



DEPARTMENT OF  
**ECOLOGY**  
State of Washington

# Sand and Gravel General Permit Portable Beginning of Operation Notice Form

Ecology must **receive** this notification form at least 10 days before you begin operating at a new location.

Submitting this notification does not guarantee that you may begin operations on the proposed start date. Ecology reserves the right to require additional information or the placement of best management practices before you begin operations if this form is incomplete or environmental sensitivity is not sufficiently addressed.

Please print in ink or type all sections of this application. All fields are required unless otherwise marked.

## 1. Permit Number – Provide your permit number

Permit Number: \_\_\_\_\_

## 2. Permittee Contact Information

**Organization Name** – Provide the legal name of the business or company (Permittee) that is applying for permit coverage: \_\_\_\_\_

**Legal Responsible Party** – Provide the first and last name of the person who has the legal authority to represent the permittee and commit to the terms and conditions of the permit: \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip + 4:** \_\_\_\_\_

Cell Phone (Optional): \_\_\_\_\_ Fax (Optional): \_\_\_\_\_

## 3. Site Contact – Ecology may contact this person regarding site inspections

**Site Contact First & Last Name:** \_\_\_\_\_

**Organization Name:** \_\_\_\_\_

**E-mail (Optional):** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip + 4:** \_\_\_\_\_

Cell Phone (Optional): \_\_\_\_\_ Fax (Optional): \_\_\_\_\_

## 4. Site Owner

**Site Owner First & Last Name:** \_\_\_\_\_ **Organization Name (Optional):** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip + 4:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **Cell Phone (Optional):** \_\_\_\_\_ **E-mail (Optional):** \_\_\_\_\_

## 5. Site Management Plan

**Is your Site Management Plan** (including the Site Map, Stormwater Pollution Prevention Plan, Monitoring Plan, Spill Control Plan, and Erosion and Sediment Control Plan) **created, up to date, and complete for this specific site?**

Yes  No

## 7. Site Information

Site Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip + 4: \_\_\_\_\_

**Record Site Location at front door or site entrance** – Provide latitude and longitude, expressed in decimal degrees to six decimal places, at front door or site entrance.

Latitude: \_\_\_\_\_ ° N      Longitude: \_\_\_\_\_ ° W

Acreeage that will be occupied by the portable operation include materials and stockpiles: \_\_\_\_\_

Proposed Begin Date for Portable Operations at the Site: \_\_\_\_\_

Proposed End Date for Portable Operation, or Date for Site Restoration (whichever is later): \_\_\_\_\_

**8. Site Map** - Attach a copy of the site map from your Site Management Plan. Your site map should be to scale and preferably 11" x 17" in size.

## 9. Site Restoration

Describe the site condition before setting up the portable operation (e.g. vegetated, unimproved, cleared and leveled, paved): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe how the site will be changed to set up the portable operation (e.g. cleared and leveled, access road developed, concrete footings added): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe what actions will be taken to restore the site when the portable operation is moved out (e.g. area seeded, concrete footings removed): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will the portable operate at an active construction site?

No     Yes

Who will be responsible for site restoration?

We will (portable owner / operator)     Construction Contractor     Site Owner

Other (provide explanation): \_\_\_\_\_

## 10. Ground Water Protection Designations

Is the site within a Critical Aquifer Recharge Area?  Yes  No

Is the site within a designated Wellhead Protection Area?  Yes  No

Is the site within a Sole Source Aquifer?  Yes  No

## 11. NAICS / Ecology Code Information – Indicate what activities take place at the site by checking the appropriate boxes. (See Appendix A of the Sand & Gravel General Permit for code descriptions.)

Rock Crusher for crushing:

- Gravel (NAICS 212321)
- Limestone (NAICS 212312)
- Other Stone (NAICS 212319)
- Granite (NAICS 212313)
- Concrete Recycle (ECY 002)
- Asphalt Recycle (ECY 001)

Asphalt Batch Plant (NAICS 324121)

- Bag House
- Wet Scrubber

Concrete Batch Plant (NAICS 327320)

- Dry Batch
- Wet Batch

Is rock washing part of the operation?

