



**Modification of Permit Coverage Form for
Puget Sound Nutrient General Permit**

Permit No. _____

I. Operator/Permittee for the Facility (All permit and billing correspondence will be mailed here)

Operator/Permittee's Name		Phone No.	Email Address
Jurisdiction Name			
Street Address or P.O. Box			
City	State	Zip + 4	

II. Modified Permit Information CHECK ALL THAT APPLY

<p>What type of modification are you requesting?</p> <p><input type="checkbox"/> Change in Action Level (requires public notice):</p> <ul style="list-style-type: none"> • Attach detailed technical basis for the request including the date range of monitoring conducted under this permit that should be considered in the recalculation. Include a trend analysis of organic influent loading showing influent loads have not increased during the permit term. <p><input type="checkbox"/> Reduction in monitoring (requires public notice), please list the new deadline requested (MM/DD/YYYY): _____.</p> <ul style="list-style-type: none"> • Attach detailed technical basis for the reduction. Include proposed timeline for the change and describe which monitoring parameters the Permittee requests to reduce in frequency. <p><input type="checkbox"/> Other (please explain): _____</p>
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III. Public Notice

Facilities modifying existing coverage must publish a public notice at least once a week for **two** consecutive weeks with **seven** days in between publications, in a **single** newspaper of general circulation in the county in which the facility is located. Ecology cannot grant permit coverage sooner than the end of the 30-day public comment period, which begins on the date of the second public notice.

Submit (or fax: 360-407-6426) the application to Ecology on or **before** the date of the first public notice. If you fax the application to Ecology, you must follow up with hard copy by mail.

Date of the first public notice: ____ / ____ / ____

Date of second public notice: ____ / ____ / ____ (Begins 30-day public comment period)

Example: Date of the first public notice: 01 / 01 / 2022

Date of second public notice: 01 / 08 / 2022

Name of the newspaper that will publish the public notices: _____.

Complete this template using site-specific information. The **bold** language is required by WAC 173-226-130 and must be included in its entirety. (Either use the fill-in template below or attach on a separate sheet of paper, if necessary.)

Type in name of applicant, Type in address of applicant **is seeking modification of coverage under the Washington Department of Ecology's Puget Sound Nutrient General NPDES Permit for Type in WWTP name located at Type in street address in Type in name of nearest city.**

Activities requiring permit modification include Briefly describe the modification, i.e., modified action level, reduction in monitoring, process change due to corrective action.

Any person desiring to present their views to the Department of Ecology concerning this application may notify Ecology in writing within 30 days from the last date of publication of this notice. Comments may be submitted to:

**Washington Dept of Ecology
Water Quality Program – PSNGP
PO Box 47696
Olympia, WA 98504-7696**

IV. 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 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 fine and imprisonment for knowing violations."

Printed Name	Jurisdiction	Date
Signature	Date	

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

A. In the case of a municipality, state, federal, or other public facility: by either a principal executive officer or ranking elected official.

Return this signed original document to the address below. Make sure you retain a copy for your records.

Washington Department of Ecology
Water Quality Program – PSNGP
PO Box 47696
Olympia, WA 98504-7696

If you have any questions, please see the PSNGP Website:

<https://ecology.wa.gov/Regulations-Permits/Permits-certifications/Nutrient-Permit>

Or, contact your facility's individual NPDES permit manager.

To ask about the availability of this document in a version for the visually impaired call the Water Quality Program at 360-407-6600. Persons with hearing loss, call 711 for Washington Relay Service. Persons with a speech disability, call 877-833-6341.