

II. Suggested Format for the Remediation General Permit Notice of Change (NOC)

A. General site information

1. NPDES permit number assigned by EPA:			
2. Name of site:	Site address:		
	Street:		
	City:	State:	Zip:
3. Site owner Owner is (check one): <input type="checkbox"/> Federal <input type="checkbox"/> State/Tribal <input type="checkbox"/> Private <input type="checkbox"/> Other, if so, describe:	Contact Person:		
	Telephone:	Email:	
	Mailing address:		
	Street:		
	City:	State:	Zip:
4. Site operator, if different than owner	Contact Person:		
	Telephone:	Email:	
	Mailing address:		
	Street:		
	City:	State:	Zip:
5. Discharge identification:	Discharge location:	Receiving water(s):	

B. Type of change(s) requested

Requested change (check all that apply):	
<input type="checkbox"/>	1. Request for reduction in monitoring requirements to no less than once per year, based on monitoring data attached in accordance with Appendix IV, Part 2 instructions. Written approval by EPA is required for this change to be effective.
<input type="checkbox"/>	i. Influent monitoring requirement reduction based on monitoring data for six (6) consecutive months and ten (10) samples.
<input type="checkbox"/>	ii. Effluent monitoring requirement reduction based on monitoring data for six (6) consecutive months and ten (10) samples that are in compliance with the RGP effluent limitations, and data and BMP requirements.
<input type="checkbox"/>	2. Request for site-specific effluent flow limitation, which will not exceed 1.0 MGD or the design flow of the treatment system, or site-specific monitoring requirement that eliminates flow meter requirement based on written rationale attached in accordance with Appendix IV, Part 2 instructions. Written approval by EPA is required for this change to be effective.
<input type="checkbox"/>	3. Request for a change in pH range approved by NHDES, based on supporting documentation attached in accordance with Appendix IV, Part 2 instructions. Written approval by EPA is required for this change to be effective.
<input type="checkbox"/>	4. Request for change in authorized pollutants or pollutant parameters, based on monitoring data attached in accordance with Appendix IV, Part 2 instructions. This type of change requires written approval by EPA. Additional effluent limitations and/or monitoring requirements may apply.
<input type="checkbox"/>	5. Request to discharge chemical(s) and/or additive(s) that were not disclosed in the NOI submitted for the site, based on written rationale and/or monitoring data attached in accordance with Appendix IV, Part 2 instructions. Written approval by EPA is required for this change to be effective.
<input type="checkbox"/>	6. Change to administrative information. Supporting documentation is attached in accordance with Appendix IV, Part 2 instructions.
<input type="checkbox"/>	7. Notification of a change in discharge location. The receiving water information submitted with the NOI for the site remains unchanged. Supporting documentation is attached in accordance with Appendix IV, Part 2 instructions.
<input type="checkbox"/>	8. Notification of a change in activity area. The receiving water information submitted with the NOI for the site and the operator named in the authorization to discharge remain unchanged. Any change in treatment or discharge location are also included in the NOC, or are unchanged. Supporting documentation is attached in accordance with Appendix IV, Part 2 instructions.
<input type="checkbox"/>	9. Notification of a change to a treatment system or process that adds or removes any major component. Supporting rationale is attached in accordance with Appendix IV, Part 2 instructions.
<input type="checkbox"/>	10. Notification of a temporary cessation of discharge greater than 90 days. Supporting rationale is attached in accordance with Appendix IV, Part 2 instructions.

C. Certification requirement

<i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I have no personal knowledge that the information submitted is other than true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i>	
Notification provided to the appropriate State, including a copy of this NOC.	Check one: Yes <input type="checkbox"/> No <input type="checkbox"/>
Notification has been provided to the municipality in which the discharge is located, including a copy of this NOC, if requested.	Check one: Yes <input type="checkbox"/> No <input type="checkbox"/>
Notification has been provided to the owner of a private or municipal storm sewer system, if such system is used for site discharges, including a copy of this NOC, if requested.	Check one: Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Signature:	Date:
Print Name and Title:	