2019 Noncontact Cooling Water General Permit Administrative Continuation Request Template

Facility Name: _____

NCCW Authorization Number: MAG250_____ NHG250_____

Please check the appropriate box and provide any additional information, if necessary:

☐ I have reviewed the NOI that was prepared for the facility identified above, which was submitted to EPA and the appropriate State agency to request authorization to discharge noncontact cooling water (NCCW) under EPA's 2014 NCCW General Permit. The information contained in that NOI is current and accurate.

☐ I have reviewed the NOI that was prepared for the facility identified above, which was submitted to EPA and the appropriate State agency to request authorization to discharge noncontact cooling water (NCCW) under EPA's 2014 NCCW General Permit. The information contained in that NOI should be amended as specified below (Attach additional sheets if necessary).

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SIGN THE CERTIFICATION STATEMENT ON BACK ON THIS PAGE ►

Certification Statement

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 gather and evaluate 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, I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I certify that I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations**.**

Signature _____Date_____

Printed Name and Title _____

PLEASE NOTE Federal regulations require this template be signed as follows:
1. For a corporation, by a principal executive officer of at least the level of vice president;
2. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively, or,
3. For a municipality, State, Federal or other public facility, by either a principal executive officer or ranking elected official.

Return the completed form to:

Ms. Suzanne Warner
U.S. EPA Region 1
5 Post Office Square Suite 100
Mailcode: 06-4
Boston, MA 02109-3912

EMAIL: warner.suzanne@epa.gov