

ATTENTION: This form is for Permit Modification and Updates Only. New Notice of Intent (NOI) must be submitted electronically unless granted a waiver. More information available at the [Department of Ecology's permit application, forms, and resources website](https://ecology.wa.gov/Regulations-Permits/Permits-certifications/Boatyard-general-permit#Apply)¹.



Boatyard General Permit Modification and Update Form

Check if applicable:
 Update Permit Information
 Modification of Permit Coverage
Permit #: WAG

Please indicate which section(s) you are modifying/updating:

| |
|--|
| <input type="checkbox"/> I. Site Information |
| <input type="checkbox"/> II. Operator/Permittee |
| <input type="checkbox"/> III. Legal Responsible Party |
| <input type="checkbox"/> IV. On-site Contact Person |
| <input type="checkbox"/> V. Boatyard Services |
| <input type="checkbox"/> VI. Wastewater from Pressure Washing |
| <input type="checkbox"/> VII. Stormwater Discharges |
| <input type="checkbox"/> VIII. Discharge Location/Outfall Information |
| <input type="checkbox"/> IX. State Environmental Policy Act (SEPA) |
| <input type="checkbox"/> X. Public Notice |
| <input type="checkbox"/> XI. Site Plan |
| <input type="checkbox"/> XII. Certification of Permittees |

¹ <https://ecology.wa.gov/Regulations-Permits/Permits-certifications/Boatyard-general-permit#Apply>

I. Site Information

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

Facility Name and Location:

OR Location Description:

Street Address:

City: _____

County: _____

Zip Code: _____

Record the latitude and longitude of the *main entrance* to the site or the approximate center of site

Latitude: _____ °N

Longitude: _____ °W

II. Operator/Permittee

(Party with operational control over plans and specifications or day-to-day operational control of activities that ensure compliance with permit conditions.)

Name:

Company:

Business Phone:

Ext.

Unified Business Identifier (UBI):

Cell Phone (Optional):

Fax (Optional):

(UBI is a nine-digit number used to identify a business entity. **Write "none" if you do not have a UBI number.**)

E-mail:

Mailing Address:

City:

State:

Zip:

III. Legal Responsible Party

(The party listed on the County Assessor's records as owner and taxpayer of the parcel[s] for which permit coverage is requested.)

Name:

Company (if applicable):

Business Phone:

Ext.

Unified Business Identifier (UBI):

Cell Phone (Optional):

Fax (Optional):

(UBI is a nine-digit number used to identify a business entity. **Write "none" if you do not have a UBI number.**)

E-mail:

Mailing Address:

City:

State:

Zip:

IV. On-site Contact Person(s)

(Typically, the Facility Manager or Operator/Permittee)

| | | | | |
|-----------------------|-----------------|--|--------|------|
| Name: | | Company (if applicable): | | |
| Business Phone: | Ext. | Unified Business Identifier (UBI): | | |
| Cell Phone (Optional) | Fax (Optional): | (UBI is a nine-digit number used to identify a business entity. Write "none" if you do not have a UBI number.) | | |
| E-mail: | | | | |
| Mailing Address: | | City: | State: | Zip: |

On-site Contact Person

| | | | | |
|-----------------------|-----------------|--|--------|------|
| Name: | | Company (if applicable): | | |
| Business Phone: | Ext. | Unified Business Identifier (UBI): | | |
| Cell Phone (Optional) | Fax (Optional): | (UBI is a nine-digit number used to identify a business entity. Write "none" if you do not have a UBI number.) | | |
| E-mail: | | | | |
| Mailing Address: | | City: | State: | Zip: |

On-site Contact Person

| | | | | |
|-----------------------|-----------------|--|--------|------|
| Name: | | Company (if applicable): | | |
| Business Phone: | Ext. | Unified Business Identifier (UBI): | | |
| Cell Phone (Optional) | Fax (Optional): | (UBI is a nine-digit number used to identify a business entity. Write "none" if you do not have a UBI number.) | | |
| E-mail: | | | | |
| Mailing Address: | | City: | State: | Zip: |

V. Boatyard Services

Standard Industrial Classification (SIC)

North American Industry Classification System (NAICS)

The boatyards subject to this permit may include facilities classified by one or more of the following SIC and NAICS codes.

Specify a code below. The Primary is indicated by checking the 'Is Primary?' checkbox. The application must identify both a primary NAICS code and a primary SIC code which describes the primary activity the business is engaged in. Additional codes can be added by clicking the 'Add' button to add additional rows in the table. Typing keywords in the drop-down list will filter the available codes.

