



Stormwater eReporting Registration Form

Directions are in red.

- ⇒ *Completion of the Stormwater Electronic Reporting (eReporting) Registration Form is a required step for the Owner and, if applicable, Facility Administrator(s) to obtain the privilege of submitting electronic reports to DEQ and in lieu of submitting paper reports.*
- ⇒ *In addition, this form allows for Owners to designate Responsible Officials and Facility Administrators who can act on their behalf. Responsible Officials and Facility Administrators must agree to the Electronic Signature Agreement (ESA) Conditions contained in this form.*

A. Owner Information

- ⇒ *The Owner is the legal entity to which/whom a permit has been issued. The Owner may be an individual or organization. Every Owner is required to have a Responsible Official who meets the legal signature authority requirements in 40 CFR 122.22.*
 - *For a corporation, this individual shall a president, secretary, treasurer, or vice-president in charge of a principal business function, or another individual who performs similar functions for the corporation, or the manager of one or more manufacturing, production, or operating facilities who is authorized to make management decisions about the facility operation.*
 - *For a partnership or sole proprietorship, this individual shall be a general partner or the proprietor, respectively; or*
 - *For a municipality, State, Federal, or other public agency, this individual shall be either a principal executive officer or ranking elected official.*

Owner Name:		Title:	
Responsible Official Name:		Phone:	
Does the Responsible Official already have an eDMR account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, User ID:	
Email Address:			
Mailing Address:			
City:		State:	Zip:

C. Facility Administrator Information

⇒ *Include the following information for all Facility Administrators listed in Part B. Attach additional pages if you need more space.*

Facility Administrator for Permit Number:				
Name:		Title:		
Do you already have an eDMR account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Phone:		
Organization:				
Email Address:				
Mailing Address:				
City:		State:		Zip:
Facility Administrator for Permit Number:				
Name:		Title:		
Do you already have an eDMR account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Phone:		
Organization:				
Email Address:				
Mailing Address:				
City:		State:		Zip:
Facility Administrator for Permit Number:				
Name:		Title:		
Do you already have an eDMR account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Phone:		
Organization:				
Email Address:				
Mailing Address:				
City:		State:		Zip:
Facility Administrator for Permit Number:				
Name:		Title:		
Do you already have an eDMR account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Phone:		
Organization:				
Email Address:				
Mailing Address:				
City:		State:		Zip:

D. Electronic Signature Agreement Conditions

To receive and accept the required electronic signature credential, consisting of a User ID and password, issued by the North Carolina Department of Environmental Quality (NCDEQ) in order to sign electronic documents submitted to NCDEQ's Electronic Document Systems and to receive electronic documents from NCDEQ's systems;

The Responsible Official and Submitter(s) (if applicable) named in this form do hereby:

1. Understand that this Electronic Signature Agreement requires me to submit electronic documents to NCDEQ's approved eDMR system under the authorized program in lieu of paper submissions.
2. Understand that this Electronic Signature Agreement requires me to accept electronic transmissions, in lieu of paper transmissions of all permits, permit modifications, authorizations to construct, and any other correspondence related to reviewing and processing permits from NCDEQ. This authorization will not become effective until NCDEQ establishes a system for processing electronic documents; I am notified in writing from NCDEQ that use of the electronic systems has officially been initiated; and North Carolina rules and statutes are changed to allow the implementation of electronic submittal and acceptance of documents.
3. Understand that this Electronic Signature Agreement requires me to submit electronic all necessary information for processing of NPDES application including information for renewal of existing permits, modification to existing permits, and applications for new discharge permits. The submittals may include all necessary applications and supporting documentation to NCDEQ's approved system for electronic submittals in lieu of paper submissions. This authorization will not become effective until NCDEQ establishes a system for processing electronic documents; I am notified in writing from NCDEQ that use of the electronic systems has officially been initiated; and North Carolina rules and statutes are changed to allow the implementation of electronic submittal and acceptance of documents.
4. Understand that this Electronic Signature Agreement requires me to accept electronic submissions, in lieu of paper submissions, of all Notices of Deficiency, Notices of Violation, Civil Penalty Assessments, and any other correspondence related to compliance with federal and state water quality laws and regulations that might be sent by NCDEQ. This authorization will not become effective until NCDEQ establishes a system for processing electronic documents; I am notified in writing from NCDEQ that use of the electronic systems has officially been initiated; and North Carolina rules and statutes are changed to allow the implementation of electronic submittal and acceptance of documents.
5. Agree to protect both the electronic signature credential, consisting of my User ID and password, and security questions and answers, from compromise and from use by anyone except me. Specifically, I agree to maintain the secrecy of my electronic signature credential and security questions and answers; I will not divulge or delegate my credential or security questions and answers to any other individual; I will not store my credential or security questions and answers in an unprotected location; and I will not allow my electronic signature credential or security questions and answers to be written into computer scripts to achieve automated log-in.
6. Understand and agree that I will be held as legally bound, obligated, and responsible for the use of my electronic signature as I would be using my hand-written signature.
7. Understand that I will be informed through my registered email address whenever my User ID or password has been modified.