Yes  No

Will Mining or Excavating Occur?

No

Yes. Does the site have a Sand and Gravel Permit

Number (e.g. WAG50-0000)?

- Yes, provide permit number: \_\_\_\_\_
- No

## 12. Amount of Recycled Concrete (Optional)

Approximately, how much concrete will be **recycled** at the site in cubic yards per year?

\_\_\_\_\_ yd<sup>3</sup> / year

How much cubic yards of fragmented concrete will be **stored** onsite at any one time for recycling purposes?

\_\_\_\_\_ yd<sup>3</sup> / year

**13. Estimated quantity – provide the estimated amount of product that will be produced by your portable at the site, include units (e.g., yd<sup>3</sup> / year):**

\_\_\_\_\_

**14. Storm Sewer Conveyance System** - If your stormwater, process water, and/or mine dewatering water will flow through a storm drain system or roadside ditch, provide the name of the operator of the storm sewer system and conveyance system (typically, the operator is the city or county you are located in, e.g., Kent stormwater drainage system, 145th street ditch). Otherwise leave this blank.

**Storm Sewer Operator:** \_\_\_\_\_

**15. Monitoring Points** – You must add your new monitoring points for this location through Ecology's Water Quality Permitting Portal application, unless you have received an Electronic Reporting Waiver from Ecology. If you have received an Electronic Reporting Waiver you must notify Ecology in writing of monitoring point additions before the end of the monitoring quarter in which the change will occur.

**Have you modified or added your new monitoring points for this specific site location through Ecology's Water Quality Permitting Portal?**

Yes                      No

**Do you have an Electronic Reporting Waiver from Ecology?**

Yes                      No

## 16. State Environmental Policy Act (SEPA)

A SEPA review must be completed for all site wastewater discharges. SEPA requirements are under Chapter 197-11 WAC. More SEPA information is available at: <http://www.ecy.wa.gov/programs/sea/sepa/e-review.html>.

**Will the portable operate at an active construction site or at an existing site for which a SEPA determination has already been made?**

Yes. Please provide a contact that could provide the SEPA determination, or attach a copy of the SEPA determination to this form.

SEPA Contact First & Last Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_

E-mail (Optional): \_\_\_\_\_

No. Please provide the information below.

Date operations began or will begin at the facility: \_\_\_\_\_

Lead agency issuing SEPA Determination? \_\_\_\_\_

Has SEPA review been completed for all site activities?  No  Yes  Exempt

Date of final SEPA decision: \_\_\_\_\_ or Exempt, check type of exemption below and attach written exemption information documentation.

Watershed Restoration & Fish Habitat Enhancement Exemption (RCW 43.21C.0382)

Infill Development Exemption (RCW 43.21C.229)

Planned Action Exemption (RCW 43.21C.031)

Categorical Exemption. Under what section of the SEPA Rule (WAC 197-11-800) is it exempt? For example, WAC 197-11-800(1) *Minor New Construction*. SEPA Rule section: \_\_\_\_\_

Date when all SEPA-related comment & appeal periods are exhausted: \_\_\_\_\_

Type of SEPA decision issued:  Determination of Non-Significance (DNS)  Mitigated DNS (MDNS)

Determination of Significance (DS)  Final Environmental Impact Statement (EIS)

Other: \_\_\_\_\_

If a supplemental EIS, SEPA addendum, or some other type of additional SEPA review was required, please attach and submit with this application.

## 17. Public Notice

Unless you have previously provided public notice for portable operations at the specific site, you must publish a public notice at least **once** a week for **two** consecutive weeks with **seven days** between publications, in at least a **single** newspaper of general circulation in the county in which the facility is located.

