|  |  |  |
| --- | --- | --- |
|  | **Industrial Stormwater General Permit Application Form (Notice of Intent)** | Update Permit Information  Renewal  Permit No.       .  New Permit Application |
|  | | |
|  | | |
|  | | |

**All sections are required unless otherwise noted. This form is not password protected. Use F11 to navigate fill-in fields.**

**I. Permittee Information**

(All permit and billing correspondence will be mailed here)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Permittee’s Name | | Company Name | | |
| Title | | Universal Business Identifier (UBI) Number | | |
| Phone No. | Fax No. | Street Address or P.O. Box | | |
| E-mail | | City | State | Zip + 4 |

**II. Facility Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Facility | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date facility began operation or will begin operation | | | | | | | | | | | | | | | | | | | | | | | | | |
| Facility Contact Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone No. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Facility Contact Email Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Fax No. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Facility Street Address (or Location Description) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Record site location at front door or site entrance [Latitude](http://www.getlatlon.com)       °       ’       ”  [Longitude](http://www.getlatlon.com)       °       ’       ” | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | | | | | | | | | | | | | State | | | | | | | Zip + 4 | | | | | | | | | County | | | | | | | | | | | | | | | | Size of Site in Acres | | | | | | | | | |
| A. List all Standard Industrial Classification (SIC) codes below, with the primary SIC code in box a; as well as all North American Industry Classification System (NAICS) codes, with the primary NAICS code in box a. Your lists must include **all industrial activities** performed at your facility. (See Table 1 in the permit for a list of activities that require permit coverage.) A crosswalk between SIC codes and NAICS code is available online at <http://www.census.gov/epcd/www/naicstab.htm>. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SIC Codes** | | **a** | |  | |  | |  | |  | | **b** | | |  | |  | |  | | |  | | **c** | |  | |  | | |  | |  | | **d** | |  | |  | |  | |  | | |
| **NAICS Codes** | | a |  | |  | |  | |  | |  | | |  | | b | |  | | |  | |  | |  | |  | | |  | | **c** | |  | |  | |  | |  | |  | | d | | |  |  |  |  |  |  | |
| B. | Type or Nature of Industrial Activities:      . | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| C. | Is this facility a Hazardous Waste Treatment, Storage, and Disposal (TSD) facility regulated under Chapter 173-303 WAC?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| D. | For Airport Facilities:   1. Is the facility located at an airport where a single facility, **or a combination of facilities**, use more than 100,000 gallons of glycol-based deicing chemicals and/or 100 tons or more of urea on an average annual basis?  Yes  No   If yes, identify the sampling points that collect runoff from deicing activities:      . | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | 1. How many annual jet departures take place at your airport?   10,000 or more (contact your Permit Administrator)  1,000 or more, less than 10,000 (go to 2a)  Less than 1000 (go to Section III)  2a. On airports with 1,000 or more annual jet departures; does the facility discharge wastewater associated with airfield pavement deicing with stormwater?  Yes (go to 2b)  No (go to Section III).  2b. If yes, do you use urea containing deicers?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |

**III. Other Permits** Check all that apply.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NPDES Permit (Individual or General) Permit No. | | |  |  | |
| State Waste Discharge Permit (Individual or General) Permit No. | |  | |  | |
|  |  | | | |

