OUTFALL MODIFICATION FORM

The enclosed form may be used to request modifications of outfalls covered under NPDES general permit ARR000000 for discharges of stormwater associated with industrial activity (except from construction activity). The numbering of outfalls should be sequential and begin with Outfall 001 (i.e. if Outfall 001 is deleted, Outfall 002 will become Outfall 001).

Attach additional pages to modify more than one outfall.

Outfall Modification Type: Add (Skip Section II) ☐ Remove (Skip Section III) ☐ Move ☐

Permit Tracking No. ARR00________________________ AFIN: ________________________

I. FACILITY INFORMATION:

Permittee: ________________________________ Contact Name: __________________
Facility Name: ____________________________ Phone Number: __________________
Facility City: _______________ Zip: __________ Email Address: __________________

Mailing Address: ________________________________________________________________

City: __________________ State: ________________ Zip: __________________

II. CURRENT OUTFALL INFORMATION:

Outfall: __________

Outfall Latitude: _______ degrees _______ minutes _______ seconds
Outfall Longitude: _______ degrees _______ minutes _______ seconds
Receiving Stream: _______________________________________________________________

III. NEW OUTFALL INFORMATION:

Outfall: __________

Outfall Latitude: _______ degrees _______ minutes _______ seconds
Outfall Longitude: _______ degrees _______ minutes _______ seconds
Receiving Stream: _______________________________________________________________

IV. CONSULTANT INFORMATION (if applicable):

Consultant Contact Name: ___________________________ Company: __________________
Consultant Phone Number: ___________________________ Email Address: __________________

V. SIGNATORY REQUIREMENTS:

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

Responsible/Cognizant Official Printed Name: ____________________________ Title: ________________

Responsible/Cognizant Official Signature: ____________________________ Date: ________________

ATTACH A SITE MAP SHOWING THE NAME AND LOCATION OF EVERY OUTFALL THAT WILL BE COVERED UNDER YOUR EXISTING GENERAL PERMIT AFTER THIS MODIFICATION.