8. Understand that eDMR reports the last date my User ID and password were used immediately after successfully logging into eDMR.
9. Agree to contact the NCDEQ SW-eDMR Administrator via email at SW-eDMR@ncdenr.gov as soon as possible, but no later than 24 hours, after suspecting or determining that my User ID and/or password have become lost, stolen or otherwise compromised.
10. Agree that I will review the contents of all electronic submissions prior to submission.
11. Understand that I will automatically receive an email receipt at my registered email address from the NCDEQ's SW-eDMR system for any submission that contains a valid electronic signature, identifying the document received, the signatory, and the date and time of receipt.
12. Agree to contact the NCDEQ SW-eDMR Administrator via email at SW-eDMR@ncdenr.gov if I do not receive an email receipt as specified above within five (5) business days for any electronically signed submission using my credentials.
13. Agree that if I received an email notification for an activity that I do not believe that I performed, I will notify the NCDEQ SW-eDMR Administrator via email at SW-eDMR@ncdenr.gov as soon as possible, but no later than 24 hours, after receipt.
14. Agree to report, within 24 hours of discovery, any evidence of discrepancy between any electronic document I have signed and submitted and what the NCDEQ eDMR has received from me by contacting the NCDEQ SW-eDMR Administrator via email at SW-eDMR@ncdenr.gov.
15. Understand that the NCDEQ eDMR's system will automatically reject any electronic document submitted without a valid electronic signature if such signature is required.
16. Agree to contact the NCDEQ SW-eDMR Administrator via email at SW-eDMR@ncdenr.gov within ten working days if my duties change and I no longer need to interact with eDMR on behalf of my organization.
17. Agree to notify the NCDEQ SW-eDMR Administrator via email at SW-eDMR@ncdenr.gov if I cease to represent the regulated entity specified above as signatory of that organization's electronic submissions as soon as this change in relationship occurs.
18. Understand that the NCDEQ may contact the Organization's Responsible Official, who signs below to authorize me as a signatory for the Owner/Organization, in order to verify my identity.
19. Agree to retain a copy of this signed agreement as long as I continue to represent the regulated entity specified above as signatory of the Organization's electronic submissions.
20. Certify that I have the authority to enter into this Agreement on behalf of the Organization identified above, and I am a signatory authorized to represent that Organization, and I am able to sign and submit reports and other information on behalf of that Organization in the capacity required by statute and/or regulation.

E. Responsible Official Signature

The Responsible Official, as identified in accordance with 40 CFR 122.22, is the appropriate individual with the authority to sign and submit reports for the organization.

I, _____ (printed name), have the authority to enter into this Agreement for _____ (Owner/Organization Name).

I request the NCDEQ grant me and, if included in Part B of this form, the named Facility Administrator(s), an electronic signature credential to submit and accept documents electronically on behalf of my organization.

I acknowledge that I, and if included in Part B of this form, the named Facility Administrator(s), work at/for my organization and have authority to submit and accept electronic documents and act as a signatory for purposes of the NCDEQ's electronic document systems.

By submitting this application, I, _____ (printed name), have read, understand, and accept the terms and conditions of this Electronic Signature Agreement. I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

_____ Responsible Official Signature	_____ Title	_____ Date
_____ Email Address	_____ Phone Number	_____ eDMR User ID

F. Facility Administrator Signature

⇒ *Provide a separate page for every Facility Administrator listed in Part B.*

Facility Administrators are users other than the Responsible Official who can submit this agreement to request to sign reports electronically and other information and to accept electronic documents.

I, _____ (printed name), am authorized by the Responsible Official named in this document, who has the authority under the applicable standards, to enter into this agreement for _____ (Owner/Organization Name).

By submitting this application, I, _____ (printed name), have read, understand, and accept the terms and conditions of this Electronic Signature Agreement. I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Submitter Signature

Title

Date

Email Address

Phone Number

eDMR User ID