



Division of Energy, Mineral, and Land Resources
Land Quality Section / Stormwater Program

FOR AGENCY USE ONLY		
Date Received		
Year	Month	Day

National Pollutant Discharge Elimination System (NPDES)

PERMIT OWNER AFFILIATION DESIGNATION FORM
(Individual Legally Responsible for Permit)

Use this form if there has been:

NO CHANGE in facility ownership or facility name, but the individual who is legally responsible for the permit has changed.

If the name of the facility has changed, or if the ownership of the facility has changed, do NOT use this form. Instead, you must fill out a Name-Ownership Change Form and submit the completed form with all required documentation.

What does “legally responsible individual” mean?

The person is either:

- the responsible corporate officer (for a corporation);
- the principle executive officer or ranking elected official (for a municipality, state, federal or other public agency);
- the general partner or proprietor (for a partnership or sole proprietorship);
- or, the duly authorized representative of one of the above.

1) Enter the permit number for which this change in Legally Responsible Individual (“Owner Affiliation”) applies:

Individual Permit

N	C	S							
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(or)

Certificate of Coverage or No Exposure

N	C	G							
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2) Facility Information:

Facility name: _____

Company/Owner Organization: _____

Facility address: _____

Address

City

State

Zip

To find the current **legally responsible person** associated with your permit, go to this website:

<https://deq.nc.gov/about/divisions/energy-mineral-land-resources/energy-mineral-land-permits/npdes-industrial-program> and run the **Permit Contact Summary Report**.

3) OLD OWNER AFFILIATION that should be removed:

Previous legally responsible individual: _____

First

MI

Last

4) NEW OWNER AFFILIATION (legally responsible for the permit):

Person legally responsible for this permit: _____

First

MI

Last

**NPDES Stormwater Permit OWNER AFFILIATION DESIGNATION
Form (if no Facility Name/Ownership Change)**

Title		
Mailing Address		
City	State	Zip
()		
Telephone	E-mail Address	
()		
Fax Number		

5) Reason for this change:

A result of:

- Employee or management change
- Inappropriate or incorrect designation before
- Other

If other please explain: _____

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The certification below must be completed and signed by the permit holder.

PERMITTEE CERTIFICATION:

I, _____, attest that this application for this change in Owner Affiliation (person legally responsible for the permit) has been reviewed and is accurate and complete to the best of my knowledge. I understand that if all required parts of this form are not completed, this change may not be processed.

Signature	Date
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PLEASE SEND THE COMPLETED FORM TO:

DEMLR - Stormwater Program
Dept. of Environmental Quality
1612 Mail Service Center
Raleigh, North Carolina 27699-1612

For more information or staff contacts, please call (919) 707-9220 or visit the website at: <http://deq.nc.gov/about/divisions/energy-mineral-land-resources/stormwater>