



# Sand and Gravel General Permit Portable Completion of Operations Notice Form

Ecology must **receive** this notification form when all activities associated with the portable operation have ceased, all equipment associated with the operation has been removed, all land affected by the portable operation has been restored in accordance with S12.B.3 of the permit.

Please print in ink or type all sections of this application. All fields are required unless otherwise marked.

## 1. Permit Number – Provide your permit number.

Permit Number: \_\_\_\_\_

## 2. Permittee Contact Information

**Organization Name** – Provide the legal name of the business or company (Permittee):  
\_\_\_\_\_

**Legal Responsible Party** – Provide the first and last name of the person who has the legal authority to represent the permittee and commit to the terms and conditions of the permit: \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_

**Mailing Address:**  
\_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip + 4:** \_\_\_\_\_

**Cell Phone (Optional):** \_\_\_\_\_ **Fax (Optional):** \_\_\_\_\_

**3. Site Contact** – Ecology may contact this person regarding questions about the site restoration.

**Site Contact First & Last Name:**  
\_\_\_\_\_

**Organization Name:**  
\_\_\_\_\_

**E-mail (Optional):** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_

**Mailing Address:**  
\_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip + 4:** \_\_\_\_\_

**Cell Phone (Optional):** \_\_\_\_\_ **Fax (Optional):** \_\_\_\_\_

## 4. Site Owner

**Site Owner First & Last Name:**  
\_\_\_\_\_

**Organization Name (Optional):**  
\_\_\_\_\_

**Mailing Address:**  
\_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip + 4:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **Cell Phone (Optional):** \_\_\_\_\_

**E-mail (Optional):** \_\_\_\_\_

## 5. Site Information

**Site Name:**  
\_\_\_\_\_

**Street Address:**  
\_\_\_\_\_

**City:** \_\_\_\_\_ **Zip + 4:** \_\_\_\_\_

**Site's Sand and Gravel General Permit Number (if applicable):** \_\_\_\_\_

## 6. Site Restoration

**Who was (or will be) responsible for site restoration?** Answer the questions below, or provide the documentation, that correspond to your answer.

We were (portable owner / operator).

**Provide the date when you completed final restoration:** \_\_\_\_\_

**Describe what actions were taken to restore the site when the portable operation was moved out (e.g. area seeded, concrete footings removed):**

Construction contractor (or site owner completing their own construction project).

**Did the portable operate at an active construction site?**

No  Yes

**Will site restoration be completed according to construction plans for the site?**

No

Yes

**Provide estimated timeline (date) for final restoration:** \_\_\_\_\_

Site owner that is different from the portable owner / operator.

**Attach documentation demonstrating that you are not responsible for site restoration.**

Other (provide explanation):

Explain:

**Attach documentation demonstrating that you are not responsible for site restoration.**

**Were you prohibited by law from accessing the site to complete site restoration?**

No  Yes, attach documentation to this form demonstrating your inability to access the site.

## 7. Certification of Permittees

*"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 (Permittee)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Responsible Person\*

\_\_\_\_\_  
Date

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

- A. For a corporation: By a principal executive officer of at least the level of vice president.
- B. For a partnership or sole proprietorship: By a general partner or the proprietor, respectively.
- C. For a municipality, state, federal, or other public facility: By either a principal executive officer or ranking elected official.

**Mailing Address** - Mail your completed form to the appropriate Ecology Regional Office listed below, based on the county in which the restored site is located:

Regional Office Address	Counties
Attn: WQ Sand & Gravel Permit Coordinator Washington State Department of Ecology Central Regional Office 1250 West Alder Street Union Gap, WA 98903-0009	Benton, Chelan, Douglas, Kittitas, Klickitat, Okanogan, or Yakima Counties
Attn: WQ Sand & Gravel Permit Manager Washington State Department of Ecology Eastern Regional Office 4601 North Monroe Street Suite 202 Spokane, WA 99205-1295	Adams, Asotin, Columbia, Ferry, Franklin, Garfield, Grant, Lincoln, Pend Oreille, Spokane, Stevens, Walla Walla, or Whitman Counties
Attn: WQ Sand & Gravel Permit Coordinator Washington State Department of Ecology Northwest Regional Office PO Box 330316 Shoreline, WA 98133-9716	Island, King, Kitsap, San Juan, Skagit, Snohomish, or Whatcom Counties
Attn: WQ Sand & Gravel Permit Coordinator Washington State Department of Ecology Southwest Regional Office 300 Desmond Drive PO Box 47775 Olympia, WA 98504-7775	Clallam, Clark, Cowlitz, Grays Harbor, Lewis, Mason, Pacific, Pierce, Skamania, or Wahkiakum Counties

**Accommodation Requests:**

To request ADA accommodation including materials in a format for the visually impaired, call Water Quality Reception at Ecology, 360-407-6600. Persons with impaired hearing may call Washington Relay Service at 711. Persons with speech disability may call TTY at 877-833-6341.