



Oregon Department of Environmental Quality
RENEWAL APPLICATION
Water Pollution Control Facilities
General Permits 1400 A & B

DEQ USE ONLY

Date received: _____
 Amount paid: _____
 Check #: _____
 Application #: _____
 Notes: _____

A. REFERENCE INFORMATION

1. Legal Name: _____ 2. SIC Code: _____

3. Common Name: _____

4. Permit #: 1400 A or 1400 B

5. Enter Site Location by Latitude and Longitude

Latitude: _____	Longitude: _____
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6. Facility Physical Address:

City, State, Zip Code: _____

County: _____

7. Responsible Official: _____ Title: _____

Mailing Address: _____

City, State, Zip Code: _____

Email Address: _____ Telephone #: _____

8. Facility Contact: _____ Title: _____

Mailing Address: _____

City, State, Zip Code: _____

Email Address: _____ Telephone #: _____

B. REQUIRED INFORMATION

Attach additional information to describe the following:

1. The permitted facility, type of wastewater, and primary method of wastewater treatment and disposal.
2. Any alterations to treatment or disposal methods since the last application was submitted.
3. Any significant change in quantity or quality of wastewater since the last application was submitted.
4. A complete list and the approximate volume of each chemical used per year at your facility.
5. Any changes anticipated in the near future that would affect wastewater quantity or quality or management of wastewater, or industrial solids.

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 the annual compliance determination fee invoiced annually by DEQ and all other fees required by Oregon Administrative Rules, Chapter 340, Division 045. **A wet signature of a legally authorized representative is required in order to process this application. Please print out this application and sign.**

Name of Legally Authorized Representative (Type or Print)	Title
Signature of Legally Authorized Representative	Date

WPCF 1400 GENERAL PERMIT RENEWAL APPLICATION INSTRUCTIONS

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. The permit will be issued to the legal name of the applicant and must be the **legal** Oregon name (for example, Acme Products, Inc.) or the **legal** representative of the company if it operates under an assumed business name (for example, John Smith, dba Acme Products).
*** The name must be a legal, active name registered with the Oregon Secretary of State's Corporation Division unless otherwise exempt from regulation. Visit the Corporation Division website at <http://www.filinginoregon.com/> or call 503-986-2200.*
*** 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 and the associated fees must also be submitted with this application. This form is available by contacting a DEQ regional office listed below or at <http://www.oregon.gov/deq/FilterPermitsDocs/pmttfrappl.pdf>.*
2. Enter your Standard Industrial Classification (SIC) code. <https://www.osha.gov/pls/imis/sicsearch.html>
3. Enter the common name of the facility or operation if different than the legal name.
4. Check the box for the appropriate permit number, fill in the DEQ file number (also known as the facility number or site ID number; this number may be found on the first page of your permit), and expiration date of your current permit.
5. Enter the latitude and longitude for the center of the facility's tax lot.
6. Enter the physical location of the facility (may not be mailing address), including city, state, zip code, and county.
7. Enter information for 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.
8. Enter information for 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 (for example, the facility Foreman), and may be contacted if there are specific questions about this application.

B. REQUIRED INFORMATION:

- 1 - 5. Attach additional information as needed to address each item thoroughly.

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:

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.
- ◆ **Trusts** – Acting trustee [list of trustees, their addresses and telephone numbers].

FEE AND APPLICATION SUBMITTAL:

Permit application fees for general permits are published in OAR 340-045-0075 in Table 70G. Available on line at: http://arcweb.sos.state.or.us/pages/rules/oars_300/oar_340_340_tables/340-045-0075_12-10-15.pdf

Please see the regional offices below to determine where to send this application. This application must be submitted at least 60 days prior to the expiration date of your current permit. There is no permit renewal fee but all annual permit fees must be paid in full. If your application includes a name change, you must include a name change form and appropriate fees before this application can be processed.

Send this form and fee to the appropriate DEQ regional office:

Make your check payable to the Oregon Department of Environmental Quality

DEQ Northwest Region 700 NE Multnomah St., Suite 600 Portland, OR 97232-4100 503-229-5263 or 1-800-452-4011	DEQ Western Region 4026 Fairview Industrial Dr. SE Salem, OR 97302-1142 503-378-8240 or 1-800-349-7677	DEQ Eastern Region 800 SE Emigrant Ave., Suite 330 Pendleton, OR 97801-2717 541-276-4063 or 1-800-304-3513
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