

**DEQ USE ONLY**

Application #: \_\_\_\_\_  
File #: \_\_\_\_\_  
EPA #: \_\_\_\_\_  
LLID/RM: \_\_\_\_\_  
DOC Conf.: \_\_\_\_\_  
Notes: \_\_\_\_\_

**RENEWAL APPLICATION  
NPDES STORM WATER DISCHARGE  
GENERAL PERMIT #1200-Z**



**Oregon Department of Environmental Quality**

**DEQ USE ONLY**

Received: \_\_\_\_\_

**A. REFERENCE INFORMATION**

1. Legal Name:	2. Common Name:	
3. DEQ File #:	4. Is the applicant the owner of the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Facility Primary SIC code: County:	6. Facility Physical Address: City, State, Zip Code:	
7. Legal Contact : Mailing Address:	Telephone #: City, State, Zip Code:	Email:
8. Facility Contact: Mailing Address:	Telephone #: City, State, Zip Code:	Email:
9. Invoice to: Billing Address:	Telephone #: City, State, Zip Code:	Email:

**B. STORMWATER DISCHARGE INFORMATION**

1. Briefly describe any activities that have been added, removed or changed since your previous application:

2. Briefly describe any changes made to the number or locations of stormwater outfalls or flows off your property:

3. Have any changes been made to cause your stormwater to discharge to a different waterbody, storm sewer system, or seepage system (i.e., dry well)?  YES, explain below:  NO

4. Have you submitted an updated Storm Water Pollution Control Plan (SWPCP) that thoroughly describes these changes with this application?  YES, included with application

**C. SIGNATURE OF LEGALLY AUTHORIZED REPRESENTATIVE**

**I hereby certify that the information contained in this application is true and correct to the best of my knowledge and belief. In addition, I agree to pay all permit fees required by Oregon Administrative Rules 340-45. This includes a renewal application fee to renew the permit and a compliance determination fee invoiced annually by DEQ to maintain the permit.**

\_\_\_\_\_  
Name of Legally Authorized Representative (Type or Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Legally Authorized Representative

\_\_\_\_\_  
Date

Please answer all questions. An incomplete application will not be processed.  
If the information requested is not applicable, please indicate as such.

**A. REFERENCE INFORMATION:**

1. Enter the legal name of the applicant. This must be the **legal** Oregon name (i.e., Acme Products, Inc.) or the **legal** representative of the company if it operates under an assumed business name (i.e., John Smith, dba Acme Products). The name must be a legal, active name registered with the Oregon Department of Commerce, Corporation Division (503) 378-4752, unless otherwise exempted by their regulations. The permit will be issued to the legal name of the applicant.

**If the legal name of the applicant has changed since the initial permit was issued or the permit needs to be transferred to a new owner, a *Name Change/Transfer of Ownership* form must also be submitted with this application. This form is available by contacting a DEQ regional office listed below or at <http://www.deq.state.or.us/wq/wqpermit/PermitForms.htm>.**

2. Enter the common name of the facility or operation if different than the legal name.
3. Enter the DEQ file number (this number may be found on the first page of your permit).
4. Indicate if the applicant is the owner of the facility.
5. Provide the primary Standard Industrial Classification (SIC) code and county for the facility
6. Enter the physical location of the facility (not mailing address), including city, state, and zip code.
7. Enter the name, telephone number, and mailing address of the Legal Contact. The Legal Contact is the person that receives official correspondence from DEQ, such as renewal notices or notices of noncompliance, and may be contacted if there are questions about this application.
8. Enter the name, telephone number and mailing address of the Facility Contact if different from the Legal Contact. The Facility Contact is the person located at the facility that has specific knowledge of the facility or operation under permit (e.g., the treatment plant operator), and may be contacted if there are specific questions about this application.
9. Enter invoicing information for billing purposes if different from the Legal Contact (e.g., "Invoice To: Business Office - Accounts Payable").

**B. STORM WATER DISCHARGE INFORMATION:**

As required by the permit, your Stormwater Pollution Control Plan (SWPCP) must be up-to-date. Please review the latest SWPCP that you submitted to DEQ or its local agent and update the plan to meet new permit conditions and to account for changes to site conditions and/or stormwater best management practices. Briefly explain those changes in the application and submit an updated SWPCP along with the application that thoroughly describes those changes.

**C. SIGNATURE OF LEGALLY AUTHORIZED REPRESENTATIVE:**

A legally authorized representative must sign the application. The following are authorized to sign the document:

- ◆ **Corporation** — President, secretary, treasurer, vice-president, or any person who performs principal business functions; or a manager of one or more facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million that is authorized in accordance to corporate procedure to sign such documents
- ◆ **Partnership** — General partner *[list of general partners, their addresses and telephone numbers]*
- ◆ **Sole Proprietorship** — Owner(s) *[each owner must sign the application]*
- ◆ **City, County, State, Federal, or other Public Facility** — Principal executive officer or ranking elected official
- ◆ **Limited Liability Company** — Member
- ◆ **Trusts** — Acting trustee *[list of trustees, their addresses and telephone numbers]*

**APPLICATION SUBMITTAL:**

Please send the completed renewal application to the appropriate DEQ regional office below by **December 29, 2006**. **No fees are required with this application.** DEQ revised its fees and no longer requires renewal fees. Instead, the renewal fees are incorporated into one fee that is invoiced annually.

Send this form to the appropriate DEQ regional office (see map on next page):  
No fees are required with this application

DEQ Northwest Region  
2020 SW 4<sup>th</sup> Ave., Suite 400  
Portland, OR 97201-4987  
(503) 229-5263 or 1-800-452-4011

DEQ Western Region  
165 East 7<sup>th</sup> Avenue, Suite 100  
Eugene, OR 97401  
(541) 687-7326 or 1-800-844-8467

DEQ Eastern Region  
700 SE Emigrant, Suite 330  
Pendleton, OR 97801  
(541) 276-4063 or 1-800-452-4011

# DEQ Offices



