



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

REVIEWED  
By ckau461 at 2:18 pm, Apr 04, 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: HIGH CASCADE VENEER, INC.	Permit Number: WAR000342
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**Section 2. Permittee Information**

Contact Name: MIKE GREENBERG	Phone Number: 5094278413
Mailing Address: PO BOX 869	Email:
City: CARSON	MIKE.GREENBERG@WKOINC.COM
State: WA ZIP: 98610	

**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 <b>(do not fill out section 4, go to Section 5)</b>
<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 checked="" type="radio"/>	<\$100,000
<input type="radio"/>	\$100,000 - <\$500,000
<input type="radio"/>	\$500,000 - <\$1,000,000
<input 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: MIKE GREENBERG (print)	Title AUTHORIZED REP.
Signature:	Date 2/16/24

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