**IV. Site Information**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A.** Indicate where your site’s stormwater could enter waters of the state, **directly** and/or **indirectly**:  Water will discharge directly or indirectly (through a storm drain system or roadside ditch) into one or more surface waterbodies (wetlands, creeks, lakes, and all other surface waters and water courses).  Water will discharge to ground with 100% infiltration, with no potential to reach surface waters under any conditions. (If checked, skip to section V.)  **B. Discharge Point(s) Latitude and Longitude:** Provide latitude and longitude in degrees (°), minutes (‘), and seconds (“) for each of your facility’s discharge point(s). List **all** discharge points. Use an extra sheet of paper if necessary. For sites with 100% infiltration, identify provide the location where the water collects for infiltration **or** the center of the facility if no stormwater collects onsite.  For the discharge identifier, list the name, number, or letter used on your site map to identify the point(s) of discharge. The identifier can be a maximum of three characters long and **must be unique** for each discharge point.  If you identify more than one discharge point, mark the discharge point(s) you will sample to comply with the permit sampling requirements by checking the Sample Point box.  **NOTE:** **Ecology uses the unique identifier given to identify the sampling point in WQWebDMR**. | | | | | | | | |
| Discharge identifier. These cannot be symbols. (maximum of three characters e.g., 01A) | | | Latitude  degrees, minutes, seconds | | Longitude  degrees, minutes, seconds | Sample Point | | Location description |
|  |  |  | °   ’   N | | °   ’   W |  | |  |
|  |  |  | °   ’   N | | °   ’   W |  | |  |
|  |  |  | °   ’   N | | °   ’   W |  | |  |
|  |  |  | °   ’   N | | °   ’   W |  | |  |
| **C. Receiving Water Latitude / Longitude:** Provide latitude and longitude in degrees (°), minutes (‘), and seconds (“) of you facility’s discharge where it enters the lake, river, stream, or pond. List all receiving waters for the site. Use an extra sheet of paper if necessary | | | | | | | | |
| Receiving Waterbody | | | | Latitude  degrees, minutes, seconds | | | Longitude  degrees, minutes, seconds | |
|  | | | | °   ’   N | | | °   ’   W | |
|  | | | | °   ’   N | | | °   ’   W | |
|  | | | | °   ’   N | | | °   ’   W | |
|  | | | | °   ’   N | | | °   ’   W | |
|  | | | | °   ’   N | | | °   ’   W | |

**You must submit monthly discharge monitoring reports using Ecology’s WQWebDMR system**. To sign up for WQWebDMR, or to register a new site, go to [www.ecy.wa.gov/stormwater](http://www.ecy.wa.gov/stormwater), and click on the “Industrial Permit” link. You will find information on WebDMR under the “WQWebDMR and PARIS” link on the right-hand side.

To have the ability to use the system immediately, **you must submit the Electronic Signature Agreement with your application**. If you have questions on this process, contact Ecology’s WebDMR staff at [WAWebDMR-Stormwater@ecy.wa.gov](mailto:WAWebDMR-Stormwater@ecy.wa.gov) or 360-407-7097.

If you are unable to submit your DMRs electronically, you may contact Ecology to request a waiver. Ecology will generally only grant waiver requests to those permittees without internet access. Only a permittee or representative, designated in writing, may request access to or a waiver from WebDMR.

**V. State Environmental Policy Act (SEPA)**

Applies only to facilities that began operations after January 2, 2015.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Has a SEPA review been completed?  Yes  No  Exempt | | | | | |
| Type of SEPA determination:  Determination of Non-Significance (DNS)  Final Environmental Impact Statement (EIS)  Mitigated DNS (MDNS) | | | | | |
|  | Agency issuing DNS, MDNS, Final EIS, or Exemption: | |  | |  |
|  | Date: |  | |  | |
|  | | | | | |

