



Conditional No Exposure Exemption Industrial Stormwater General Permit

CNE Version: 1

I. Contact Information

Inspection Contact		
Honorific: Mr.	First Name: Doug	Last Name: Moody
Company Name: Analog Devices		Title: EHS Manager
Mailing Address: 4200 NW Pacific Rim Blvd		
City: Camas	State: WA	Zip Code: 98607
Email: doug.moody@analog.com		
Business Phone: 360-954-9235		Cell Phone: 360-834-0867
UBI Number: 600412304		
Legal Responsible Party		
Honorific: Mr.	First Name: John	Last Name: Michael
Company Name: Analog Devices Inc		Title: Managing Director, Manufacturing Operations
Mailing Address: 4200 NW Pacific Rim Blvd		
City: Camas	State: AA	Zip Code: 98607-8801
Email: John.Michael@analog.com		
Business Phone: 360-954-9232		Cell Phone:
UBI Number: 600412304		
Permittee		
Honorific: Mr.	First Name: Doug	Last Name: Moody
Company Name: Analog Devices		Title: EHS Manager
Mailing Address: 4200 NW Pacific Rim Blvd		
City: Camas	State: WA	Zip Code: 98607-8801
Email: doug.moody@analog.com		
Business Phone: 360-954-9235		Cell Phone:
UBI Number: 600412304		
Responsible Official		
Honorific: Mr.	First Name: Doug	Last Name: Moody
Company Name: Analog Devices		Title: EHS Manager
Mailing Address: 4200 NW Pacific Rim Blvd		
City: Camas	State: WA	Zip Code: 98607-8801
Email: doug.moody@analog.com		
Business Phone: 360-954-9235		Cell Phone:
UBI Number: 600412304		

Site Contact

Honorific: Mr. **First Name:** Doug **Last Name:** Moody
Company Name: Analog Devices **Title:** EHS Manager
Mailing Address: 4200 NW Pacific Rim Blvd
City: Camas **State:** WA **Zip Code:** 98607-8801
Email: doug.moody@analog.com
Business Phone: 360-954-9235 **Cell Phone:** 360-834-1900
UBI Number: 600412304

Site Contact

Honorific: Mr. **First Name:** Steve **Last Name:** Frenette
Company Name: Analog Devices Inc **Title:**
Mailing Address: 4200 NW Pacific Rim Blvd
City: Camas **State:** AA **Zip Code:** 98607-8801
Email: steve.frenette@analog.com
Business Phone: 360-954-9208 **Cell Phone:**
UBI Number: 600412304

II. Facility Information

Facility Name: Analog Devices
Street Address or Location Description: 4200 NW PACIFIC RIM BLVD
City: CAMAS **County:** Clark **Zip Code:** 98607-8801
Latitude: 45.5998611450195 **Longitude:** -122.452209472656

Total size of facility: 7 acres

Yes No Is the facility currently covered under the Industrial Stormwater General Permit?
Permit Number:

III. Standard Industrial Classification (SIC) Code(s)

SIC Number	SIC Description	Primary SIC
334413	Semiconductor and Related Device Manufacturing	Yes

IV. Eligibility Questions

- Yes No 1. Is anyone using, storing or cleaning industrial machinery or equipment in an area that is exposed to stormwater, or are there areas where residuals from using, storing or cleaning industrial machinery or equipment remain and are exposed to stormwater?
- Yes No 2. Are there materials or residuals on the ground or in stormwater inlets from spills/leaks?
- Yes No 3. Are materials or products from past industrial activity exposed to precipitation?
- Yes No 4. Is material handling equipment used/stored (except adequately maintained vehicles)?
- Yes No 5. Are materials or products exposed to precipitation during loading/unloading or transporting activities?
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- Yes No 6. Are materials or products stored outdoors (except final products intended for outside use, e.g., new cars, where exposure to storm water does not result in the discharge of pollutants)?
- Yes No 7. Are materials contained in open, deteriorated or leaking storage drums, barrels, tanks, and similar containers?
- Yes No 8. Are materials or products handled/stored on roads or railways owned or maintained by the discharger?
- Yes No 9. Is waste material exposed to precipitation (except waste in covered, non-leaking containers, e.g., dumpsters)?
- Yes No 10. Does the application or disposal of process wastewater occur (unless otherwise permitted)?
- Yes No 11. Is there particulate matter or visible deposits of residuals from roof stacks/vents not otherwise regulated, i.e., under an air quality control permit, and evident in the storm water outflow?

V. Certification Statement

I certify under penalty of law that I have read and understand the eligibility requirements for claiming a condition of "no exposure" and obtaining an exclusion from the industrial stormwater general permit.

I certify under penalty of law that there are no discharges of stormwater contaminated by exposure to industrial activities or materials from the industrial facility identified in this document/application [except as allowed under 40 CFR §122.26 (g)(2)].

I understand that I am obligated to submit a conditional no exposure exemption form once every five years to the Washington State Department of Ecology (Ecology) and, if requested, to the operator of the local municipal separate storm sewer system (MS4) into which the facility discharges (where applicable). I understand that I must allow Ecology (or MS4 operator where the discharge is into the local MS4) to perform inspections to confirm the condition of no exposure and to make such inspection reports publicly available upon request. I understand that I must obtain coverage under the industrial stormwater general permit prior to any changes at the facility that will result in exposure of stormwater to industrial activities.

I certify under penalty of law that this document/application and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based upon my inquiry of the person or persons who manage the system, or those persons directly involved in gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

10/5/2023

Legal Responsible Party Signature

Date