

Industrial Stormwater General Permit Application Form (Notice of Intent)

<input checked="" type="checkbox"/> Update Permit Information
<input type="checkbox"/> Renewal
Permit No. <u>WAR-011142</u>
<input type="checkbox"/> New Permit Application

All sections are required unless otherwise noted. This form is not password protected. Use F11 to navigate fill-in fields.

I. Permittee Information

(All permit and billing correspondence will be mailed here)

Permittee's Name <u>JERRY L. PETERSON</u>		Company Name <u>HARCO FITTINGS, LLC</u>	
Title <u>HSE BUSINESS PARTNER</u>		Universal Business Identifier (UBI) Number <u>602 878 165</u>	
Phone No. <u>(360) 399-0104</u>	Fax No.	Street Address or P.O. Box <u>P.O. BOX 10335</u>	
E-mail <u>JPeterson@harcofittings.com</u>		City <u>LYNCHBURG</u>	State <u>VA</u>
		Zip + 4 <u>24506</u>	

II. Facility Information

Name of Facility <u>HARCO FITTINGS, LLC</u>		Date facility began operation or will begin operation <u>11/01/2019</u>	
Facility Contact Name <u>Muhees Adewusi</u>		Phone No. <u>(360) 325-6394</u>	
Facility Contact Email Address <u>MAdewusi@harcofittings.com</u>		Fax No.	
Facility Street Address (or Location Description) <u>164 W. SMITH RD.</u>		Record site location at front door or site entrance Latitude <u>48.83750° N</u> " " Longitude <u>-122° 4889 W</u> " "	
City <u>Bellingham</u>	State <u>WA</u>	Zip + 4 <u>98228</u>	County <u>WHATCOM</u>
		Size of Site in Acres	

A. List all Standard Industrial Classification (SIC) codes below, with the primary SIC code in box a; as well as all North American Industry Classification System (NAICS) codes, with the primary NAICS code in box a. Your lists must include **all industrial activities** performed at your facility. (See Table 1 in the permit for a list of activities that require permit coverage.) A crosswalk between SIC codes and NAICS code is available online at <http://www.census.gov/epcd/www/naicstab.htm>.

SIC Codes	a	3	5	1	0	b				c				d				
NAICS Codes	a	3	2	6	1	2	2	b					c				d	

B. Type or Nature of Industrial Activities: PLASTIC PIPE & PIPE FITTING MANUFACTURER.

C. Is this facility a Hazardous Waste Treatment, Storage, and Disposal (TSD) facility regulated under Chapter 173-303 WAC? ☐ Yes ☒ No

D. For Airport Facilities:

1. Is the facility located at an airport where a single facility, or a combination of 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? ☐ Yes ☒ No

If yes, identify the sampling points that collect runoff from deicing activities: _____

2. How many annual jet departures take place at your airport?

☐ 10,000 or more (contact your Permit Administrator)

☐ 1,000 or more, less than 10,000 (go to 2a)

☐ Less than 1000 (go to Section III)

2a. On airports with 1,000 or more annual jet departures; does the facility discharge wastewater associated with airfield pavement deicing with stormwater?

☐ Yes (go to 2b) ☐ No (go to Section III).

2b. If yes, do you use urea containing deicers? ☐ Yes ☒ No

III. Other Permits Check all that apply.

☐ NPDES Permit (Individual or General) Permit No. _____

☐ State Waste Discharge Permit (Individual or General) Permit No. _____

IV. Site Information

A. Indicate where your site's stormwater could enter waters of the state, **directly** and/or **indirectly**:

☒ Water will discharge directly or indirectly (through a storm drain system or roadside ditch) into one or more surface waterbodies (wetlands, creeks, lakes, and all other surface waters and water courses).

☐ Water will discharge to ground with 100% infiltration, with no potential to reach surface waters under any conditions. (If checked, skip to section V.)

B. Discharge Point(s) Latitude and Longitude: Provide latitude and longitude in degrees (°), minutes ('), and seconds (") for each of your facility's discharge point(s). List **all** discharge points. Use an extra sheet of paper if necessary. For sites with 100% infiltration, identify provide the location where the water collects for infiltration **or** the center of the facility if no stormwater collects onsite.