**VI. Public Notice**

|  |  |
| --- | --- |
| New Facilities beginning operations after **January 2, 2015** and new dischargers (see instructions) 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 earlier 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 within 10 days. | |
| Date of the first public notice:  Date of second public notice:       (Begins 30-day public comment period)  Example: Date of the first public notice: 01/02/2015  Date of second public notice: 01/08/2015 | |
| 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.) | |
| Enter name of applicant, Enter name and address of facility **is seeking coverageunder the Washington State Department of Ecology’s Industrial Stormwater NPDES and State Waste Discharge General Permit.**  **The industrial site, known as** Site name **is located at** Enter street address **in** Enter name of nearest city . **Operations will start up on/started on** (select one) Enter date . **Industrial activities include** Briefly describe the industrial activity . **Stormwater from the site discharges to** List unnamed and named receiving waters .  **Any persons desiring to present their views to the Washington State Department of Ecology regarding this application, or interested in Ecology’s action on this application, may notify Ecology in writing no later than 30 days of the last date of publication of this notice.**  **Ecology will review all public comments regarding Tier II antidegradation and consider whether discharges from this facility are expected to cause a measurable change in the quality of the receiving water and, if so, whether such change is necessary and in the overriding public interest.**  **Comments can be sent to:**  **Washington Dept of Ecology**  **Water Quality Program – Industrial Stormwater**  **PO Box 47696**  **Olympia, WA 98504-7696** | |

**VII. 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 | Company |  | Title |  |
|  |  | |  |  |  |
|  | Signature | |  | **Date** |  |
|  | | | | | |

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

A. In the case of corporations, by a principal executive officer of at least the level of vice president.

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.

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

Washington Department of Ecology

Water Quality Program – Industrial Stormwater

PO Box 47696

Olympia, WA 98504-7696

If you have any questions, please call:

* **Shawn Hopkins** 360-407-6442 or [shawn.hopkins@ecy.wa.gov](mailto:shop461@ecy.wa.gov) for *Adams, Asotin, Columbia, Ferry, Franklin, Garfield, Grant, Lincoln, Pend Oreille, Skagit, Snohomish, Spokane, Stevens, Walla Walla, Whatcom, and Whitman counties.*
* **Clay Keown** 360-407-6048 or [clay.keown@ecy.wa.gov](mailto:ckeo461@ecy.wa.gov) for *Island,* *King (except Seattle), and San Juan* counties.
* **Josh Klimek** 360-407-7451 or [josh.klimek@ecy.wa.gov](mailto:jokl461@ecy.wa.gov) for city of *Seattle* and *Kitsap, Pierce, and Thurston counties*
* **Joyce Smith** 360-407-6858 or [joyce.smith@ecy.wa.gov](mailto:josm461@ecy.wa.gov) for *Benton, Chelan, Clallam, Clark, Cowlitz, Douglas, Grays Harbor, Jefferson, Kittitas, Klickitat, Lewis, Mason Okanogan, Pacific, Skamania, Wahkiakum, and Yakima counties.*

*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.*

Instructions for Industrial Stormwater General Permit Application (Notice of Intent)

**How do I apply for coverage?**

Operators of industrial facilities use the application, also called the Notice of Intent or NOI, to seek coverage under the National Pollutant Discharge System (NPDES) General Permit for Stormwater Discharges Associated with Industrial Activity. The application is an official document committing the permittee to complying with the requirements of the permit. It must be completed accurately, completely, and legibly. Please type or print in ink.

**How will I know when I have permit coverage?**

Ecology will notify the applicant if their application is incomplete or if we require additional information within thirty (30) days of receiving the application. If Ecology does not notify the applicant, coverage under the permit automatically commences on the thirty-first (31st) day following after Ecology receives a completed application or the thirty-first (31st) day following the end of the 30 day comment period, whichever is later.

**When do I apply?**

Facilities must apply for permit coverage at least 60 days before the commencement of stormwater discharge from the facility.

**Where do I apply? Mailing Address or Physical Address**

Submit the application to: Washington Department of Ecology Washington Department of Ecology

Water Quality - Industrial Stormwater Water Quality -Industrial Stormwater

P.O. Box 47696 300 Desmond Drive

Olympia, WA 98504‑7696 Lacey, WA 98503

**Fees**

**Do not** send in a fee payment with this application. You will be billed once a year after the permit is issued.

**INSTRUCTIONS FOR COMPLETING THE APPLICATION**

**UPDATE PERMIT INFORMATION**

Only check this box if information included in a previously submitted application has changed. An example of a change could be a new contact person for the operator, or owner of the facility. **Include your assigned permit** **number in the right hand corner of the application.** Your assigned permit number is on your permit coverage documents. Complete only those sections of the application that require changes and sign the form.

