying for?**

Renewal of Coverage or Transfer of Coverage from NCG530000 General Permit

➤ No fee is required to Renew Coverage or Transfer Coverage

New Permit – new facility seeking a discharge permit for the first time

➤ If you checked new permit, please provide the details of the new facility, the \$100 application fee via a check made payable to the Department of Environmental Quality (DEQ), and a completed Engineering Alternatives Analysis with this application. [Required by [15A NCAC 02H .0105\(c\)](#)]

CERTIFICATION

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: _____

(Please review [15A NCAC 02H .0106\(e\)](#) for definition of authorized signing officials)

[Click here to enter a date.](#)

(Signature of Applicant)

(Date Signed)

North Carolina General Statute [§ 143-215.6B](#) 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 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). [18 U.S.C. Section 1001](#) provides a punishment by a fine or imprisonment not more than 5 years, or both, for a similar offense.

Mail this application to:

NC DEQ / DWR / NPDES
Compliance & Expedited Permitting Unit
1617 Mail Service Center
Raleigh, North Carolina 27699-1617