**ECOLOGO-BW.wmfApplication for Coverage under the   
Sand and Gravel General Permit**

For the discharge of process water, stormwater or mine dewatering water associated with sand and gravel mining, rock quarries and similar mining operations, including stockpiles of mined material, concrete batch operations and hot mix asphalt operations.

**Coverage for Portable Operations**

WASHINGTON STATE USE ONLY:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Permit Number** | **Ecology Region** | **W.R.I.A.** | **Date Received** | **Coverage Date** |

1. PERMIT APPLICANT

|  |  |
| --- | --- |
| Business/Company/Proprietor Name | Responsible Person |

1. RESPONSIBLE PARTIES MAILING AND CONTACT INFORMATION:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Responsible Party Information** | | | | **Contact Person** | | | |
| Name:  Phone No.  Email: | | | Operator  Owner  Other | Name  Phone No.  Email | | Operator  Owner | |
| Mailing Address | | | | Mailing Address | | | |
| PO Box (Optional) | | | | PO Box (Optional) | | | |
| City | State | Zip | | City | State | | Zip |
| UBI No. | | | | UBI No. | | | |
| 1. BILLING ADDRESS AND CONTACT INFORMATION | | | | | | | |
| **Billing Address** | | | | **Contact Person** | | | |
| Business/Company Name: | | | | Billing Contact: | | | |
| Mailing Address for Billing: | | | | Phone No. Business       Ext.  Email: | | | |
| City | State | Zip | | Site Identifier (optional) | | | |

1. PORTABLE INFORMATION (check all applicable)

|  |  |
| --- | --- |
| Concrete Batch Plant (NAICS 327320)  Dry Batch  Wet Batch  Asphalt Batch Plant (NAICS 324121)  Bag House  Wet Scrubber    Pug Mill | Rock Crusher for crushing:  Gravel (NAICS 212321)  Concrete Recycle (NAICS 327999)  Limestone (NAICS 212312)  Other Stone (NAICS 212319)  Granite (NAICS 212313)  Is rock washing part of the operation?  Yes  No |
| Portable Name (Unique Identifier): | Attach a list of the major components (equipment and materials) typically associated with this portable. |
| Design Capacity: | Date Portable First Operated in Washington State: |

|  |  |  |  |
| --- | --- | --- | --- |
| Does facility operate year round?  YES  NO  If no, indicate months of operation (check all that apply): | | | |
| Jan  Feb  Mar | Apr  May  Jun | Jul  Aug  Sep | Oct  Nov  Dec |

1. APPLICATION TYPE:

|  |
| --- |
| **New Permit**  **New facility**  **Or**  **Existing Facility**  **Permit Change -** Permit Number WAG-50-      Describe change:  **NOTE**: If this portable will be discharging to surface water public notice is required. Attach affidavit of publication to this form. |

1. SEPA Determination

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| Type of SEPA Determination:  DNS  DS  Mitigated DNS |

1. CERTIFICATION BY PERMITTEE

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

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|  |  |  |
| Printed or typed name of person signing below |  | Title |
|  |  | /    / |
| Signature of applicant |  | Date application signed |

**NOTE: Federal regulations require this application to be signed as follows: A.) For 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; or C.) For a municipality, State, Federal, or other public facility, by either a principal executive officer or ranking elected official.**

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