**SECTION I. PERMITTEE INFORMATION**

Please list the contact information for the permittee. Please provide your company’s Universal Business Identifier (UBI) number, as well. This information is required as part of the application. The UBI number was issued to your company by the Washington State Department of Revenue. If you are unsure of your UBI number you may need to contact the Department of Revenue at 360-664-1414 or use the internet tool located at <http://dor.wa.gov/content/doingbusiness/registermybusiness/brd/>.

**SECTION II. FACILITY INFORMATION**

**Facility Name, etc.:**

Enter the facility’s name, the street address, and the date that you intend to begin operations. If a street address is not available, a location description must be included. If you are already operating, enter the approximate month and year that you began operation. Also provide a facility contact person who can answer questions on the day-to-day operations at the facility if this person is different than the operator/representative for the facility. Please provide the site latitude and longitude.

You can use online tools to locate the latitude and longitude of your facility and the discharge point location. Please use topographic maps and GPS settings that use the 1983 North American Datum (NAD 83). For help with this process go to [**http://www.fcc.gov/mb/audio/bickel/DDDMMSS-decimal.html**](http://www.fcc.gov/mb/audio/bickel/DDDMMSS-decimal.html)**.**

**A. Standard Industrial Classification (SIC) / North American Industry Classification System (NAICS):**

List your primary SIC code and corresponding NAICS code first in this section. List any additional SIC and NAICS codes that describe other industrial activities taking place at the facility in the remaining boxes by level of activity. The SIC codes can be found in the Standard Industrial Classification Manual, prepared by the Federal Office of Management and Budget, which is available in public libraries. You can get this information from the Internet at: <http://www.census.gov/epcd/www/naicstab.htm>. Tax and business records may also list a facility’s SIC codes.

The activity in which a facility is primarily engaged determines the primary SIC code for that facility. To determine the activity in which a facility is primarily engaged, the SIC manual recommends using a value of receipts or revenues approach. For example, if a facility manufactures both metal and plastic products, the facility would total receipts for each operation. The operation that generated the most revenue for the facility is the operation in which the facility is primarily engaged. If revenues and receipts are not available for a particular facility, the number of employees or production rate may be compared. If a facility performs more than two types of operations, whichever operation generates the most (not necessarily the majority) of the revenue or employs the most personnel, is the operation in which the facility is primarily engaged. Once a primary activity is identified, refer to the SIC Manual to find the corresponding SIC four digit code.

**SECTION III. OTHER PERMITS / REGISTRATION**

This section includes information on any existing NPDES, or State Waste Discharge permits. If you currently have coverage under any other permit, include the permit number.

**SECTION IV. SITE INFORMATION**

**Discharge Information:**

This information is necessary for Ecology to correctly identify your monitoring requirements. The following information is designed to help you fill out this part of the form.

**Identify your sampling points:**

Please list the name, number, or letter identifying the places where stormwater leaves your facility. These are your discharge points. This ID can be a maximum of three characters and must be unique for each discharge point.

**Identify latitude and longitude (lat/long) of the point(s):**

You can use online tools to locate the latitude and longitude of your facility and the discharge point location. Please use topographic maps or GPS settings that use the 1983 North American Datum (NAD 83).

Please convert all latitude and longitude coordinates into degrees, minutes, seconds format. For help with this process go to [**http://www.fcc.gov/mb/audio/bickel/DDDMMSS-decimal.html**](http://www.fcc.gov/mb/audio/bickel/DDDMMSS-decimal.html)**.**

If you have more than one point of discharge and latitude/longitude, please add additional pages to the application and list each separately.