For the discharge identifier, list the name, number, or letter used on your site map to identify the point(s) of discharge. The identifier can be a maximum of three characters long and **must be unique** for each discharge point.

If you identify more than one discharge point, mark the discharge point(s) you will sample to comply with the permit sampling requirements by checking the Sample Point box.

NOTE: Ecology uses the unique identifier given to identify the sampling point in WQWebDMR.

Discharge identifier. These cannot be symbols. (maximum of three characters e.g., 01A)	Latitude degrees, minutes, seconds	Longitude degrees, minutes, seconds	Sample Point	Location description
DP1	° ' N	° ' W	<input checked="" type="checkbox"/>	
D P 1	49.836479 N	-122.48937 W	<input checked="" type="checkbox"/>	SOUTH FIRE HYDRANT BY DITCH FOR OUTFALL
	° ' N	° ' W	<input type="checkbox"/>	
	° ' N	° ' W	<input type="checkbox"/>	

C. Receiving Water Latitude / Longitude: Provide latitude and longitude in degrees (°), minutes ('), and seconds (") of you facility's discharge where it enters the lake, river, stream, or pond. List all receiving waters for the site. Use an extra sheet of paper if necessary

Receiving Waterbody	Latitude degrees, minutes, seconds	Longitude degrees, minutes, seconds
OPPOSITE POND WITH NO OUTLET	49.8375 ° ' N	-122.4889 ° ' W
	° ' N	° ' W
	° ' N	° ' W

	° ' N	° ' W
	° ' N	° ' W

You must submit monthly discharge monitoring reports using Ecology's WQWebDMR system. To sign up for WQWebDMR, or to register a new site, go to www.ecy.wa.gov/stormwater, and click on the "Industrial Permit" link. You will find information on WebDMR under the "WQWebDMR and PARIS" link on the right-hand side.

To have the ability to use the system immediately, **you must submit the Electronic Signature Agreement with your application.** If you have questions on this process, contact Ecology's WebDMR staff at WAWebDMR-Stormwater@ecy.wa.gov or 360-407-7097.

If you are unable to submit your DMRs electronically, you may contact Ecology to request a waiver. Ecology will generally only grant waiver requests to those permittees without internet access. Only a permittee or representative, designated in writing, may request access to or a waiver from WebDMR.

V. State Environmental Policy Act (SEPA)

Applies only to facilities that began operations after January 2, 2015.

Has a SEPA review been completed? ☐ Yes ☐ No ☐ Exempt
 Type of SEPA determination: ☐ Determination of Non-Significance (DNS) ☐ Final Environmental Impact Statement (EIS) ☐ Mitigated DNS (MDNS)
 Agency issuing DNS, MDNS, Final EIS, or Exemption: _____
 Date: _____

VI. Public Notice

New Facilities beginning operations after **January 2, 2015** and new dischargers (see instructions) must publish a public notice at least **once** a week for **two** consecutive weeks with **seven days** in between publications, in a **single** newspaper of general circulation in the county in which the facility is located. Ecology cannot grant permit coverage earlier than the end of the 30-day public comment period, which begins on the date of the second public notice.

Submit (or fax: 360-407-6426) the application to Ecology **on or before** the date of the **first** public notice. If you fax the application to Ecology, you must follow up with hard copy by mail within 10 days.

Date of the first public notice: _____
 Date of second public notice: _____ (Begins 30-day public comment period)
Example: Date of the first public notice: 01/02/2015
 Date of second public notice: 01/08/2015
 Name of the newspaper that will publish the public notices: _____

Complete this template using site-specific information. The **bold** language is required by WAC 173-226-130 and must be included in its entirety. (Either use the fill-in template below or attach on a separate sheet of paper, if necessary.)

Enter name of applicant, Enter name and address of facility is seeking coverage under the Washington State Department of Ecology's Industrial Stormwater NPDES and State Waste Discharge General Permit.

The industrial site, known as Site name is located at Enter street address in Enter name of nearest city. Operations will start up on/started on (select one) Enter date. Industrial activities include Briefly describe the industrial activity. Stormwater from the site discharges to List unnamed and named receiving waters.