For a complete list of SIC/NAICS codes, please use the following link:

<http://www.census.gov/naics/>

| NAICS/SIC | Is Primary? |
|-----------|--------------------------|
| | <input type="checkbox"/> |
| | <input type="checkbox"/> |

Identify all of the activities that occur at the facility (Select at least one):

- Bottom cleaning
- Engine repair and/or overhaul
- New vessel construction
- Pump-out of bilge or ballast water
- Pump-out of sanitary waste and/or gray water
- Vessel repair
- Others (list all that apply):

Primarily what types and lengths of vessels does the facility provide services?

Types (Select at least one):

- Barges
- Fishing vessels - Commercial
- Fishing vessels - Recreational
- Passenger ferries
- Pleasure boats - Power
- Pleasure boats - Sail
- Tugboats
- Others (list all that apply):

Lengths (Select at least one):

- Less than 25 feet
- 25 - 40 feet
- 40 - 65 feet
- Greater than 65 feet

What types of hull materials does the facility repair, paint, wash, sand, or otherwise work on? (Select at least one):

- Aluminum
- Fiberglass
- Steel
- Wood
- Others (list all that apply):

VI. Wastewater from Pressure Washing

Does the facility pressure wash boat hulls, bottoms, or sides?

- Yes
- No

Describe how you contain and collect the pressure wash wastewater.

Identify how you dispose of the treated pressure wash wastewater (select all that apply):

(- This method of disposal is prohibited)*

- Re-use -- Not Disposed
- Evaporated
- Transported by vehicle from the facility for disposal off site
- Discharged to a municipal sanitary sewer system
- * - Discharged to a municipal storm sewer system
- * - Discharged to the ground
- * - Discharged to a surface water body
- Other (please specify other disposal methods):

Describe how the facility deals with rainwater and stormwater falling or running onto the wash pad.

Describe how the facility handles and disposes of sludge generated from treatment of the pressure wash wastewater.

VII. Stormwater Discharges

Does the facility generate stormwater runoff from areas with industrial activity?

- Yes
 No

My stormwater is contained and discharges to ground through an infiltration trench at least 200 feet from the water's edge?

- Yes
 No

My stormwater is collected and discharged to a municipal sanitary sewer system? (If yes, please provide the name of the municipal sewer system)

- Yes
 No

Municipality:

VIII. Discharge Location/Outfall Information

Discharge/Sample Point Info

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 four characters long and must be unique for each discharge point. (Example S001 for Surface Water, G001 for Groundwater and PW01 for POTW)

Latitude/Longitude

Provide latitude and longitude expressed in decimal degrees. For assistance with latitude/longitude, use the following website: <http://itouchmap.com/latlong.html>.

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 (Decimal Degrees) | Longitude (Decimal Degrees) | Description | SP | New or Removed (N or R) | Effective Date of Update | Associated Outfall Identifier | Associated Outfall Latitude / Longitude |
|----------------------|----------------------------|-----------------------------|-------------|--------------------------|-------------------------|--------------------------|-------------------------------|---|
| | N | W | | <input type="checkbox"/> | | | | / |
| | N | W | | <input type="checkbox"/> | | | | / |
| | N | W | | <input type="checkbox"/> | | | | / |

Receiving Water Information (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 Decimal Degrees | Longitude Decimal Degrees | New or Removed? (N or R) |
|----------------------|--------------------------|---------------------------|--------------------------|
| | N | W | |
| | N | W | |

IX. State Environmental Policy Act (SEPA)

Who is the SEPA lead agency on your site? _____.

Has the SEPA lead agency issued a final decision on your checklist? (if there is a comment period, the SEPA decision is final at the close of the comment period) No Yes Exempt* (*attach written documentation if Exempt).

If No: The NOI is incomplete. Ecology will hold the application until a final SEPA decision is made or the Boatyard General Permit NOI public comment period ends, whichever is later. **You must notify Ecology once the SEPA lead agency has issued a final decision following any comment period.**

If Yes: Type of SEPA threshold determination issued: Determination of Non-Significance (DNS) Mitigated DNS (MDNS)

Determination of Significance (DS) Final Environmental Impact Statement (EIS) Other: _____

- Date when SEPA comment period ended or will end: _____.

Notify Ecology if the SEPA determination is appealed. *More SEPA information is available at:*

www.ecy.wa.gov/programs/sea/sepa/e-review.html.

X. Public Notice

You must publish a public notice at least once a week for two consecutive weeks with at least seven days between publications, in a 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.

Mail or fax (360-407-6426) the NOI to Ecology on or before the first public notice date. If you fax the public notice to Ecology, you must also mail a hard copy. Failure to do so may delay the issuance of your permit.

