



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

**NCG200000**

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 NCG200000 for STORMWATER DISCHARGES associated with activities classified as:**

**SIC 5093 Scrap Metal Recycling** (except as specified below)

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

**The following activities are excluded from coverage under this General Permit:**

- Automobile Wrecking for Scrap (a portion of SIC 5093)
- Non-Metal Scrap Recycling (a portion of SIC 5093)
- Used Motor Vehicle Parts (SIC 5015)

*(Please print or type)*

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

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

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

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

**3) Physical Location Information:**

Please provide a 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 a required part of 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

\*If this new or proposed facility is located in one of the 20 coastal counties, please contact the appropriate DEMLR Regional Office (see page 4) to determine if a State Stormwater Permit is required prior to construction.

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## 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) Services and Activities

**a) Provide a brief description of the types of industrial activities and products manufactured at this facility: (Include a site diagram of the process areas and location of activities present at this facility.)**

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### b) Check all activities conducted at this facility.

- |   |   |
|---|---|
| <input type="checkbox"/> Outdoor stockpiling of materials                                   | <input type="checkbox"/> Transport of materials by a conveyor or front-end loader |
| <input type="checkbox"/> Processing – cutting, grinding, crushing, baling, separation, etc. | <input type="checkbox"/> Vehicle and equipment maintenance                        |
| <input type="checkbox"/> Storage of materials in above-ground tanks                         | <input type="checkbox"/> Vehicle or equipment washing                             |
| <input type="checkbox"/> Material loading and unloading                                     | <input type="checkbox"/> Vehicle and equipment fueling                            |

## 8) Discharge points / Receiving waters:

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

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). \_\_\_\_\_

Receiving water classification (if known): \_\_\_\_\_

## 9) Does this facility:

a) Have an untreated wastewater discharge?  No  Yes

b) Have a treated wastewater discharge?  No  Yes

If yes, list the permit number. \_\_\_\_\_

c) Have a wastewater discharge from a recycle system?  No  Yes

If yes, list the permit number. \_\_\_\_\_

d) Have a non-discharge permit?  No  Yes

If yes, list the permit number. \_\_\_\_\_

e) Discharge wastewater to a municipal wastewater collection system?  No  Yes

If yes, list the municipality and permit number \_\_\_\_\_



**Note: Stormwater discharge permit NCG200000 does not authorize the discharge of any wastewater. If this site discharges wastewater, you must obtain the appropriate wastewater discharge permit in addition to coverage for stormwater discharges under NCG200000.**

## 10) Does this facility employ any best management practices for stormwater control?

No  Yes (Show any structural BMP's on the site diagram.)

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

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

No       Yes

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

**12) Are vehicle/equipment maintenance activities occurring at this facility?**

No       Yes

**13) 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) Is hazardous waste stored in the 100-year flood plain?

No       Yes    If yes, include information to demonstrate protection from flooding.

e) 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: \_\_\_\_\_

**14) Certification:**

**North Carolina General Statute 143-215.6B (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 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)

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

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## 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 applicant along with all supporting documents
- A site diagram showing, at a minimum, (existing or proposed):
  - (a) outline of drainage areas, (b) stormwater management structures, (c) location of stormwater outfalls (corresponding to which drainage areas), (d) runoff conveyance structures, (e) areas where materials are stored, (f) impervious areas, (g) site property lines, (h) vehicle and equipment maintenance, blasting, painting, and washing areas, and (i) location of activities listed in 7b.
- Copy of county map or **USGS quad sheet (preferred)** with location of facility clearly marked on map

### **Please 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 NPDES permit coverage.

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

*To visit our website please 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

