



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: HARBOR ISLAND MACHINE	Permit Number: WAR 000054
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Section 2. Contact Information

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

Section 3. Permittee Information

Number of employees (as of December 31, 2024): 13
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 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
<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: (print) MARK DEFACCIO	Title MANAGER
Signature: Mark D. Faccio	Date 2/12/2025

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