If a facility is required to sample multiple discharge locations with very similar stormwater discharges, the permittee may petition the Director for Representative Outfall Status (ROS). DWQ may grant Representative Outfall Status if stormwater discharges from a single outfall are representative of discharges from multiple outfalls. Approved ROS will reduce the number of outfalls where analytical sampling requirements apply.

If Representative Outfall Status is granted, ALL outfalls are still subject to the qualitative monitoring requirements of the facility’s permit—unless otherwise allowed by the permit (such as NCG020000) and DWQ approval. The approval letter from DWQ must be kept on site with the facility’s Stormwater Pollution Prevention Plan. The facility must notify DWQ in writing if any changes affect representative status.

***For questions, please contact the DWQ Regional Office for your area (see page 3).***

(Please print or type)

1. **Enter the permit number to which this ROS request applies:**

 Individual Permit *(or)* Certificate of Coverage

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **N** | **C** | **S** |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **N** | **C** | **G** |  |  |  |  |  |  |

1. **Facility Information:**

Owner/Facility Name

Facility Contact

 Street Address

City State ZIP Code

County E-mail Address

 Telephone No. Fax:

1. **List the representative outfall(s) information (attach additional sheets if necessary):**

**Outfall(s)** **is representative of Outfall(s)**

Outfalls’ drainage areas have the same or similar activities?□ Yes □ No

Outfalls’ drainage areas contain the same or similar materials?□ Yes □ No

Outfalls have similar monitoring results?□ Yes □ No □ No data\*

**Outfall(s)** **is representative of Outfall(s)**

Outfalls’ drainage areas have the same or similar activities?□ Yes □ No

Outfalls’ drainage areas contain the same or similar materials?□ Yes □ No

Outfalls have similar monitoring results?□ Yes □ No □ No data**\***

**Outfall(s)** **is representative of Outfall(s)**

Outfalls’ drainage areas have the same or similar activities?□ Yes □ No

Outfalls’ drainage areas contain the same or similar materials?□ Yes □ No

Outfalls have similar monitoring results?□ Yes □ No □ No data\*

 **\*Non-compliance with analytical monitoring prior to this request may prevent ROS approval. Specific**

 **circumstances will be considered by the Regional Office responsible for review.**

1. **Detailed explanation about why the outfalls above should be granted Representative Status:**  (Or, attach a letter or narrative to discuss this information.) **For example, describe how activities and/or materials are similar.**

1. **Certification:**

**North Carolina General Statute 143-215.6 B(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; 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 [Environmental Management] 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).

I hereby request Representative Outfall Status for my NPDES Permit. I understand that ALL outfalls are still subject to the qualitative monitoring requirements of the permit, unless otherwise allowed by the permit and regional office approval. I must notify DWQ in writing if any changes to the facility or its operations take place after ROS is granted that may affect this status. If ROS no longer applies, I understand I must resume monitoring of all outfalls as specified in my NPDES permit.

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:

 *(Signature of Applicant) (Date Signed)*

Please note: This application for Representative Outfall Status is subject to approval by the NCDENR Regional Office. The Regional Office may inspect your facility for compliance with the conditions of the permit prior to that approval.

**Final Checklist for ROS Request**

**This application should include the following items:**

□ This completed form.

□ Letter or narrative elaborating on the reasons why specified outfalls should be granted representative status, unless all information can be included in Question 4.

□ Two (2) copies of a **site map** of the facility with the location of all outfalls clearly marked, including the drainage areas, industrial activities, and raw materials/finished products within each drainage area.

□ Summary of results from monitoring conducted at the outfalls listed in Question 3.

□ Any other supporting documentation.

**Mail the entire package to:**

NC DENR Division of Water Quality

 Surface Water Protection Section

at the appropriate Regional Office(See map and addresses below)

### Notes

The submission of this document does not guarantee Representative Outfall Status (ROS) will be granted as requested. Analytical monitoring as per your current permit must be continued, at all outfalls, until written approval of this request is granted by DWQ. Non-compliance with analytical monitoring prior to this request may prevent ROS approval. Specific circumstances will be considered by the Regional Office responsible for review.

***For questions, please contact the DWQ Regional Office for your area.***

**Asheville Regional Office**2090 U.S. Highway 70
Swannanoa, NC 28778

Phone (828) 296-4500
FAX (828) 299-7043

**Fayetteville Regional Office**Systel Building,
225 Green St., Suite 714
Fayetteville, NC 28301-5094

Phone (910) 433-3300
FAX 910/ 486-0707

**Mooresville Regional Office**610 East Center Ave.
Mooresville, NC 28115

Phone (704) 663-1699
FAX (704) 663-6040

**Raleigh Regional Office**1628 Mail Service Center
Raleigh, NC 27699-1628

Phone (919) 791-4200
FAX (919) 571-4718

**Washington Regional Office**943 Washington Square Mall
Washington, NC 27889

Phone (252) 946-6481
FAX (252) 975-3716

**Wilmington Regional Office**127 Cardinal Drive Extension
Wilmington, NC 28405

Phone (910) 796-7215
FAX (910) 350-2004

**Winston-Salem Regional Office**585 Waughtown Street
Winston-Salem, NC 27107
Phone (336) 771-5000
Water Quality Main FAX (336) 771-4630

**Central Office**1617 Mail Service Center
Raleigh, NC 27699-1617

Phone (919) 807-6300
FAX (919) 807-6494