



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

**NCG180000**

FOR AGENCY USE ONLY		
Date Received		
Year	Month	Day
Certificate of Coverage		
N	C	G
Check #	Amount	
Permit Assigned to		

**NOTICE OF INTENT**

**National Pollutant Discharge Elimination System application for coverage under General Permit NCG180000:**

**STORMWATER DISCHARGES associated with activities classified as:**

**SIC\* 25** Furniture and Fixtures, and **SIC 2434** Wood Kitchen Cabinets,

**And,** Like activities deemed by DEMLR to be similar in the process, or the exposure of raw materials, products, by-products, or waste materials.

\* Standard Industrial Classification Code

*(Please print or type)*

**1) Mailing address of owner/operator** (address to which official permit correspondence will be mailed):

Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Telephone No. \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail address \_\_\_\_\_

**2) Location of facility producing discharge:**

Facility Name \_\_\_\_\_  
 Facility Contact \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 County \_\_\_\_\_  
 Telephone No. \_\_\_\_\_ Fax: \_\_\_\_\_

**3) Physical Location Information:**

Please provide a narrative description of how to get to the facility (use street names, state road numbers, and distance and direction from a roadway intersection). \_\_\_\_\_  
 \_\_\_\_\_

(A copy of a county map or USGS quad sheet with facility clearly located on the map is required to be submitted with this application)

**4) Latitude \_\_\_\_\_ Longitude \_\_\_\_\_ (degrees, minutes, seconds)**

**5) This NPDES Permit Application applies to which of the following :**

New or Proposed Facility      Date operation is to begin \_\_\_\_\_  
 Existing

**6) Standard Industrial Classification:**

Provide the 4 digit Standard Industrial Classification Code (SIC Code) that describes the primary industrial activity at this facility

SIC Code: \_\_\_\_ \_

**7) Provide a brief narrative description of the types of industrial activities and products manufactured at this facility:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**8) Discharge points / Receiving waters:**

How many discharge points (ditches, pipes, channels, etc.) convey stormwater from the property? \_\_\_\_\_

**9) Receiving waters:**

What is the name of the body or bodies of water (creek, stream, river, lake, etc.) that the facility stormwater discharges end up in? \_\_\_\_\_

If the site stormwater discharges to a separate storm sewer system, name the operator of the separate storm sewer system (e.g. City of Raleigh municipal storm sewer). \_\_\_\_\_

**10) Does this facility have any other water quality permits?**

- No
- Yes

If yes, list the permit numbers for all current water quality permits for this facility: \_\_\_\_\_

**11) Does this facility have any Non-Discharge permits (ex: recycle permits)?**

- No
- Yes

If yes, list the permit numbers for all current Non-Discharge permits for this facility: \_\_\_\_\_

**12) Does this facility employ any best management practices for stormwater control?**

- No
- Yes

If yes, please briefly describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**13) Does this facility have a Stormwater Pollution Prevention Plan?**

- No
- Yes

If yes, when was it implemented? \_\_\_\_\_

**14) Are vehicle maintenance activities occurring at this facility?**

- No
- Yes

**15) Hazardous Waste:**

a) Is this facility a Hazardous Waste Treatment, Storage, or Disposal Facility?

- No
- Yes

b) Is this facility a Small Quantity Generator (less than 1000 kg. of hazardous waste generated per month) of hazardous waste?

- No
- Yes

c) Is this facility a Large Quantity Generator (1000 kg. or more of hazardous waste generated per month) of hazardous waste?

- No
- Yes

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d) If you answered yes to questions b. or c., please provide the following information:

Type(s) of waste: \_\_\_\_\_  
How is material stored: \_\_\_\_\_  
Where is material stored: \_\_\_\_\_  
How many disposal shipments per year: \_\_\_\_\_  
Name of transport / disposal vendor: \_\_\_\_\_  
Vendor address: \_\_\_\_\_

**16) 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 Article 21 or regulations of the Environmental Management Commission implementing that Article, or who falsifies, tampers with or knowingly renders inaccurate any recording or monitoring device or method required to be operated or maintained under Article 21 or regulations of the Environmental Management Commission implementing that Article, shall be guilty of a misdemeanor punishable by a fine not to exceed \$10,000, or by imprisonment not to exceed six months, or by both. (18 U.S.C. Section 1001 provides a punishment by a fine of not more than \$10,000 or imprisonment not more than 5 years, or both, for a similar offense.)

I hereby request coverage under the referenced General Permit. I understand that coverage under this permit will constitute the permit requirements for the discharge(s) and is enforceable in the same manner as an individual 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)*

**Notice of Intent must be accompanied by a check or money order for \$100.00 made payable to:  
NCDENR.**

**Final Checklist**

**This application will be returned as incomplete unless all of the following items have been included.  
Please do not ask us to hold an incomplete application in anticipation of a check under separate cover.**

- Check for \$100 made payable to NCDENR
- This completed application, signed by the owner/operator, and all supporting documents
- Copy of county map or USGS quad sheet with the location of the facility clearly marked on the map

**Mail the entire package to:**

Stormwater Permitting Program  
Division of Energy, Mineral, and Land Resources  
1612 Mail Service Center  
Raleigh, North Carolina 27699-1612

**Please note: The submission of this document does not guarantee the issuance of an NPDES permit.**

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*For questions, please contact the DEMLR Central Office or Regional Office for your area.  
To visit our website, go to <http://portal.ncdenr.org/web/lr/stormwater>*

## **DEMLR Regional Office Contact Information:**

Asheville Office ..... (828) 296-4500  
Fayetteville Office ... (910) 433-3300  
 Mooresville Office ... (704) 663-1699  
Raleigh Office ..... (919) 791-4200  
Washington Office ... (252) 946-6481  
Wilmington Office ... (910) 796-7215  
Winston-Salem ..... (336) 771-5000  
Central Office .....(919) 707-9220

