

## 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.**