DATE

Division of Water Resources

Non-Discharge Permitting Unit

1617 Mail Service Center

Raleigh, North Carolina 27699-1617

Subject: Permit No. WQ00#####

Signature Authority Designation

FACILITY

PERMIT TYPE System

COUNTY County

To Whom It May Concern:

As an appropriate signing official for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(city/town or business name*) as designated by 15A NCAC 2T .0106, I hereby delegate authority to sign and certify all permit applications, reports or other permit related documents to the following staff for the following permit types (sewer, spray, land application) and/or permit numbers:

|  |  |  |
| --- | --- | --- |
| **Position** | **Person Currently in Position** | **Permit Type or Permit Number** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

If you have any questions, please contact me at the following:

Permittee/Applicant name (please print):

Title:

Complete mailing address:

City: State: Zip:

Telephone number: ( \_\_\_\_\_ ) Facsimile number: ( \_\_\_\_\_ )

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*signature*