Any persons desiring to present their views to the Washington State Department of Ecology regarding this application, or interested in Ecology's action on this application, may notify Ecology in writing no later than 30 days of the last date of publication of this notice.

Ecology will review all public comments regarding Tier II antidegradation and consider whether discharges from this facility are expected to cause a measurable change in the quality of the receiving water and, if so, whether such change is necessary and in the overriding public interest.

Comments can be sent to:

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

VII. 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 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."

Jerry L. Peterson

Printed Name

HARCO FITTINGS, LLC

Company

HSE BUSINESS PARTNER

Title

Signature

Date

10/24/2023

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

- A. In the case of corporations, by a principal executive officer of at least the level of vice president.
- 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.

Return this signed original document to the below address. Make sure you retain a copy for your records.

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

If you have any questions, please call:

- **Shawn Hopkins** 360-407-6442 or shawn.hopkins@ecy.wa.gov for Adams, Asotin, Columbia, Ferry, Franklin, Garfield, Grant, Lincoln, Pend Oreille, Skagit, Snohomish, Spokane, Stevens, Walla Walla, Whatcom, and Whitman counties.
- **Clay Keown** 360-407-6048 or clay.keown@ecy.wa.gov for Island, King (except Seattle), and San Juan counties.
- **Josh Klimek** 360-407-7451 or josh.klimek@ecy.wa.gov for city of Seattle and Kitsap, Pierce, and Thurston counties
- **Joyce Smith** 360-407-6858 or joyce.smith@ecy.wa.gov for Benton, Chelan, Clallam, Clark, Cowlitz, Douglas, Grays Harbor, Jefferson, Kittitas, Klickitat, Lewis, Mason Okanogan, Pacific, Skamania, Wahkiakum, and Yakima counties.

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.

Electronic Signature Agreement Form

ESAF

Washington State Department of Ecology Water Quality Program

Headquarters: (360) 407-7097
Web site: www.ecy.wa.gov/programs/wq

For Ecology Use Only		Date Received:	
Form	Reviewed	Entered	Verified
ESAF			

1. Site Location Information

If you are applying for multiple facilities/permits, please include a list containing the site location information and permit numbers for all requested facilities/permits.

Site/Facility Name: HARCO FITNESS, LLC
Site Location Address: 164 WEST SMITH RD.
City/State/Zip: BELLINGHAM, WA 98226
Permit Number: WAR-011142

2. Electronic Signer Contact Information

Role: ☒ Facility Signer ☐ Facility Coordinator

Signature Account User Name: MAdewusi @ harco
Full Name: Muhees Adewusi
Work Mailing Address: P.O. Box 29157
City/State/Zip: Bellingham, WA 98226
Work Phone No. (Ext): (360) 325-6394
Work Email Address: MAdewusi @ harcofitness.com

3. Proof of Identity

Please include a copy of one of the following documents, with your name on the document, with your ESAF to prove your association with the facility-(ies):

- Your permit's letter of coverage;
- Your permit's cover sheet;
- A previously submitted DMR;
- A correspondence from Ecology that has both the facility name and permit number on the same page;
- Signature authority delegation letter signed by the permittee (responsible official).

4. Electronic Signature Agreement and Certification Statement

By completing and submitting this form to Ecology, I agree to follow the rules and procedures governing the Electronic Signature account. I also agree that the reports and documents I submit under my Electronic Signature will be used as the corresponding paper report would.

5. Clean Water Act Certification Statement

All submittals to the Department of Ecology under this WQWebPortal application are subject to the following certification, as required by federal and state regulations:

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. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete and I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

6. Certification Statement

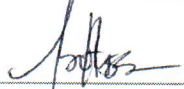
<p>I agree that I will:</p> <ul style="list-style-type: none">• Protect my Electronic Signature account, which includes my answers to the verification questions and my password;• Review the content and meaning of my submitted Annual Reports and Notifications;• Within 24 hours of discovery, report to Ecology if:<ul style="list-style-type: none">○ My Electronic Signature account is lost, stolen or used by someone else;○ There is any difference between the information I submitted and the information displayed in WebDMR;○ My role as a signer for this organization changes. <p>Agree: <u>M. A</u> (initial here)</p>	<p>I agree that I will <i>not</i>:</p> <ul style="list-style-type: none">• Let anyone else use my Electronic Signature account. <p>Agree: _____ (initial here)</p>
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I, _____ (print Electronic Signer's name), understand that:

1. My electronic signature is legally the same as my handwritten signature for the purpose of compliance with the relevant environmental regulations;
2. A failure to timely notify Ecology of a possible misuse of my Electronic Signature account may result in my liability for the information submitted;
3. There are significant penalties for submitting false information, including possible fines and imprisonment, related to the federal Department of Justice and federal environmental program;
4. I will be asked to verify that I am following the rules outlined in this agreement when I electronically submit documents.

