

JUN 02 2025



## Industrial Stormwater General Permit Discharge/Sample Update Form

Permit No. WAR- 305536

Facility Name: Bellingham Shipping Terminal

County: Whatcom

WATER QUALITY PROGRAM

Use this form to add, remove or change discharge and/or sample points at your facility, or update receiving water information. Attach extra sheets of paper if necessary.

### I. Discharge/Sample Point Info

#### Discharge point(s)

- **Discharge Identifier:** List the name, number, or letter used on the map to identify the point(s) where stormwater is discharged off-site. The identifier may be a maximum of three characters long and must be unique for each discharge point.
- **Latitude/Longitude:** Provide latitude and longitude. For assistance with latitude/longitude, use the following website: [iTouch Map Lat/Long Tool](http://itouchmap.com/latlong.html)<sup>1</sup>.
- **Description:** In the Description column, provide a brief description of the discharge point (e.g., Catch Basin #1).
- **Indicate which discharge points you collect stormwater samples from by checking the "SP" (sample point) box.**
- **New or Removed?** For each discharge point listed, indicate the status. If you are *changing* a discharge/sample point to a new location, list the old point in one row of the table (indicate "R"), and list the new point in another row on the table (indicate "N"). Assign the new point a different Discharge Identifier than what you used previously for the removed point.
- **Associated outfalls:** The outfall is the location where the discharge ultimately enters a receiving waterbody (e.g., creek, river, bay, etc.), typically after passing through a ditch and/or municipal storm drain system. Most facilities have one discharge point they sample and will have only one outfall. This column is for facilities with multiple discharge points.

Discharge Identifier	Latitude	Longitude	Description	SP	New or Removed (N or R)	Effective Date of Update	Associated Outfall					
							Identifier			Latitude / Longitude		
B 1 C	48.746487 N	-122.492504 W	BST-OF-1C	<input checked="" type="checkbox"/>	R	7/1/2025	B	1	C	48.746487	<del>-122.492504</del>	
B 1 E	48.745878 N	-122.493403 W	BST-OF-1E	<input checked="" type="checkbox"/>	N	7/1/2025	B	1	E	48.745878	<del>-122.493403</del>	
B 1 D	48.745448 N	-122.494044 W	BST-OF-1D	<input checked="" type="checkbox"/>	R	7/1/2025	B	1	D	48.745448	<del>-122.494044</del>	

<sup>1</sup> <http://itouchmap.com/latlong.html>



# Industrial Stormwater General Permit Discharge/Sample Update Form

Permit No. WAR-305536  
 Facility Name: Bellingham Shipping Terminal  
 County: Whatcom

Use this form to add, remove or change discharge and/or sample points at your facility, or update receiving water information. Attach extra sheets of paper if necessary.

## I. Discharge/Sample Point Info

### Discharge point(s)

- **Discharge Identifier:** List the name, number, or letter used on the map to identify the point(s) where stormwater is discharged off-site. The identifier may be a maximum of three characters long and must be unique for each discharge point.
- **Latitude/Longitude:** Provide latitude and longitude. For assistance with latitude/longitude, use the following website: [iTouch Map Lat/Long Tool](http://itouchmap.com/latlong.html)<sup>1</sup>.
- **Description:** In the Description column, provide a brief description of the discharge point (e.g., Catch Basin #1).
- **Indicate which discharge points you collect stormwater samples from by checking the "SP" (sample point) box.**
- **New or Removed?** For each discharge point listed, indicate the status. If you are *changing* a discharge/sample point to a new location, list the old point in one row of the table (indicate "R"), and list the new point in another row on the table (indicate "N"). Assign the new point a different Discharge Identifier than what you used previously for the removed point.
- **Associated outfalls:** The outfall is the location where the discharge ultimately enters a receiving waterbody (e.g., creek, river, bay, etc.), typically after passing through a ditch and/or municipal storm drain system. Most facilities have one discharge point they sample and will have only one outfall. This column is for facilities with multiple discharge points.

Discharge Identifier			Latitude	Longitude	Description	SP	New or Removed (N or R)	Effective Date of Update	Associated Outfall			
									Identifier			Latitude / Longitude
B	2	A	48.745728 N	-122.492933 W	BST-MP-2A	<input checked="" type="checkbox"/>	R	7/1/2025	B	2	A	48.745872 / -122.4932
B	2	B	48.745811 N	-122.492789 W	BST-MP-2B	<input checked="" type="checkbox"/>	N	7/1/2025	B	2	A	48.745872 / -122.4932
						<input type="checkbox"/>						/

<sup>1</sup> <http://itouchmap.com/latlong.html>

## II. Receiving Water Info

### Location where stormwater enters receiving water:

- In the space below, list the locations where you wish to add, remove or change a location where stormwater discharged from your facility enters receiving water(s).
- For each receiving water location listed, indicate the status. If you are *adding* a receiving water location, indicate "N" for New. If you are *removing* a receiving water location, indicate "R" for Remove.
- If you are *changing* a receiving water location, list the old location in one row of the table (indicate "R"), and add the new location in another row on the table (indicate "N").

Receiving Water Body	Latitude	Longitude	New or Removed? (N or R)

V. 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 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."

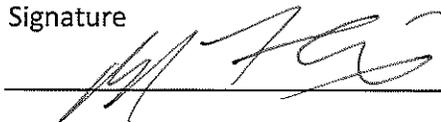
Printed Name/Company

Rob Fix

Title

Executive Director

Signature



Date

5/22/25

\*Federal regulations require this application is signed by one of the following:

- In the case of corporations, by a principal executive officer of at least the level of vice president.
- In the case of a partnership, by a general partner of a partnership.
- In the case of sole proprietorship, by the proprietor.
- In the case of a municipality, state, federal, or other public facility: by either a principal executive officer or ranking elected official.