Either use the Public Notice Template in Attachment 1 or **attach your notice on a separate sheet of paper, if necessary**. The **bold** language in the Public Notice Template is required by WAC 173-226-130 and must be included in its entirety in your public notice.

Provide the **exact** dates (mm/dd/yy) that the first and second public notices will appear in the newspaper(s):

First notice: \_\_\_\_/\_\_\_\_/\_\_\_\_

Second notice: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Begins 30-day public comment period.)

Name of the newspaper(s) publishing the notices: \_\_\_\_\_

## 18. Certification of Permittees

*"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."*

\_\_\_\_\_  
Printed Name / Company (Permittee)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Responsible Person\*

\_\_\_\_\_  
Date

**\* Federal regulations require this application is signed by one of the following:**

- A. For a 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.
- C. For a municipality, state, federal, or other public facility: By either a principal executive officer or ranking elected official.

**19. Mailing Address** - Mail your completed application to the appropriate Ecology Regional Office listed below, based on the county in which the site is located:

Regional Office Address	Counties
Attn: WQ Sand & Gravel Permit Coordinator Washington State Department of Ecology Central Regional Office 1250 West Alder Street Union Gap, WA 98903-0009	Benton, Chelan, Douglas, Kittitas, Klickitat, Okanogan, or Yakima Counties
Attn: WQ Sand & Gravel Permit Manager Washington State Department of Ecology Eastern Regional Office 4601 North Monroe Street Suite 202 Spokane, WA 99205-1295	Adams, Asotin, Columbia, Ferry, Franklin, Garfield, Grant, Lincoln, Pend Oreille, Spokane, Stevens, Walla Walla, or Whitman Counties
Attn: WQ Sand & Gravel Permit Coordinator Washington State Department of Ecology Northwest Regional Office 3190 160th Avenue S.E. Bellevue, WA 98008-5452	Island, King, Kitsap, San Juan, Skagit, Snohomish, or Whatcom Counties
Attn: WQ Sand & Gravel Permit Coordinator Washington State Department of Ecology Southwest Regional Office 300 Desmond Drive PO Box 47775 Olympia, WA 98504-7775	Clallam, Clark, Cowlitz, Grays Harbor, Lewis, Mason, Pacific, Pierce, Skamania, or Wahkiakum Counties

### Accommodation Requests:

To request ADA accommodation including materials in a format for the visually impaired, call Water Quality Reception at Ecology, 360-407-6600. Persons with impaired hearing may call Washington Relay Service at 711. Persons with speech disability may call TTY at 877-833-6341.

## Attachment 1 - Public Notice Template

Complete this template using site-specific information. The **bold** language is required by WAC 173-226-130 and must be included in its entirety. (Either use the fill-in template below or **attach on a separate sheet of paper, if necessary.**)

*(Name of operator/permittee), (address of operator/permittee), is seeking coverage under the Washington State Department of Ecology's Sand and Gravel General Permit.*

**The portable facility, known as** *(facility name)*, **is or will be, located at** *(street address, or other descriptive site location)* **in** *(name of nearest city)*, **in** *(County)*. **Activities at the portable facility will include:** *(list all sand and gravel activities that will be conducted at the facility)* **and are due to start up on** *(enter date when activities will begin)*. **This facility will discharge process water and/or stormwater to** *(List all named and un-named surface water bodies listed in section XII, and / or ground water if applicable).*

Ecology developed the Sand and Gravel General Permit with the expectation that sites covered under this permit will meet water quality standards including antidegradation requirements under WAC 173-201A-320. Any person desiring to present their views to the Department of Ecology regarding this application may do so in writing within thirty days of the last date of publication of this notice. Comments shall be submitted to the Department of Ecology. Any person interested in the department's action on this application may notify the department of their interest within thirty days of the last date of publication of this notice.

Comments can be submitted to:

*(Mailing Address for the appropriate Ecology regional office from Section 20.)*