



**Division of Energy, Mineral & Land Resources  
Land Quality Section/Stormwater Permitting Program**

National Pollutant Discharge Elimination System

FOR AGENCY USE ONLY		
Date Received		
Year	Month	Day

**RESCISSION REQUEST FORM**

Please fill out and return this form if you no longer need to maintain your NPDES stormwater permit.

**1) Enter the permit number to which this request applies:**

Individual Permit (or)

N	C	S							
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Certificate of Coverage

N	C	G							
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**2) Owner/Facility Information:** \* Final correspondence will be mailed to the address noted below

Owner/Facility Name \_\_\_\_\_

Facility Contact \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

County \_\_\_\_\_ E-mail Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax: \_\_\_\_\_

**3) Reason for rescission request** (This is **required** information. Attach separate sheet if necessary):

- Facility closed or is closing on \_\_\_\_\_. All industrial activities have ceased such that no discharges of stormwater are contaminated by exposure to industrial activities or materials.
- Facility sold to \_\_\_\_\_ on \_\_\_\_\_. If the facility will continue operations under the new owner it may be more appropriate to request an ownership change to reissue to permit to the new owner.
- Other: \_\_\_\_\_

**4) Certification:**

I, as an authorized representative, hereby request rescission of coverage under the NPDES Stormwater Permit for the subject facility. I am familiar with the information contained in this request and to the best of my knowledge and belief such information is true, complete and accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print or type name of person signing above

Title

Please return this completed rescission request form to:

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