

DEC 09 2019

Application Id: 26023**Certification Received:**
(Ecology use)**WATER QUALITY PROGRAM****Facility Name:** Tommys Scrap & Salvage Pasco**Permit Number:** WAR002320
(Ecology use)**Facility Address:** 904 S OREGON AVE
PASCO, WA 99301-4324**Facility County:** Franklin**Permittee Name:** Leonard Moore**Permittee Title:****Permittee Email:** Tommys@tommyssteel.com**Permittee Phone:** 5095471221**Permittee Address:** 904 S Oregon Ave
Pasco, WA 99301-4324**Organization Name:** Tommys Scrap and Salvage**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."

Leonard N. Moore / Tommys Scrap & Salvage

President / owner

Printed Name / Organization

Title



12/2/19

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

DEC 09 2019

WATER QUALITY PROGRAM



RENEWAL APPLICATION

General Permit to Discharge Stormwater Associated with Industrial Activity

Please correct and/or update information provided for your permit. Draw a line through incorrect information. Print legibly any new information. Return this form to Ecology as soon as possible but no later than

I. Operator/Permittee for the Facility (All permit correspondence will be mailed here**) **II. Billing Address** (Please complete this section if information has changed)

Operator/Permittee's Name:	Billing Contact Name:
Title: Phone No:	Phone No:
Company Name: TOMMYS SCRAP AND SALVAGE	Company Name:
**Street Address or P.O. Box 904 S OREGON AVE	Billing Address:
City: PASCO State: WA Zip: 99301	City: State: Zip:

III. Facility Information

Permit number: <u>WA/AR002320D</u>	Universal Business Identifier (UBI) number <u>600-138-383</u>
Name of Facility TOMMYS SCRAP AND SALVAGE PASCO	Facility Contact Name: LEONARD MOORE Phone No: 5095471221
Facility Street Address (or Location) 904 S OREGON AVE	
City: PASCO State: WA Zip 99301	County: FRANKLIN

IV. Industrial Activities (also referred to as Standard Industrial Classification codes - SIC)

You must identify **all** industrial activities performed at the facility. Please list **ALL** industrial activities according to the most appropriate SIC code. To aid in identifying these numbers please review the enclosed list and/or OSHA's website at <http://www.osha.gov/pls/imis/sicsearch.html>.

This facility previously reported the SIC code(s) listed below. Are they still active for your site? If not, please draw a line through the inactive SIC codes and list additional SIC codes below.

5093, .. *This is our Active Code*

1.	<u>5093</u>	2.		3.		4.		5.		6.	
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Briefly describe the type or nature of your industrial activity: *Recycle scrap metals, iron, tin etc. dismantle Auto's and recycle metals*

V. Certification of Permittee(s)

"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."

<u>Leonard N. Moore</u>	<u>President/owner</u>
Operator/Permittee's Printed Name*	Title
<u>Leonard Moore</u>	<u>12/2/19</u>
Operator/Permittee's Signature*	Date

* Federal regulations require this application to be signed as follows: A. For a corporation, by a principal executive officer of at least the level of vice president; B. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or C. For a municipality, state,