Provide the exact dates (mm/dd/yy) that the first and second public notices will appear in the newspaper(s):

Name of the newspaper publishing the notices: _____

First notice: / /

Second notice: / / (Begins 30-day public comment period.)

For example: First notice: Friday 01/01/16 Second notice: Friday 01/08/16

PUBLIC NOTICE TEMPLATE

Complete this template using project-specific information and submit to a local newspaper with general circulation within the county where the project is located. The language in **bold** 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**. Highlighted portions should be filled out with your information)

(Name of operator/permittee) _____, (address of operator/permittee) _____, is seeking coverage under the Washington State Department of Ecology's Boatyard General Permit.

The proposed facility, (Facility Name) , **is located at** (street address, intersection, crossroads, or other descriptive site location) in (name of nearest city), in (County).

Stormwater will be discharged to (List all named and un-named surface water bodies, or groundwater if applicable).

Any persons desiring to present their views to the Department of Ecology regarding this application may do so in writing within thirty days of the last date of publication of this notice. Comments shall be submitted to the Department of Ecology. Any person interested in the department's action on this application may notify the department of their interest within thirty days of the last date of publication of this notice. Ecology reviews public comments and considers whether discharges from this project would cause a measurable change in receiving water quality, and, if so, whether the project is necessary and in the overriding public interest according to Tier II antidegradation requirements under WAC 173-201A-320.

Comments can be submitted to:

Department of Ecology

Attn: Water Quality Program, Boatyard General Permit

(Ecology regional office mailing address)

XI. Site Plan

1. Attach a location map of the facility.

You may outline the facility on a copy of a U.S. Geological Survey topographic quadrangle map. Ensure that the latitude and longitude index markers and a scale bar appear on the map.

2. Attach a to-scale schematic drawing of the facility.

- The scale or include relative distances between significant structures and drainage systems.
- The size of the property in acres.
- The location and extent of all buildings, structures and all impervious surfaces.
- Direction of stormwater flow (use arrows).
- Locations of all structural source control BMPs.
- Locations of all receiving water (including wetlands and drainage ditches) in the immediate vicinity of the facility.
- Locations of all stormwater conveyances including ditches, pipes, catch basins, vaults, ponds, swales, etc.
- Locations of actual and potential pollutant sources.
- Locations of all stormwater monitoring points.
- The stormwater drainage areas for each stormwater discharge point off site (including discharges to groundwater).
- Locations of stormwater inlets and outfalls with a unique identification number for each sampling point and discharge point, indicating any that are identified as substantially identical, and identify, by name, any other party other than the Permittee that owns any stormwater drainage or discharge structures.

XII. 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 _____ | Phone _____ | Email _____ |
| Signature* | | Date _____ | |

*** Federal regulations require one of the following signs this application:**

- A. In the case of corporations, by a responsible corporate officer.
- B. In the case of a partnership, by a general partner of a partnership.
- C. In the case of sole proprietorship, by the proprietor.
- D. In the case of a municipality, state, federal, or other public facility: by either a principal executive officer or ranking elected official

Please sign and return this document to the following address:

Department of Ecology
Attn: Water Quality Program, Boatyard General Permit
(Ecology regional office mailing address)

If you need 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.

Please return this signed original document to the appropriate regional address below or to the regional contact listed on the [Boatyard General Permit webpage](#)². Retain a copy for your records.

| Location | Address |
|---|---|
| Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Lewis, Mason, Pacific, Pierce, Skamania, Thurston, and Wahkiakum counties | Attn: WQ Boatyard General Permit Coordinator Washington State Department of Ecology Southwest Regional Office P.O. Box 47775 Olympia, WA 98504-7775 |
| Island, King, Kitsap, San Juan, Skagit, Snohomish, and Whatcom counties | Attn: WQ Boatyard General Permit Coordinator Washington State Department of Ecology Northwest Regional Office 15700 Dayton Ave. N Shoreline, WA 98133 |
| Adams, Asotin, Columbia, Ferry, Franklin, Garfield, Grant, Lincoln, Pend Oreille, Spokane, Stevens, Walla Walla, and Whitman counties | Attn: WQ Boatyard General Permit Coordinator Washington State Department of Ecology Eastern Regional Office 4601 North Monroe Street, Suite 202 Spokane, WA 99205-1295 |
| Benton, Chelan, Douglas, Kittitas, Klickitat, Okanogan, and Yakima counties | Attn: WQ Boatyard General Permit Coordinator Washington State Department of Ecology Central Regional Office 1250 West Alder Street Union Gap, WA 98903-0009 |

² <https://ecology.wa.gov/Regulations-Permits/Permits-certifications/Boatyard-general-permit>