7. Signature of Electronic Signer

This form cannot be processed without a handwritten signature.

 Electronic Signer's Signature	<u>10/24/2023</u> Date
<u>MUTEES ADEWUSI</u> Name (print or type)	<u>EHS Specialist</u> Title

8. Signature of Permittee (Responsible Official)

This form cannot be processed without a handwritten signature.

I, _____ (insert name of permittee or responsible official) acknowledge that the individual named above works at/for _____ (insert site/facility name) and is authorized to submit documents on the site's/facility's behalf. I understand that I will be contacted by Ecology to validate the account holder's employment at the site/facility name listed above.

_____ Signature	_____ Date
_____ Name (print or type)	_____ Title

Note: You may skip this section if the responsible official has written, signed, and attached a delegation letter to this form or if the responsible official completes this form.

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.

9. Assign Administrator**This section cannot be processed without a handwritten signature.**

I, JERRY L. PETERSON (insert name of permittee or responsible official) acknowledge that
MUHETS ADEWESI (person being assigned) is authorized to be an administrator on the site's/facility's
behalf. I understand that I will be contacted by Ecology to validate the account holder's employment at the site/facility name listed
above.

Signature



Date

10/24/2023

Name (print or type)

JERRY L. PETERSON

Title

HSE BUSINESS PARTNER

Note: You may skip this section if the responsible official has written, signed, and attached a delegation letter to this form, if the responsible official completes this form, or if the responsible official is not assigning a person to the administrator role.

*Due to COVID and limited access to the office, we are accepting scanned Electronic Signature Agreement Forms (ESAF).
When it is safe and you are able, please mail the original signed ESAF to Ecology for our official records.

*Stormwater Permit Facilities – Industrial
and Construction Stormwater*

*Major Industrial Facilities (NPDES and
State Waste Discharge Permits)*

Washington Department of Ecology
Water Quality Program Stormwater IT
PO Box 47699
Olympia, WA 98504-7699
360-407-7097
wqwebportal@ecy.wa.gov

Washington Department of Ecology
Solid Waste Management Program
Industrial Section
ATTN: Ewa Kotwicka
PO Box 47600
Olympia, WA 98504-7600
360-407-6945
WQWebDMR-Industrial@ecy.wa.gov

For all other permits, please contact one of the following offices:

*Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Mason,
Lewis, Pacific, Pierce, Skamania, Thurston, and
Wahkiakum counties*

Washington Department of Ecology
Water Quality Program - SWRO
PO Box 47775
Olympia, WA 98504-7775
360-407-6300
WQWebDMR-SWRO@ecy.wa.gov

*Adams, Asotin, Columbia, Ferry, Franklin, Garfield, Grant,
Lincoln, Pend Oreille, Spokane, Stevens, Walla Walla, and
Whitman counties*

Washington Department of Ecology
Water Quality Program - ERO
4601 N Monroe
Spokane, WA 99205-1295
509-329-3400
WQWebDMR-ERO@ecy.wa.gov

*Benton, Chelan, Douglas, Kittitas, Klickitat, Okanogan,
and Yakima counties*

Washington Department of Ecology
Water Quality Program - CRO
1250 W Alder St
Union Gap, WA 98903-0009
509-575-2490
WQWebDMR-CRO@ecy.wa.gov

*Island, King, Kitsap, San Juan, Skagit, Snohomish, and
Whatcom counties*

Washington Department of Ecology
Water Quality Program - NWRO
ATTN: Chris Smith
PO Box 330316
Shoreline, WA 98133-9716
206-594-0169
WQWebDMR-NWRO@ecy.wa.gov