

FORM <b>1</b> GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY <b>GENERAL INFORMATION</b> Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER WA003106-2			T/A	C				
LABEL ITEMS		PLEASE PLACE LABEL IN THIS SPACE					GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.				
I. EPA I.D. NUMBER											
III. FACILITY NAME											
V. FACILITY MAILING ADDRESS											
VI. FACILITY LOCATION											
II. POLLUTANT CHARACTERISTICS											
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of <b>bold-faced terms</b> .											
SPECIFIC QUESTIONS			Mark "X"			SPECIFIC QUESTIONS			Mark "X"		
			YES	NO	FORM ATTACHED				YES	NO	FORM ATTACHED
A. Is this facility a <b>publicly owned treatment works</b> which results in a <b>discharge to waters of the U.S.</b> ? (FORM 2A)			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	B. Does or will this facility (either existing or proposed) include a <b>concentrated animal feeding operation</b> or <b>aquatic animal production facility</b> which results in a <b>discharge to waters of the U.S.</b> ? (FORM 2B)			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			15	17	18				19	20	21
C. Is this a facility which currently results in <b>discharges to waters of the U.S.</b> other than those described in A or B above? (FORM 2C)			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D. Is this a proposed facility (other than those described in A or B above) which will result in a <b>discharge to waters of the U.S.</b> ? (FORM 2D)			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			22	23	24				26	28	27
E. Does or will this facility treat, store, or dispose of <b>hazardous wastes</b> ? (FORM 3)			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F. Do you or will you inject at this facility industrial or municipal effluent below the lowest stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			28	29	30				31	32	33
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production. Inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			34	35	36				37	38	39
I. Is this facility a proposed <b>stationary source</b> which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	J. Is this facility a proposed <b>stationary source</b> which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			40	41	42				43	44	45
III. NAME OF FACILITY											
1 SKIP FISHING VESSEL OWNERS MARINE WAYS, INC.											
15 16 - 20 30 60											
IV. FACILITY CONTACT											
A. NAME & TITLE (last, first, & title)				B. PHONE (area code & no.)							
2 DYLAN FELDT				(206) 282-6421							
15 16				45 46 48 49 51 52 55							
V. FACILITY MAILING ADDRESS											
A. STREET OR P.O. BOX											
3 1511 W THURMAN											
15 16 45											
B. CITY OR TOWN				C. STATE	D. ZIP CODE						
4 SEATTLE				WA	91119						
15 16 40 41 42 47				51 51							
VI. FACILITY LOCATION											
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER											
5 1511 W THURMAN											
15 16 45											
B. COUNTY NAME											
KING											
48 70											
C. CITY OR TOWN				D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)					
6 SEATTLE				WA	98119						
15 16 40 41 42 47				51 51		52 54					

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VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
C	7	3	7	3	1		
15	16	17	18	19	20	21	22
C. THIRD				D. FOURTH			
C	7			C	7		
15	16	17	18	19	20	21	22

VIII. OPERATOR INFORMATION

A. NAME												B. Is the name listed in item VIII-A also the owner?			
8 FISHING VESSEL OWNERS MARINE WAYS, INC.												<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify.)												D. PHONE (area code & no.)			
F = FEDERAL S = STATE P = PRIVATE												A (206) 282-6421			
M = PUBLIC (other than federal or state) O = OTHER (specify)															

E. STREET OR P.O. BOX											
1511 W THURMAN											

F. CITY OR TOWN						G. STATE		H. ZIP CODE		IX. INDIAN LAND	
B SEATTLE						WA		98119		Is the facility located on Indian lands?	
										<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)						D. PSD (Air Emissions from Proposed Sources)					
9 N WA-003106-2						9 P					
B. UIC (Underground Injection of Fluids)						E. OTHER (specify)					
9 U						(specify)					
C. RCRA (Hazardous Wastes)						E. OTHER (specify)					
9 R						(specify)					

