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:
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
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
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, 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.
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