



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

Application for Renewal of Existing Coverage Under General Permit NCG590000

Drinking water system effluent (wastewaters) from Greensand and Conventional WTPs

NOTICE OF RENEWAL INTENT

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

Existing Certificate of Coverage (COC): NCG59
(Use TAB or 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. Description of Discharge:

- a) Type of treatment plant:
Conventional (includes coagulation, flocculation, and sedimentation, usually followed by filtration)
Greensand (no sodium recharge)

b) Description of raw, source water:
[Blank lines for text entry]

c) Description of the treatment process for raw water and wastewater generated:
[Blank lines for text entry]

d) Number of discharge points (ditches, pipes, channels, etc. that convey wastewater from the property):

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- e) Plant design potable flowrate: _____ GPD (*Gallons Per Day*)
Volume of discharge: _____ GPD (*use the maximum, monthly average discharge from the past 3-years*)

4. Discharge Frequency:

- a) The discharge is: Continuous Intermittent
- i. If the discharge is intermittent, describe when the discharge will occur:
 How many days per week is there a discharge? _____
 What is the duration of the discharge? _____

5. Check the type of additives/chemicals used in the treatment of raw water and wastewater that have the potential to be discharged (*if applicable, use separate sheet*):

- | | | |
|--|--|---|
| <input type="checkbox"/> Alum / aluminum sulfate | <input type="checkbox"/> Fluoride | <input type="checkbox"/> Zinc / zinc orthophosphate |
| <input type="checkbox"/> Chlorine | <input type="checkbox"/> Ammonia / chloramines | <input type="checkbox"/> None |
| <input type="checkbox"/> Other: _____ | | |

6. Receiving Stream Information: (*include a map showing the location of the outfall and receiving stream*)

- a) Name of receiving stream: _____
- b) Stream Classification: _____

7. Is this facility proposing an expansion of flow?

- No
- Yes – please provide details for the proposed expansion and a complete Engineering Alternatives Analysis.
[Required by [15A NCAC 02H.0105\(c\)](#)]

Additional Application Requirements:

The following information must be included with this application, or it will be returned as incomplete.

- **Site Map** – If the discharge is not directly to a stream, the pathway to the receiving stream must be clearly indicated.
- **Flow Schematic** – include flow volumes at each point in the treatment process and the points of addition for chemicals.

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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)

(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.

This Notice of Renewal Intent does NOT require a separate fee. The permitted facility already pays an annual fee for coverage under NCG590000. The Certificate of Coverage (CoC) cannot be issued if there are any unpaid annual fees.

NCDEQ



Mail this application to:

DWR / NPDES Permitting Branch
Attention: Wren Thedford
Compliance and Expedited Permitting Unit
1617 Mail Service Center
Raleigh, North Carolina 27699-1617

ELECTRONIC RECEIPT OF COC:

Do you wish to receive your COC electronically?

- Yes - COC will be sent to the e-mail address provided above.
- No - COC and a copy of permit NCG590000 will be sent via USPS.