

DEQ USE ONLY

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**APPLICATION FOR NEW  
 NATIONAL POLLUTION DISCHARGE ELIMINATION  
 SYSTEM GENERAL 2200-J PERMIT  
 FOR FLOATING RESIDENCES IN CLATSOP COUNTY**



**OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY**  
 (SEE PAGES 3-5 FOR DETAILED INSTRUCTIONS)

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Date Received:  
 Total Amount Received:  
 Add. Amt. Due (if any):  
 Check #  
 Deposit #  
 Receipt #

**A. REFERENCE INFORMATION**

1.	Legal Name of Applicant:	
2.	Is the name of the applicant the owner of the facility? <input type="radio"/> Yes <input type="radio"/> No	
3.	Legal Status of Applicant: <input type="radio"/> Federal <input type="radio"/> State <input type="radio"/> Public <input type="radio"/> Private <input type="radio"/> Other (specify):	
4.	Name of Facility (if different than legal name):	
5.	Facility SIC Code:	or NAICS code:

**B. FACILITY LOCATION**

1.	Geographic Information System (GIS) #:		Division of State Lands Registration #:	
	City:	State:	Zip Code:	County:
2.	Latitude:	degrees,	minutes,	seconds
	Longitude:	degrees,	minutes,	seconds
3.	Township:		Section:	
	Range:		Tax Lot #	

**C. FACILITY CONTACTS**

<b>RESPONSIBLE OFFICIAL:</b>				
1.	Full Name:		Telephone #	
	Mailing Address:	City:	State:	Zip Code:
<b>FACILITY CONTACT:</b>				
2.	Full Name:		Telephone #	
	Mailing Address:	City:	State:	Zip Code:
<b>INVOICE TO:</b>				
3.	Full Name:		Telephone #	
	Billing Address:	City:	State:	Zip Code:

**D. GENERAL INFORMATION**

1.	Briefly describe the proposed facility, type of wastewater, and primary method of wastewater treatment and disposal:
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**APPLICATION FOR NEW NPDES GENERAL 2200-J PERMIT FOR FLOATING RESIDENCES IN CLATSOP COUNTY**  
Oregon Department of Environmental Quality

**LEGAL NAME OF APPLICANT:**

**E. OTHER DEQ OR PUBLIC AGENCY PERMITS**

List all other DEQ or public agency permits issued to or applied for this project:

**F. PRELIMINARY ENGINEERING REPORT/FACILITY PLAN**

**Attach two copies of a Preliminary Engineering Report or Facility Plan Report that fully describes the proposed project using written discussion, maps, diagrams, and any other necessary materials. The report must contain the following information (see instructions for more detail):**

1. Complete description of the proposal.
2. Location of the project, adjacent facilities, and waterways on a USGS topographic map. Include the GIS, DSL registration number, and latitude/longitude. Also provide a tax lot map for the project.
3. Schematic diagrams of waste streams and treatment/disposal facilities. Include the source and quantity of drinking water and water used for processing or manufacturing.
4. Wastewater characterization.
5. Plans for disposal of solid waste and sludges.
6. Evaluation of groundwater and surface water impacts and the steps that will be taken to prevent impacts from occurring.
7. Operation and maintenance plan that specifies the normal operation parameters of the system.

**G. LAND USE COMPATIBILITY STATEMENT**

Attach a complete Land Use Compatibility Statement (LUCS) signed by the local land use authority. The application will not be processed without evidence that the proposal is approved by the local land use authority and meets statewide planning goals.

**H. SIGNATURE OF LEGALLY AUTHORIZED REPRESENTATIVE**

I hereby certify that the information contained in the 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 and/or 340-071. This includes a new application fee to obtain 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

**DEQ USE ONLY**

Regional WQ Permit Coordinator route copy of application and Preliminary Engineering Report/Facility Plan to HQ UIC Coordinator.

Date sent to HQ/Initials:

Date Received by HQ/Initials:

**EPA Well Type:**

5A5 Electric Power Generator	5R21 Aquifer Recharge	5W20 Industrial Process Water	5X15 In Situ Fossil (fuel recovery)
5A6 Geothermal Heat (open loop)	5W9 Untreated Sewage	5W31 Septic System (well disposal)	5X16 Spent Brine Return Flow
5A7 Closed Loop Heat Pump Return	5W10 Cesspool	5W32 Septic System (drainfield)	5X25 Experimental Technology
5A19 Cooling Water Return	5W11 Septic System (general)	5X13 Mine Tailings Backfill	5X26 Aquifer Remediation
5G30 Special Drainage Water	5W12 Water Treatment Plant Effluent	5X14 Solution Mining	5X27 Other Wells

**APPLICATION INSTRUCTIONS FOR NEW NPDES GENERAL 2200-J PERMIT  
FOR FLOATING RESIDENCES IN CLATSOP COUNTY  
Oregon Department of Environmental Quality**

**Please answer all questions and submit with the required application fees.  
AN INCOMPLETE APPLICATION OR APPLICATION WITH INCORRECT FEES 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. The permit will be issued to this entity. This is the person, business, public organization, or other entity that controls the facility described in this application and will be responsible for complying with the conditions of the permit. 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
2. Indicate if the applicant is the owner of the facility.
3. Provide the legal status of the applicant. Indicate "public" for a facility solely owned by local government.
4. Enter the common name of the facility or operation if different than the legal name of the applicant.
5. Enter the Standard Industrial Classification (SIC) four-digit code **or** North American Industry Classification System five or six-digit code (NAICS) for the facility. These codes are used to describe the primary activity at the facility and may be found on fire marshal reports, insurance papers, or tax forms. The NAICS codes replaced the SIC system in 1997, however, it is usually easy to convert between the two systems so either code is acceptable. SIC or NAICS information is also available from the U.S. Census Bureau at 1-888-756-2427 or at <http://www.naics.com/search.htm>.

