

## DEPARTMENT OF ECOLOGY

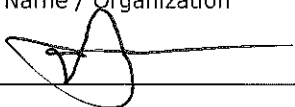
MAY 15 2019

<b>Application Id:</b> 23190	<b>Certification Received:</b> (Ecology use)	<b>WATER QUALITY PROGRAM</b>
<b>Facility Name:</b> Quanex Screens LLC	<b>Permit Number:</b> WAR002223 (Ecology use)	
<b>Facility Address:</b> 137 SEARS RD CHEHALIS, WA 98532-8719	<b>Facility County:</b> Lewis	
<b>Permittee Name:</b> Michael Kautzman	<b>Permittee Title:</b> Plant Manager	
<b>Permittee Email:</b> denise.uribe@Quanex.com	<b>Permittee Phone:</b> 3604806103	
<b>Permittee Address:</b> 137 Sears Rd Chehalis, WA 98532-8719	<b>Organization Name:</b> Quanex Screens LLC	

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**Certification of Permittee**

*"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 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."*

<u>Michael Kautzman</u> <u>Quanex</u>	<u>Plant Manager</u>
Printed Name / Organization	Title
	<u>5/10/2019</u>
Signature of Permittee *	Date

\* Federal regulations require this application is signed by one of the following:  
A. For a corporation: By a responsible corporate officer.  
B. For a partnership or sole proprietorship: By a general partner or the proprietor, respectively.  
C. For a municipality, state, federal, or other public facility: By either a principal executive officer or ranking elected official.

Please print, sign and mail this form to the following address:

Washington Department of Ecology - Stormwater  
P.O. Box 47696  
Olympia, WA 98504-7696



# Request for Coverage

## Industrial Stormwater General Permit

MAY 15 2019

WATER QUALITY PROGRAM

NOI Version: 1

Application Type: ☐ New ☒ Renewal

Permit Number: WAR002223

Application Id: 23190

**I. Contact Information**

Billing Contact		
Honorific:	First Name: Ona	Last Name: Orffer
Organization Name:	Quanex Screens LLC	Title: Accounts Payable
Mailing Address: 169 Sturdevant Rd		
City: Chehalis	State: WA	Zip Code: 98532
Email: qs.payables@quanex.com		
Primary Phone: 360-345-1241	Secondary Phone: 360-345-1241	
UBI Number:		
Permittee		
Honorific:	First Name: Michael	Last Name: Kautzman
Organization Name:	Quanex Screens LLC	Title: Plant Manager
Mailing Address: 137 Sears Rd		
City: Chehalis	State: WA	Zip Code: 98532-8719
Email: denise.uribe@Quanex.com		
Primary Phone: 360-480-6103	Secondary Phone: 360-748-9201	
UBI Number:		
Site Contact		
Honorific:	First Name: Michael	Last Name: Kautzman
Organization Name:	Quanex Screens LLC	Title:
Mailing Address: 137 Sears Rd		
City: Chehalis	State: WA	Zip Code: 98532-8719
Email: denise.uribe@Quanex.com		
Primary Phone: 360-480-6103	Secondary Phone: 360-748-9201	
UBI Number:		

**II. Facility Information**

Facility Name: Quanex Screens LLC

Street Address: 137 SEARS RD

City: CHEHALIS

County: Lewis

Zip Code: 98532-8719

Latitude: 46.632500

Longitude:

Size of Site:

2 acres

Date facility began or will begin operation:

List all North American Industry Classification System (NAICS) and Standard Industrial Classification (SIC) codes to cover all industrial activities performed at your facility.

NAICS/SIC	Code	Description	Is Primary
SIC	3442	METAL DOORS, SASH, AND TRIM	Yes
NAICS	332321	Metal Window and Door Manufacturing	Yes

- ☐ Is this facility a Hazardous Waste Treatment, Storage, and Disposal (TSD) facility regulated under Chapter 17-303 WAC?

For Airport Facilities:

- ☐ At your airport, do you as a single permittee, or a combination of permitted facilities, use more than 100,000 gallons of glycol-based deicing chemicals and/or 100 tons or more of urea on an average annual basis?
- ☐ Does your airport have 1,000 or more annual jet departures ("non-propeller aircraft")?
- ☐ Does the facility discharge wastewater associated with airfield pavement deicing with stormwater?
- ☐ Do you use urea-containing deicers?
- ☐ Does your airport meet the definition of a new source ("new airports")?
- ☐ Does (will) the airport have 10,000 or more annual departures?
- ☐ Is the airport located in a cold climate zone?

Please enter the URL that your Stormwater Pollution Prevention Plan (SWPPP) is located at: (optional)

Please attach a site map following the requirements of S3.B.1 of the 2020 ISGP.

### III. Other Permits/Registration

None

### IV. Discharge/Receiving Water

#### Conveyance System

If you discharge to a municipal stormwater system or other stormwater conveyance system (e.g. Kent stormwater drainage system, roadside ditch), identify the system by name or if unnamed, by other identifier (e.g., 145th street ditch)

#### Location of Discharge into Receiving Water (Outfall)

Outfall Number	Outfall Description	Surface Waterbody Name	Outfall Type	Latitude	Longitude
1	DISCHARGE 1	DISCHARGE 1	Surface Water Body	46.62888717 65137	- 122.9300003 05176
2	Dillenbaugh Creek	Dillenbaugh Creek	Surface Water Body	46.63016510 00977	- 122.9301071 16699

#### Location of Discharge Location (Sampling/Monitoring Point)

Monitoring Point Code	Monitoring Point Name	Monitoring Point Type	Outfall Number	Active	Latitude / Longitude
1	DISCHARGE 1	Stormwater	1	Yes	46.62888717 65137 - 122.9300003 05176
2	Groundwater pipe	Stormwater	2	Yes	46.63016510 00977 - 122.9301071 16699

003	storm drain	Stormwater	2	Yes	46.63016510 00977 - 122.9301071 16699
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#### V. State Environmental Policy Act (SEPA)

This Notice of Intent (NOI) is incomplete and cannot be approved until the applicable SEPA requirements under Chapter 197-11 WAC are met.

SEPA and Public Notice sections apply only to facilities that began operations after January 1, 2020. If the facility began operations before this date, these sections do not need to be filled out.

#### VI. Public Notice


**Public Notice applies to facilities that began operations on or after January 1, 2020.**

You must publish a public notice at least **once** a week for **two** consecutive weeks with **seven days** between publications, in at least a **single** newspaper of general circulation in the county in which the facility is located. Ecology cannot grant permit coverage sooner than the end of the 30-day public comment period, which begins on the date of the **second** public notice.

Newspaper Name	First Public Notice Date	Second Public Notice Date

#### VII. Certification of Permittees

*"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 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."*



Permittee Signature

5/10/2019

Date