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Fishing Vessel Owners Marine Ways, Inc. is a small shipyard that leases 2.2 acres from the Port of Seattle at Fishermans Terminal. Vessels repaired are primarily small commercial fishing vessels, tugboats and pleasure vessels. Hulls are predominately wood, steel and aluminum. The site is paved, except for the eastern portion that is leased from the city of Seattle. All storm water flows away from the ship canal towards the unpaved portion on the southeast corner of the site.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)				B. SIGNATURE				C. DATE SIGNED			
DANIEL PAYNE, GENERAL MANAGER								09/07/18			

COMMENTS FOR OFFICIAL USE ONLY

C											



**IV. Narrative Description of Pollutant Sources**

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
005	Approximately 3500 sqft	Approximately 3500 sqft	006	Approximately 2000 sqft	Approximately 2000 sqft

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

Prior to submerging cradles into Salmon Bay, all wash water is pumped into an above storage ground tank (AST) for offsite treatment.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
005	Pumped to AST for offsite treatment	
006	Pumped to AST for offsite treatment	

**V. Nonstormwater Discharges**

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or Form 2E application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
DANIEL PAYNE, GENERAL MANAGER		09/07/18

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

N/A

**VI. Significant Leaks or Spills**

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

N/A

**VII. Discharge Information**

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided.  
Table VII-A, VII-B, VII-C are included on separate sheets numbers VII-1 and VII-2.

E. Potential discharges not covered by analysis – Is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

Yes (list all such pollutants below)

No (go to Section IX)

**VIII. Biological Toxicity Testing Data**

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

Yes (list all such pollutants below)

No (go to Section IX)

**IX. Contract Analysis Information**

Were any of the analyses reported in Item VII performed by a contract laboratory or consulting firm?

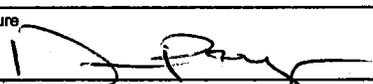
Yes (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

No (go to Section X)

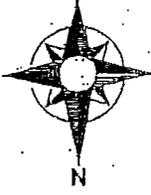
A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
Friedman and Bruya	2012 16th Ave West Seattle, WA 98119-2029	206-285-8282	Copper, lead and zinc Oil and grease Dissolved copper, lead and zinc

**X. Certification**

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.

A. Name & Official Title (Type Or Print) DANIEL PAYNE, GENERAL MANAGER	B. Area Code and Phone No. (206) 282-6421
C. Signature 	D. Date Signed 09/07/18





Ballard Bridge Right-of-Way/  
Easement

BNRR

Cleaning Tanks  
Storage Facilities  
Metal Equipment  
Misc. Storage  
FVO-07  
Paint Storage  
Wood Storage  
I-6  
Vessel Railway  
Tool Shop  
Winch & Spools  
Winch House  
I-6  
Vessel Railway

Bridge Footing  
Sandblast Shed  
IFVO Operations  
in These Areas

Machine Parts Storage  
Aluminum  
Metal Storage

Winch Area

Pipe Storage  
Parts Painting on Rails  
I-4  
Vessel Railway

Machine Shop  
and Presses  
M-4

Wood Shop  
I-3  
Office and  
Parts Supply

Seattle Machine Works

Trash  
Compactor  
Area  
Pop Shell  
Storage

Concrete  
Vault &  
Water Main

Dumpsters  
& Pallets

WMP-1

Float  
No. 1  
Dock

Float  
No. 2  
Dock

Salmon  
Bay

Boats  
Docked

Burhead

LEGEND

**NDPES PERMIT APPLICATION QUESTIONNAIRE**  
**SUPPLEMENTING FORM 2C**  
 For Shipbuilding and Repair Facilities

**I. GENERAL INFORMATION**

- A. Name of Facility: *FISHING VESSEL OWNERS MARINE WAYS, INC.*  
 B. Address: *1511 WEST THURMAN.*  
 C. City: *seattle WA* State: Washington Zip Code: *98119*  
 D. Phone No.: *206-282-6421*  
 E. Water Way: *LAKE WASHINGTON SHIP CANAL.*