**B. FACILITY LOCATION**

1. Enter the physical location of the facility (Geographic Information System number) and include city, state, zip code, county, and Division of State Lands registration number.
2. Enter the latitude and longitude of the approximate center of the facility or site in degrees/minutes/seconds. Latitude and longitude can be obtained from DEQ's location finder web site at <http://deq12.deq.state.or.us/website/findloc/> or from United States Geological Survey (USGS) quadrangle topographic maps by calling toll-free at 1-888-ASK-USGS (1-888-275-8747). For obtaining latitude and longitude from USGS maps, instructions may be obtained from DEQ's web site at <http://www.deq.state.or.us/wq/wqpermit/LatLongInstr.pdf>.
3. Enter the Township, Range, Section, and Tax Lot numbers for the regulated site.

**C. FACILITY CONTACTS**

1. Enter the name, telephone number, 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.
2. Enter the name, telephone number and mailing address of the Facility Contact if different from the Responsible Official. 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.
3. Enter invoicing information for billing purposes if different from the Responsible Official (e.g., "Invoice To: Business Office - Accounts Payable").

**D. GENERAL INFORMATION**

1. Briefly describe the proposed facility, type of wastewater (industrial, sewage or both), and primary method of wastewater treatment and disposal. For example, "2 MGD domestic sewage treatment plant consisting of non-discharging, evaporative lagoons" or "Seasonal jelly processing facility with land irrigation of process wastewater."
2. Indicate if a sanitary sewer system is available to receive this wastewater. If "yes," explain why this discharge is not being connected to sanitary sewer.

**E. OTHER DEQ OR PUBLIC AGENCY PERMITS:**

In order for DEQ to coordinate with other DEQ divisions and public agencies, list all permits issued to or applied for this project.

**APPLICATION INSTRUCTIONS FOR NEW NPDES GENERAL 2200-J PERMIT  
FOR FLOATING RESIDENCES IN CLATSOP COUNTY  
Oregon Department of Environmental Quality**

**F. PRELIMINARY ENGINEERING REPORT/FACILITY PLAN:**

Two copies of a Preliminary Engineering Report or Facility Plan Report must accompany this application and contain the following minimum information:

**[Note:** When constructing community sewage treatment facilities, also refer to DEQ's *Guidelines for Planning Community Wastewater Projects (January 1998)* for assistance on developing a facility plan.]

1. A description that includes all aspects of the facility, including services to be provided and activities to be conducted.
2. A USGS topography map that shows the location and scope of the project, locations of adjacent facilities, waterways, wetlands, drainage ways, residential areas, industrial facilities, and commercial areas, including the location and latitude/longitude for all UIC wastewater systems. Also provide a tax lot map for the project.
3. The proposed development and construction schedule. Also include future expansion plans or potential plans.
4. Schematic diagrams that include each waste stream, collection facilities, treatment and control facilities, and ultimate disposal methods for each waste product or wastewater effluent. Include a water balance for each waste stream. If alternatives for treatment are also being considered, they should be included as well. Also include the source and quantity of drinking water and water used for processing or manufacturing if different from drinking water supply.
5. A characterization of the quantity and quality of each waste stream.
6. Plans for collection, storage, and disposal of any sludges generated by the treatment process, including a characterization of volume and quality.
7. A description of the groundwater and surface water impacts that may occur during construction and operation of the facility. Also detail the steps that will be taken to prevent such impacts from occurring.
8. An operation and maintenance plan that specifies the normal operating parameters of the system(s). Include, for example, the length and spacing of dose cycles, gallonage of a dose cycle, and calibration of flow meters or elapsed time meters. The maintenance schedule should address ALL components to be inspected and maintained, together with procedures for doing so. For each item, include the frequency for inspecting it and the maintenance procedure. If available, include the manufacturer's operation and maintenance literature for system components.

**G. LAND USE COMPATIBILITY STATEMENT:**

A completed Land Use Compatibility Statement (LUCS) signed by the local land use authority must be submitted with this application. The application will not be processed without evidence that the proposal is approved by the local land use authority and meets statewide planning goals. A LUCS form is enclosed with this application.

**H. SIGNATURE OF LEGALLY AUTHORIZED REPRESENTATIVE**

The signature of a legally authorized representative must be provided in order to process this application. See the table below for more information.

**DEFINITION OF LEGALLY AUTHORIZED REPRESENTATIVE:**

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 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:**

Please see the cover letter enclosed with this application form or call the appropriate regional office below for fee information and to determine where to send this application. Send this form and fee to the regional office. Please reference the [current fee table](#) to determine the appropriate fees for your permit. Make your check payable to the Department of Environmental Quality.

**DEQ Northwest Region Office**  
700 NE Multnomah St., Suite 600, Portland, OR 97232  
(503) 229-5263; TTY (503) 229-5471