



Industrial Stormwater General Permit Application Form (Notice of Intent)

- ☒ Update Permit Information
☐ Renewal
Permit No. _____
☐ 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 Sean Smith		Company Name Glacier Northwest, Inc. dba CalPortland	
Title Vice President		Universal Business Identifier (UBI) Number 601301145	
Phone No. (206) 764-3000	Fax No. (206) 764-3012	Street Address or P.O. Box 3450 S 344th Way Suite 201	
E-mail spsmith@calportland.com		City Federal Way	State WA Zip + 4 98001-9540

II. Facility Information

Name of Facility Glacier Northwest Inc		Date facility began operation or will begin operation	
Facility Contact Name Dave Siemering		Phone No. (206) 764-3032	
Facility Contact Email Address dsiemering@calportland.com		Fax No. (206) 764-3012	
Facility Street Address (or Location Description) 3838 W Marginal Way SW		Record site location at front door or site entrance Latitude 47 ° 34 ' 9.4074 " Longitude -122 ° 21 ' 13.824 "	
City Seattle	State WA	Zip + 4 98124	County King Size of Site in Acres 4 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	5	0	3	2	b					c					d				
NAICS Codes	a	4	2	3	3	2	0	b								c				d

B. Type or Nature of Industrial Activities: Brick, stone, and related construction materials

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.

DEPARTMENT OF ECOLOGY

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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.

WAR002227

☐ 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
S 2	47 ° 34' 7.3992N	122 ° 21' 5.13 W	<input checked="" type="checkbox"/>	
	° ' N	° ' W	<input type="checkbox"/>	
	° ' 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
Duwamish River	47 ° 34' 7.3992N	122 ° 21' 5.13 W
	° ' N	° ' W
	° ' N	° ' W

	o ' N	o ' W
	o ' N	o ' 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt Type of SEPA determination: <input type="checkbox"/> Determination of Non-Significance (DNS) <input type="checkbox"/> Final Environmental Impact Statement (EIS) <input type="checkbox"/> 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) <u>Example:</u> 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."

Sean Smith

Glacier Northwest, Inc. dba CalPortland

Vice President

Printed Name

Company

Title

Sean Smith

3-7-24

Signature

Date

***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.

