NCDEQ Division of Water Resources

Water Quality Permitting Section

Division of Water Resources

1617 Mail Service Center

Raleigh, NC 27699-1617

Date:

Subject: **Delegation of Signature Authority**

 ENTER FACILITY NAME

 **NPDES Permit Number** **NC**

To Whom It May Concern:

By notice of this letter, I hereby delegate signatory authority to each of the following individuals for all permit applications, discharge monitoring reports, and other information relating to the operations at the subject facility as required by all applicable federal, state, and local environmental agencies specifically with the requirements for signatory authority as specified in 15A NCAC 2B.0506.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Individual #1 |  | Individual #2 *(if applicable)* |
| Name: |  |  |       |
| Title: |       |  |       |
| Mailing Address: |       |  |       |
| Physical Address:*(if different)* |       |  |       |
| Email Address: |       |  |       |
| Office Phone: |     -     -      |  |     -     -      |
| Mobile Phone: |     -     -      |  |     -     -      |

If you have any questions regarding this letter, please feel free to contact me at Enter Email or Phone Number**.**

Sincerely,

**Authorized Signing Official's Name**

**Authorized Signing Official's Title**

Mailing Address

Email Address

Office Phone

Mobile Phone

cc: Select a region Regional Office, Water Quality Permitting Section