



**WATER QUALITY PERMIT FEE PROGRAM**  
**Industrial Stormwater - Gross Revenue Information**  
**For Fiscal Year 2025 Fee Assessment (July 1, 2024 – June 30, 2025)**

**REVIEWED**  
By cka461 at 8:10 am, Apr 02, 2024

FY25 invoices will be mailed in Fall of 2024

**FORM DUE DATE: MARCH 15, 2024**

This form will be available online after Feb 1, 2024 in your SAW account for this permit no, and for submitting the form online.

**Section 1. General Information**

Business and Facility Name: <b>HARBOR ISLAND MACHINE</b>	Permit Number: <b>WAR 000054</b>
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**Section 2. Permittee Information**

Contact Name: <b>MARK DEFACCIO</b>	Phone Number:
Mailing Address: <b>3431 11<sup>th</sup> AVE SW</b>	Email: <b>harbor@harborislandmachine.com</b>
City: <b>SEATTLE</b>	
State: <b>WA</b>	ZIP: <b>98134</b>

**Section 3. Permittee Type**

Please check one of the following as it pertains to your permitted operation:

<input checked="" type="radio"/>	Existing Business (go to Section 4)
<input type="radio"/>	Municipality, Public-owned Entity – (Port, District, School, etc.), State / Federal Agency (do not fill out section 4, go to Section 5)
<input type="radio"/>	Newly permitted business with no gross revenue information for <b>calendar year 2023</b> (go to Section 5)

**Section 4. Gross Revenue Earned for calendar year 2023.**

<input type="radio"/>	<\$100,000
<input type="radio"/>	\$100,000 - <\$500,000
<input type="radio"/>	\$500,000 - <\$1,000,000
<input checked="" type="radio"/>	\$1,000,000 - <\$2,500,000
<input type="radio"/>	\$2,500,000 - <\$5,000,000
<input type="radio"/>	\$5,000,000 - <\$10,000,000
<input type="radio"/>	\$10,000,000 - <\$15,000,000
<input type="radio"/>	\$15,000,000 - <\$20,000,000
<input type="radio"/>	\$20,000,000 and above

Failure to provide the requested information by the Due Date will result in the permit fee amount being assessed in the highest gross revenue category per the Fee Rule.

**Section 5. Certification of Information**

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 gathered and evaluated the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there may be significant penalties for submitting false information, including reassessment of fees.

Name: (print) <b>MARK DEFACCIO</b>	Title <b>MANAGER</b>
Signature: <b>Mark Defaccio</b>	Date <b>2/19/2024</b>

EMAIL completed form by MARCH 15, 2024 to: [wqfeeunit@ecy.wa.gov](mailto:wqfeeunit@ecy.wa.gov)