



Industrial Stormwater General Permit Discharge/Sample Point Update Form

Permit No. WAR-001706
Facility Name: Milgard Manufacturing, Inc.
County: Pierce

FEB 24 2020

WATER QUALITY PROGRAM

Use this form to add, remove or change discharge and/or sample points at your facility, or update receiving water information. Attach extra sheets of paper if necessary.

I. Discharge/Sample Point Info

Discharge point(s)

- Discharge Identifier.** List the name, number, or letter used on the map to identify the point(s) where stormwater is discharged off-site. The identifier may be a maximum of three characters long and must be unique for each discharge point.
- Latitude/Longitude:** Provide latitude and longitude expressed in decimal degrees. For assistance with latitude/longitude, use either of the following websites: http://www.worldatlas.com/aatlas/latitude_and_longitude_finder.htm, <http://touchmap.com/latlong.html>.
- Description:** In the Description column, provide a brief description of the discharge point (e.g., Catch Basin #1).
- Indicate which discharge points you collect stormwater samples from by checking the "SP" (sample point) box.**
- New or Removed?** For each discharge point listed, indicate the status. If you are *changing* a discharge/sample point to a new location, list the old point in one row of the table (indicate "R"), and list the new point in another row on the table (indicate "N"). Assign the new point a different Discharge Identifier than what you used previously for the removed point.
- Associated outfalls:** The outfall is the location where the discharge ultimately enters a receiving waterbody (e.g., creek, river, bay, etc.), typically after passing through a ditch and/or municipal storm drain system. Most facilities have one discharge point they sample and will have only one outfall. This column is for facilities with multiple discharge points.

Discharge Identifier	Latitude (Decimal Degrees)	Longitude (Decimal Degrees)	Description	SP New or Removed (N or R)	Effective Date of Update	Associated Outfall	
						Identifier	Latitude / Longitude
2	47.249821 °N	-122.356267 °W	Outfall 2	<input type="checkbox"/>	R	01.01.20	/
1	47.249848 °N	-122.354991 °W	Outfall 1	<input checked="" type="checkbox"/>	N	01.01.20	/
	°N	°W		<input type="checkbox"/>			/

II. Receiving Water Info

Location where stormwater enters receiving water:

- In the space below, list the locations where you wish to add, remove or change a location where stormwater discharged from your facility enters receiving water(s).
- For each receiving water location listed, indicate the status. If you are *adding* a receiving water location, indicate "N" for New. If you are *removing* a receiving water location, indicate "R" for Remove.
- If you are *changing* a receiving water location, list the old location in one row of the table (indicate "R"), and add the new location in another row on the table (indicate "N").

Receiving Water Body	Latitude Decimal Degrees	Longitude Decimal Degrees	New or Removed? (N or R)
	°N	°W	
	°N	°W	

III. Certification by 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 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."

Dave Buffelen, EHS Manager	Milgard Manufacturing, Inc.	253.926.7788	davebuffelen@milgard.com
Printed Name	Company	Phone	Email
Signature*	<i>Dave Buffelen</i>	Date 02.20.20	

*** Federal regulations require this application is signed by one of the following:**

- A. In the case of corporations, by a responsible corporate officer.
- B. In the case of a partnership, by a general partner of a partnership.
- C. In the case of sole proprietorship, by the proprietor.
- D. In the case of a municipality, state, federal, or other public facility: by either a principal executive officer or ranking elected official.

Please return this signed original document to the address below. Retain a copy for your records.

Washington Department of Ecology
Water Quality Program – Industrial Stormwater
PO Box 47696
Olympia, WA 98504-7696

If you need this document in a version for the visually impaired call the Water Quality Program at 360-407-6401. Persons with hearing loss, call 711 for Washington Relay Service. Persons with a speech disability, call 877-833-6341.

If you have questions about this form, contact the following Ecology staff:

Location	Contact name	Phone	E-mail
City of Seattle, Kitsap, Pierce, and Thurston counties	Josh Klimek	360-407-7451	jok1461@ecy.wa.gov
Island, King, and San Juan counties	Clay Keown	360-407-6048	ckeo461@ecy.wa.gov
Adams, Asotin, Columbia, Ferry, Franklin, Garfield, Grant, Lincoln, Pend Oreille, Skagit, Snohomish, Spokane, Stevens, Walla Walla, Whatcom, and Whitman counties.	Shawn Hopkins	360-407-6442	shop461@ecy.wa.gov
Benton, Chelan, Clallam, Clark, Cowitz, Douglas, Grays Harbor, Jefferson, Kittitas, Klickitat, Lewis, Mason, Okanogan, Pacific, Skamania, Wahkiakum, and Yakima counties.	Joyce Smith	360-407-6858	josm461@ecy.wa.gov