DEQ USE ONLY Application #:	RENEWAL APPLICATION NATIONAL POLLUTANT DISCHARGE	INDU	<mark>Se only</mark> Strial
Mail ID #2/#9:	ELIMINATION SYSTEM GENERAL PERMIT #1200-C	Received:	
LLID: RM:		Amount Received: Check #:	
ACD Fee Paid:		Deposit #:	
DOC Conf.:	DEQ	Notes:	
Notes:	Oregon Department of Environmental Quality		
A. REFERENCE INFORMATION			
1. Legal Name:	2. DEQ Site ID:		
3. Name of Project:	County:		
Project Address:	City, Zip Code:		
4. Responsible Official:	Telephone #:	Email:	
Mailing Address:	City, State, Zip Code:		
5. Site Contact:	Telephone #:	Email:	
Site Mailing Address:	City, Zip Code:		
6. Invoice to:	Telephone #:		
Billing Address:	City, State, Zip Code:		
	<b>B. REQUIRED INFORMATION</b>		
1. For phased projects, what phase was the project in at the time this application was submitted?			
2. Has DEQ been provided with the most recent version of the ESCP? YES INO Included with this application			vith this application
3. Briefly describe any major modifications made to the project and its Erosion and Sediment Control Plan (ESCP):			
4. At the time this application was submi	itted, was the project in compliance with its #1200-C permit and E	SCP? YES	□ NO
5. Has the project received any Notices of Noncompliances (NONs) or penalties from DEQ? If "YES," briefly describe the violations that were cited:		TYES	□ NO
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 340-045. 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 Repr	resentative (Type or Print)	Title	
Signature of Legally Author	ized Representative	Date	

# You must submit this application and a renewal fee of \$100 if your construction project will extend beyond December 31, 2005 (expiration date of the current NPDES General Permit #1200-C).

# THE APPLICATION AND FEE MUST BE SUBMITTED BY OCTOBER 2, 2005.

#### Submittals after this date will be returned and an application for a "new" permit and higher fees will be required.

#### 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:

 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). <u>The name</u> <u>must be a legal, active name registered with the Oregon Department of Commerce, Corporation Division (503) 378-4752,</u> <u>unless otherwise exempted by their regulations</u>. The permit will be assigned 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 <a href="http://www.deg.state.or.us/wq/wqpermit/PmtTfrAppl.pdf">http://www.deg.state.or.us/wq/wqpermit/PmtTfrAppl.pdf</a>.

- 2. Enter the DEQ site identification number for this project (also known as the facility number or file number; this number may be found on the first page of your permit).
- 3. Enter the common name of the construction project if different than the legal name, name of the county where the project is located, and the physical location of the project (not mailing address), including city and zip code.
- 4. Enter the name, telephone number, email and mailing address of the Responsible Official. The Responsible Official 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.
- 5. Enter the name, telephone number, email and mailing address of the project Site Contact if different from the Responsible Official. The Site Contact is the person located at the construction site that has specific knowledge of the project (e.g., the general contractor), and may be contacted if there are specific questions about this application.
- 6. Enter invoicing information for billing purposes if different from the Responsible Official (e.g., "Invoice To: Business Office Accounts Payable").

# B. REQUIRED INFORMATION:

- 1. For phased projects, indicate what phase the project was in when the application was submitted.
- 2. Indicate if the most recent version of the ESCP has been sent to DEQ.
- 3. Briefly describe any major modifications made to the project and its Erosion and Sediment Control Plan (ESCP).
- 4. Indicate if the project was in compliance with its current 1200-C permit at the time this application was submitted.
- 5. Indicate if the project has received any Notices of Noncompliances (NONs) or penalties from DEQ. If "yes," briefly describe the violations that were cited.

# C. SIGNATURE OF LEGALLY AUTHORIZED REPRESENTATIVE:

The signature of a legally authorized representative must be provided in order to process this application.

#### **Definition of Legally Authorized Representative:** See 40 CFR 122.22 for more detail. Also, please also provide the information requested in brackets / /

- 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 [articles of organization]
- **Trusts** Acting trustee [list of trustees, their addresses and telephone numbers]

# FEE AND APPLICATION SUBMITTAL:

#### Send this form and fee to the appropriate DEQ regional office: Make your check payable to the Department of Environmental Quality

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 DEQ Business Office, 811 SW 6<sup>th</sup> Ave. Portland, OR 97204-1390 (503) 378-8240 or 1-800-349-7677 DEQ Eastern Region 700 SE Emigrant, Suite 330 Pendleton, OR 97801 (541) 276-4063 or 1-800-452-4011