**II. SERVICES PROVIDED IN A TYPICAL YEAR**

- A. Do you predominately provide new construction?  Yes  No  
 And/or repair?  Yes  No
- B. What types of vessels, i.e. tugs, fishing vessels, barges, factory ships, etc., do you provide services to?  
*FISHING VESSELS, TUGS, FACTORY TRAWLERS, CRUISE BOATS, and barges*
- C. What hull materials do you work on?  
 Wood  
 Steel  
 Aluminum  
 Fiberglass  
 Other
- D. Estimate total number of vessels worked on in a typical year? *Approx 40-50*
- E. Does the facility have:
- |                 |   |  |
|-----------------|---|--|
| 1. Drydock      | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| 2. Graving dock | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| 3. Marineway    | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| 4. Lift         | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| 5. Travel haul  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| 6. Crane        | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |

**III. YARD CAPACITY**

- A. Capacity of the drydock, marine way, crane, etc., which remove vessels from the water for access to hull?  
 Code: *EAST Railway 500 TONS WEST Railway 300 TONS*  
 Tonnage: *EAST Railway 500 TONS WEST Railway 300 TONS.*  
 Overall Length: *EAST Railway - 115 FT WEST Railway 85 FT*  
 Wingwall Length: *EAST Railway - 115 FT WEST Railway 95 FT*  
 Width: *EAST Railway - 24 FT WEST Railway ~~115 FT~~ 30 FT*  
 Wingwall Height:
- B. Describe the location and construction of the drydock, marine way, crane, etc.  
 (In addition to a narrative, please attach a site plan of the shipbuilding and repair facility.)

**IV. HYDROBLASTING, SANDBLASTING PRACTICES**

- A. Of the hulls your yard worked on in the last year, what percentage:
1. Needed the complete hull sandblasted and repainted? 1

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**VIII. OTHER WASTE DISPOSAL OR RECYCLING**

A. Who, how, and where, if you know, are the following solid wastes disposed of?

1. Sandblast grit *Ash Grove Cement Company (Seattle)*
2. Scrap metal *Schnitzer Steel*
3. Glass *NO Recycling of Glass*

B. Who, how, and where, if you know, are fiberglass resin and solvents disposed of? *FWD ~~with~~ CUSTOMERS utilize outside contractors for fiberglass work, and they are responsible for solvents*

**IX. OTHER SERVICES**

A. Do you supply cooling water to moored or drydocked vessels?  Yes  No

B. If so, how often?

**X. MANAGEMENT PRACTICES**

A. Do you have a maintenance plan for preventing accidental loss of oil, fuel, paint, etc., due to equipment failures?  Yes  No *outside contractor services & maintains all vehicles & equipment.*

B. Does the plan specifically identify who is responsible for what tasks and how often?  Yes  No

C. Does the maintenance plan include routine cleaning, sweeping, and vacuuming of docks, paved work areas, and catch basins?  Yes  No *Covered under BMP's*

D. Please provide a copy with the return of the permit application.

E. Do you provide guidance to arriving vessels on pollution prevention practices you expect them to comply with?  Yes  No *see BMP's*

F. If so, please provide a copy with the return of the permit application. *Attached*

G. Do you have an employee training program which includes pollution prevention practices and worker right-to-know information?  Yes  No

If you would like that training program included or considered as part of the permit "Best Management Practices," please provide a copy with the return of the permit application.

