



**WATER QUALITY PERMIT FEE PROGRAM**  
**Industrial Stormwater - Gross Revenue Information**  
**For Fiscal Year 2026 Fee Assessment (July 1, 2025 – June 30, 2026)**  
*FY26 invoices will be mailed in Fall of 2025*  
**FORM DUE DATE: MARCH 15, 2025**

**Section 1. General Information**

Business and Facility Name: MELTEC - DIVISION OF YOUNG CORP	Permit Number: WAR 000639
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**Section 2. Contact Information**

Contact Name: John Neibel	Phone Number: 206-624-1071 ext. 220
Mailing Address: PO BOX 3522	Email: JohnN@youngcorp.com
City: Seattle	
State: WA	ZIP: 98124

**Section 3. Permittee Information**

Number of employees (as of December 31, 2024): 24	
Please select one of the choices below 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)

**Section 4. Gross Revenue Earned for Calendar Year 2024.**

<input 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 checked="" 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
<input type="radio"/>	Decline to State (will pay highest permit fee)

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: Mark LindBerg (print)	Title CEO
Signature: <i>Mark Lindberg</i>	Date 2-3-2025

EMAIL completed form by MARCH 15, 2025 to: wqfeeunit@ecy.wa.gov

Questions? Please contact the Fee Unit at (360) 407-7692 / Option 2, or email at [wqfeeunit@ecy.wa.gov](mailto:wqfeeunit@ecy.wa.gov).

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## **Instructions for Completing the Industrial Stormwater Gross Revenue Information Form**

### **Introduction**

This form allows Ecology to accurately determine the permit holder's annual industrial stormwater general permit fee amount. Complete all portions of the application.

### **Section 1. General Information**

**Permittee Name:** Legal name of the business, company, municipality, or publicly- owned entity to which permit coverage was issued.

**Permit Number:** The Ecology stormwater permit number assigned. The permit number for industrial stormwater general permits begins with **WAR**. The number can be found on the permit coverage letter and in the top lefthand corner of the invoices.

### **Section 2. Contact Information**

Person who is responsible for receiving invoices and all billing information.

### **Section 3. Permittee Information**

Provide the number of employees (full or part time), employed at the permitted facility, as of December 31 for the reported calendar year.

Please check the appropriate box as it pertains to your permitted operation.

### **Section 4. Gross Revenue Information**

Report only gross revenue income from the **Washington** state business activities covered under the permit. Example: if a site under coverage is part of a business chain, only report the gross revenue for the site under permit. Also, if other activities on site generate income but are not related to the permitted activity (for instance - a machine shop that also provides consulting / engineering services), only consider the gross revenue from the permitted activity.

### **Section 5. Certification of Information**

State and federal law requires the application be signed by:

- In the case of a municipal or public facility, by either a ranking elected official or executive officer (usually the permittee).
- In the case of a corporation, by a responsible corporate officer.
- In the case of a limited partnership, by an authorized partner.
- In the case of a general partnership, by an authorized general partner.
- In the case of a sole proprietorship, by the proprietor.

To request an ADA accommodation, contact Ecology by phone at 1-800-633-6193, option 2, or email at [wqfeeunit@ecy.wa.gov](mailto:wqfeeunit@ecy.wa.gov), or visit <https://ecology.wa.gov/accessibility>. For Relay Service or TTY call 711 or 877-833-6341.