**Identify the name of the receiving water:**

The receiving water is the water body that your stormwater goes into, such as a creek, river, lake, wetland or saltwater (e.g. Puget Sound). If you discharge to a stormwater conveyance system such as a roadside ditch or municipal stormwater system (e.g. City of Everett stormwater sewer system), the receiving water is the water body where that conveyance system discharges to.

**Identify latitude and longitude (lat/long) of the receiving water:**

You must identify the latitude and longitude of where your facility’s stormwater discharge meets the receiving water. If you directly discharge into the receiving water this will be your discharge point. If your facility discharges to a stormwater conveyance system (see explanation below) you must then identify the latitude and longitude of where that stormwater conveyance system discharges to the receiving water. Please use topographic maps or GPS settings that use the 1983 North American Datum (NAD 83).

**SECTION V. STATE ENVIRONMENTAL POLICY ACT (SEPA)**

This section **only** applies to facilities which began operation after January 1, 2015.

Please check and fill in the appropriate items. Please mark the type of SEPA threshold determination prepared, i.e., a Determination of Nonsignificance (DNS) or a Final Environmental Impact Statement (EIS). Include the name of the agency that issued the DNS, the Final EIS, or that decided that the project was exempt from SEPA. Usually this agency is a representative of local government such as a city or county.

Also provide the date the agency issued the DNS or Final EIS.

**SECTION VI. PUBLIC NOTICE**

State law requires a 30 day public comment period prior to permit coverage, therefore permit coverage will not be granted sooner than 31 days after the date of the second public notice for new dischargers and new facilities.  *New Discharge(r*) means a *facility* from which there is a discharge, that did not commence the *discharge* at a particular site prior to August 13, 1979, which is not a new source, and which has never received a finally effective NPDES permit for discharges at that site. See *40 CFR* 122.2.

*New Facility* means a *facility* that begins activities that result in a *discharge* or a potential discharge to *waters of the state* on or after the effective date of this *general permit*.

The public notice may be published simultaneously with other notices such as State Environmental Policy Act notices, and Shoreline Permit notices, provided the application is sent to Ecology on or before the date of the first public notice. The applicant must complete the 30 day public notice requirement prior to receiving permit coverage.

**SECTION VII. CERTIFICATION OF AN ACCURATE APPLICATION BY THE PERMITTEE**

This section should be read closely by the applicant. A responsible official or authorized representative of the operator must print or type their name for clarity, then sign and date the document on the lines provided.

* In the case of corporations, the application must be signed by a principal executive officer of at least the level of vice president.
* For a partnership, the application must be signed by a general partner.
* For a sole proprietorship, the application must be signed by the proprietor.
* For a municipal, state or other public agency, the application must be signed by either a principal executive officer, a ranking elected official, or other duly authorized employee.

**QUESTIONS**

For questions regarding the application, please call the appropriate permit administrator:

* **Shawn Hopkins** (360) 407-6442 or [shawn.hopkins@ecy.wa.gov](mailto:shop461@ecy.wa.gov) for *Adams, Asotin, Columbia, Ferry, Franklin, Garfield, Grant, Lincoln, Pend Oreille, Skagit, Snohomish, Spokane, Stevens, Walla Walla, Whatcom, and Whitman counties.*
* **Clay Keown** (360) 407-6048 or [clay.keown@ecy.wa.gov](mailto:ckeo461@ecy.wa.gov) for *Island,* *King (except Seattle), and San Juan* counties.
* **Josh Klimek** (360) 407-7451 or [josh.klimek@ecy.wa.gov](mailto:jokl461@ecy.wa.gov) for city of *Seattle* and *Kitsap, Pierce, and Thurston counties*
* **Joyce Smith** (360) 407-6858 or [joyce.smith@ecy.wa.gov](mailto:josm461@ecy.wa.gov) for *Benton, Chelan, Clallam, Clark, Cowlitz, Douglas, Grays Harbor, Jefferson, Kittitas, Klickitat, Lewis, Mason Okanogan, Pacific, Skamania, Wahkiakum, and Yakima counties.*

*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.*