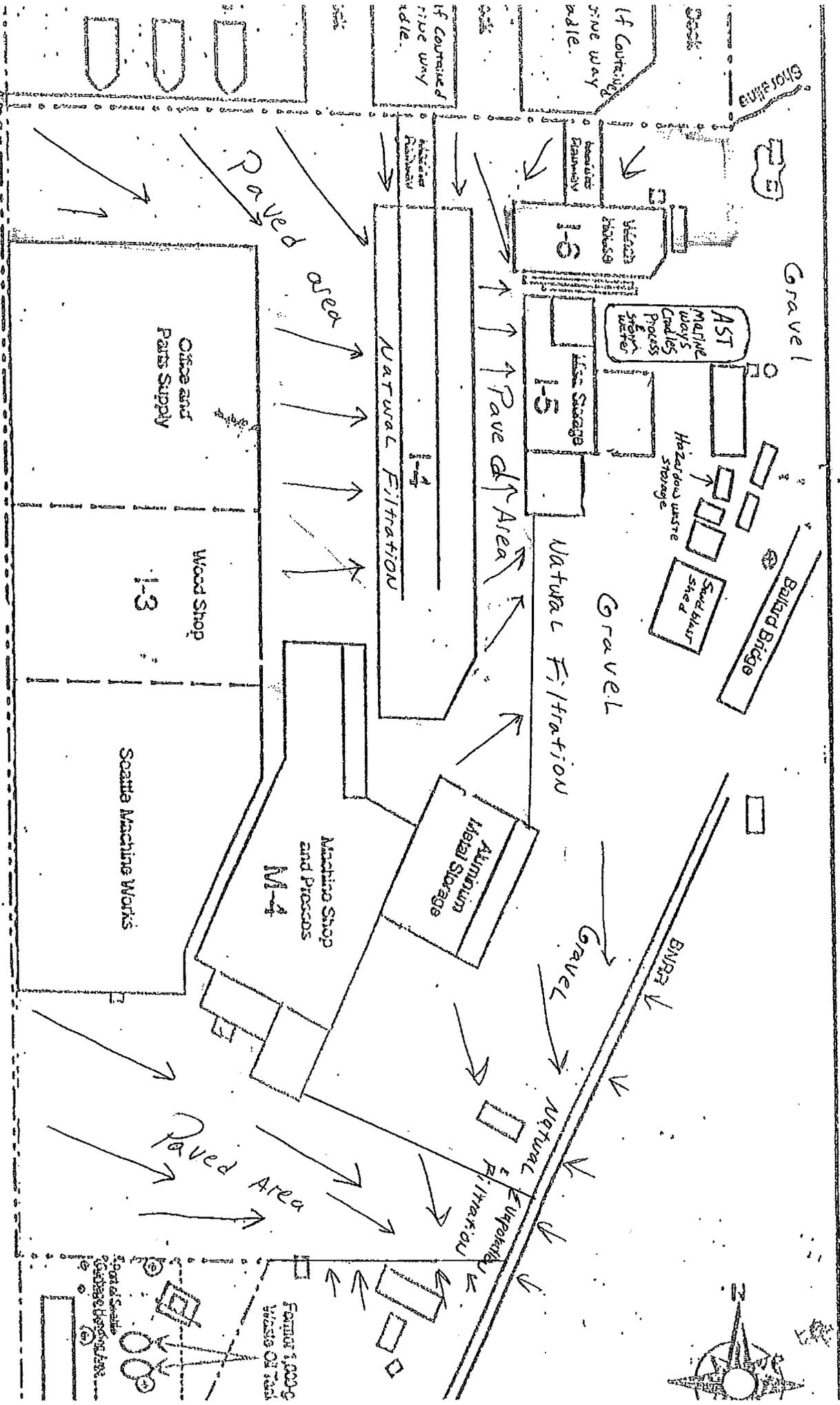
H. Do you have in effect a Spill Prevention and Counter-Measure Plan?  Yes  No

I. If so, please provide a copy. *Attached.*

**XI. SITE PLAN**

Please provide a Site Plan locating storm drains, catch basins, oil and waste oil storage areas, paint storage area, paint booth, solvent still, work areas, etc.

Please provide a location map of the facility. It is sufficient to indicate the site location on a photocopy of a USGS quadrangle map.



Arrows depict Surface Water / Stormwater Flow.

Paved Area

Heneable Surface (Gravel)

25  
 A Seattle in Fact