

DEQ USE ONLY	
Application #	
File#	
Mail ID #2/#9	
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ACD Fee Paid:	
DOC Conf:	
Notes:	

OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
RENEWAL APPLICATION
WATER POLLUTION CONTROL FACILITIES PERMIT
(WPCF-R)



DEQ USE ONLY	
Date Received:	
Total Amount Received:	
Onsite Surcharge:	
Check #	
Deposit #	
<input type="checkbox"/> IND <input type="checkbox"/> DOM <input type="checkbox"/> OSS <input type="checkbox"/> UIC	
Notes:	

A. REFERENCE INFORMATION

1. Legal Name:	2. Common Name:		
3. Permit #:	DEQ Site ID#:	Permit Expiration Date:	
4. Physical Facility Street Address:			
City, State, Zip Code:		County:	
5. Township:	Range:	Section:	Tax Lot #
6. Responsible Official:			
Mailing Address:		City, State, Zip Code:	
Telephone:		Email Address:	
7. Facility Contact:			
Mailing Address:		City, State, Zip Code:	
Telephone:		Email Address:	
8. Invoice Contact:			
Mailing Address:		City, State, Zip Code:	
Telephone:		Email Address:	

B. REQUIRED INFORMATION

1.	Briefly describe the permitted facility, type of wastewater, and primary method of wastewater treatment and disposal:
2.	Have the treatment or disposal methods employed, as indicated in previous applications, been altered in any way since the last application was submitted? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", explain:
3.	Has the quantity or quality of wastes discharged, as indicated in previous applications, been significantly changed in any way since the last application was submitted? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", explain:
4.	If there any changes anticipated in the near future that would affect waste quantity or quality, attach an explanation or proposal.
5.	Review each condition of your current permit and attach a brief report that indicates your progress in meeting the requirements, limitations, and compliance schedules of the permit.
6.	If the permitted facility or operation is a domestic wastewater treatment plant, attach a copy of your Biosolids Management Plan.

C. 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. 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

APPLICATION INSTRUCTIONS FOR RENEWAL NPDES INDIVIDUAL PERMIT

Please answer all questions.

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. 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 (enclosed) 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/docs/forms/pmttfrappl.pdf>
2. Enter the common name of the facility or operation if different than the legal name.
3. Enter the permit number, DEQ site identification number (also known as the facility number or file number; this number may be found on the first page of your permit), and expiration date of your current permit.
4. Enter the physical location of the facility (not mailing address), including city, state, zip code, and county.
5. 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.
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.
Enter invoicing information for billing purposes if different from the Responsible Official (e.g., "Invoice To: Business Office -Accounts Payable").

B. REQUIRED INFORMATION

1. Briefly describe the permitted 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."
- 2-6. Complete the remaining questions as indicated. Attach any additional pages of explanation, including any diagrams or maps that are needed to update the Department.
In addition, EPA Form 2A, 2B, 2C, 2E, or 2F must be submitted with this application depending on the type of facility or operation to be permitted. The correct form is enclosed in this application packet or may be obtained by contacting the appropriate DEQ regional office listed at the bottom of this page.

C. 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.
- 1.

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*]

SEE FEE AND APPLICATION SUBMITTAL:

Please see the cover letter enclosed with this form or call the appropriate regional office below for fee information and to determine where to send this application. This application must be submitted **at least 180 days prior to the expiration date** of your current permit.

DEQ Northwest Region	DEQ Western Region	DEQ Eastern Region
2020 SW 4th Avenue, Suite 400 Portland, OR 97201-4987 503-229-5263 or 1-800-452-4011	750 Front Street NE, Suite 120 Salem, OR 97301-1039 503-378-8240 or 1-800-349-7677	700 SE Emigrant Avenue, Suite 330 Pendleton, OR 97801 541-276-4063 or 1-800-452-4011

