



APPLICATION FOR COVERAGE 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 <input type="checkbox"/> <input type="checkbox"/>	W.R.I.A.	Date Received	Coverage Date
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I. PERMITTEE:

Business/Company Name	Person Name
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II. RESPONSIBLE PARTY MAILING AND CONTACT INFORMATION:

Name (primary mailing address) <input type="checkbox"/> Operator <input type="checkbox"/> Owner <input type="checkbox"/> Other	Name <input type="checkbox"/> Operator <input type="checkbox"/> Owner
Mailing Address	Mailing Address
City Zip + 4	City Zip + 4
Contact Person Phone No.	Contact Person Phone No.
UBI No.	UBI No.

III. BILLING ADDRESS AND CONTACT INFORMATION

Business/Company Name	Contact Person
Mailing Address	Phone No.
City Zip + 4	Site Identifier

IV. PORTABLE INFORMATION

Portable is: <input type="checkbox"/> Concrete Batch <input type="checkbox"/> Asphalt Batch <input type="checkbox"/> Rock Crusher <input type="checkbox"/> Dry Batch <input type="checkbox"/> Bag House <input type="checkbox"/> Dry <input type="checkbox"/> Wet Batch <input type="checkbox"/> Wet Scrubber <input type="checkbox"/> Wash	
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:

IV. PORTABLE INFORMATION (continued)

Does facility operate year round? YES NO
If no, indicate months of operation (circle all that apply): Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
Other periodic operation: _____
Indicate typical annual quantity of product produced using codes from the instructions.
Crushed Rock _____ Hot Mix Asphalt _____ Concrete _____

V. APPLICATION TYPE:

New Permit
 New facility
Or
 Existing Facility
 Permit Change - Permit Number WAG-50-_____ Describe change:

 Permit Renewal Permit Number WAG-50-_____

VI. SEPA Determination

Type of SEPA Determination: DNS DS Mitigated DNS

VII. 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.

Printed Name of Person Signing Below

Title

Signature of Applicant

Date Applicant 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.

If you require this document in an alternate format, please contact the Water Quality Program at 360-407-6401(Voice) or 711 or 1-800-833-6388 (TTY).