



Request for Coverage under the National Pollutant Discharge Elimination System Boatyard General Permit

This information will be used to determine if coverage by a general permit is appropriate or to renew coverage under the permit when it is reissued. All questions must be answered completely and accurately to be considered for coverage. If a question does not apply, answer NA to that question.

SECTION A. GENERAL INFORMATION

1. Applicant Name: _____

2. Facility Name: _____
(if different from Applicant)

3. Applicant Mail Address: _____
Street

_____ City/State Zip

4. Facility Location Address: _____
(if different from 3 above) Street

_____ City/State Zip

5. Latitude/longitude of the treatment facility in decimal degrees (NAD83/WGS84): (The lat/long of the facility is the front door of the facility).(see also Section E2):
N W

6. Latitude/longitude of the outlet (drain)(If your stormwater discharges to a yard drain and the yard drain is 200 feet or more from the facility location then provide the lat/long of the drain. If there are several yard drains, provide the location of the largest. The others are to be shown on the site plan required in E2 below).
N W

7. Latitude/longitude of the outfall. (If your stormwater enters the receiving water 200 feet or more from the facility location in 5 above then provide the lat/long of the location of discharge in or at the receiving water)
N W

8. UBI Number _____

9. SIC Code _____

FOR OFFICE USE ONLY			
Check One: New/Renewal <input type="checkbox"/>		Modification <input type="checkbox"/>	
Date Application Received _____	Date Fee Paid _____	Application/ Permit No. _____	Date Application Accepted _____

10. Contact Person:

Name Title

Telephone Number Fax Number E-mail Address

Alternate Contact Person:

Name Title

Telephone Number E-mail Address

Signature* Date Title

Printed Name

11. Check One:

Renewal of Coverage

Previous Coverage Certificate Number _____

Modification of Coverage

Existing Discharge not Previously Covered by this Permit

New Proposed Discharge

Anticipated date of discharge: _____

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 persons 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 a fine and/or imprisonment for knowing violations.

Signature*

Date

Title

Printed Name

*Applications must be signed as follows: Corporations - by a principal executive officer of at least the level of vice-president; Partnership - by a general partner; and Sole Proprietorship - by the proprietor. If these titles do not apply within your organization, the application is to be signed by the person who makes budget decisions for this facility.

The Department of Ecology is an equal opportunity agency and does not discriminate on the basis of race, creed, color, disability, age, religion, national origin, sex, marital status, disabled veteran's status, Vietnam Era veteran's status or sexual orientation.

If you need this document in an alternate format, please contact the Water Quality Program at (360) 407-6400. If you are a person with a speech or hearing impairment, call 711 or (800)833-6388 for TTY.

SECTION B. CATEGORY OF DISCHARGE

Stormwater. Check the box below that most accurately reflects your discharge of stormwater.

1. My stormwater discharges to a water body listed in Section F of this application.
2. My stormwater is contained and discharges to ground through an infiltration trench at least 200 feet from the water's edge.
3. My stormwater discharges to a freshwater lake (Lake Washington ship canal is a lake).
4. My stormwater discharges to a freshwater river or a river at a location with tidal fluctuation.
5. My stormwater discharges to marine waters.
6. My stormwater is collected and discharged to a municipal sanitary sewer.
7. I treat my stormwater before discharge with: (briefly describe)

Pressure wash wastewater

- I discharge pressure wash wastewater to a municipal sanitary sewer.

If your stormwater discharges at more than one location, describe which discharge location(s) you will be sampling (reference to the site plan required in Section E below) and why you believe the discharge location(s) are representative of the stormwater from your facility.

SECTION C. SERVICES PROVIDED

1. Do you predominately provide?
 - a. New construction Yes No
 - b. Vessel repair Yes No
 - c. Bottom cleaning Yes No
 - d. Engine repair and/or overhaul Yes No
 - e. Pumping bilge and/or ballast water Yes No
 - f. Facility for receiving sanitary waste and/or gray water Yes No

2. What types and length of vessels (tugs, fishing vessels, barges, pleasure boats i.e. power or sail, etc.) does this facility primarily provide services?

3. What types of hull materials (wood, steel, fiberglass, other) are repaired, painted, washed, sanded, or otherwise worked on at this facility?

SECTION D. PRESSURE WASHING

1. Do you pressure wash hulls, sides, and bottoms? If yes, the location where this takes place must be shown on the site map (see Section E below). Yes No

2. Do you plan to upgrade an existing pressure washing system or construct a new system? Yes
 No

3. How is the pressure wash water collected?

4. Describe the treatment provided to the pressure wash water before disposal.

5. How does this facility dispose of the treated pressure wash wastewater? If this wastewater is discharged to a municipal sanitary sewer, specify the municipality and attach the discharge authorization.

6. If discharging to a municipal sanitary sewer - What is the daily volume of wastewater from the pressure wash system during the facilities peak season? If this facility does not pressure wash daily then estimate on a weekly or monthly basis.

7. Describe the method of sludge disposal from the pressure wash treatment process.

8. Describe how you deal with rainwater and stormwater falling or running onto the pressure wash pad.

SECTION E. SITE PLAN

1. On a separate sheet, produce a schematic drawing of the facility showing the pressure wash and treatment area, storm drains, outfalls, catch basins, oil and waste storage areas, paint storage areas, paint booth, solvent still, work areas, battery storage area, dip tanks, etc. Identify the sample point(s) on the site plan. This site plan should also estimate the area (in square feet) of the facility. This site plan should also identify and show the source of any stormwater running onto your facility from other sources.
2. Provide a location map of the facility. You may mark the facility location on an 8½" x 11" photocopy of a USGS quadrangle map. Be sure the latitude and longitude index markers are on the map.

If you have Internet access you may go to a web site such as <http://itouchmap.com/latlong.html> to determine latitude and longitude.

SECTION F. LISTED WATERS

The Department of Ecology is required to periodically report to the U.S. Environmental Protection Agency (EPA) on water bodies in the state that are not meeting water quality standards (303d list). Waters currently listed for copper, zinc or lead impairment are given below.

<u>Category</u>	<u>WRIA</u>	<u>Water Body Name</u>	<u>Parameter</u>
5	1	Fever Creek	Copper
5	5	Stillaguamish River	Copper
5	8	Thornton Creek	Copper
5	9	Des Moines Creek	Copper
5	9	Des Moines Creek, East Tributary	Copper
5	9	Hill (Mill) Creek	Copper
5	9	Massy Creek	Copper
5	9	Massey Creek	Copper
5	9	McSorley Creek	Copper
5	9	Newaukum Creek	Copper
5	9	Newaukum Creek	Copper
5	10	White (Stuck) River	Copper

<u>Category</u>	<u>WRIA</u>	<u>Water Body Name</u>	<u>Parameter</u>
5	1	FEVER CREEK	Zinc
5	9	DES MOINES CREEK	Zinc
5	9	MASSEY CREEK	Zinc

<u>Category</u>	<u>WRIA</u>	<u>Water Body Name</u>	<u>Parameter</u>
5	8	UNION LAKE / LAKE WASHINGTON SHIP CANAL	Lead
5	15	NORTH CREEK	Lead

If you need this document in a version for the visually impaired, call the Water Quality Program at 360-407-6401. Persons with hearing loss, call 711 for Washington Relay Service. Persons with a speech disability, call 877-833-6341.