



File #: _____

Application #: _____

Doc Conf: : _____

Notes: _____

2000-J Water Quality General Permit Renewal Application

(see pages 4 – 5 for instructions)

A. Reference Information

1. Legal Name:	
2. Common Name (if different than legal name):	
3. Ownership Status: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Other, specify:	
4. Facility SIC code:	or NAICS code:
5. Assigned Permit #:	
6. Assigned File #:	

B. Contact Information

1. Responsible Official:	
Mailing Address:	
Email Address:	Telephone #:
2. Facility Contact:	
Facility Mailing Address:	
Email Address:	Telephone #:
3. Invoice to:	
Billing Address:	
Email Address:	Telephone #:

C. Irrigation District Information

1. Physical Street Address (office location):	
City, State, Zip Code:	County:
2. Total miles of distribution system:	3. Total acreage for irrigation:
4. Total miles of open canals/ditches:	5. Total miles of piped irrigation line:
6. Attach a map of the distribution system (e.g. canals, ditches or other constructed conveyances owned and controlled by district) include natural water, indicate location of gates nearest to natural water, indicate points of connection to natural water, include township, range, section on the map and delineate irrigation system boundaries.	

Translation or other formats

Legal Name of Applicant:

D. Land Use Compatibility Statement

1. Check here if a Land Use Compatibility Statement is attached. Attach a complete LUCS signed by the local land use authority if major changes have been made at the facility or site.

E. Operating Information

1. YES, a Pesticide Discharge Management Plan is complete and up to date.
2. YES, an alternative method of pest control or pesticide will be used so that a discharge will not occur to any stream segment listed a water quality limited 303(d) list for that pesticide or its degradates.
3. Please provide a list of pesticides that may be used by brand name, active ingredient, EPA registration number, method of application, and types of adjuvant that may be used with that pesticide:

Brand Name	Active Ingredients	EPA Registration Number:	Types of Adjuvant

F. Signature of Legally Authorized Representative

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 persons directly responsible for gathering the information, the information 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. 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.

Name of Legally Authorized Representative (Type or Print)

Title

Signature of Legally Authorized Representative

Date

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 (Required Information)

1. Enter the legal name of the applicant. This will be the legal district name, Oregon business 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 permit will be issued to this entity.
2. Enter the common name of the facility or operation if different from the legal name of the applicant.
3. Provide the ownership status of the applicant. Indicate "public" for a facility solely owned by local government. Other can be used to specify ownership if different than the choices provided.
4. Enter the Standard Industrial Classification four-digit code or North American Industry Classification System five or six-digit code 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.
5. Provide your DEQ assigned Permit Number which can be found on your assignment letter.
6. Provide your DEQ assigned File Number which can be found on your assignment letter.

B. Contact Information (Required Information)

1. Enter the name, telephone number, mailing address and email 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, mailing address and email 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., operations manager), 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").

C. Irrigation District Information (Required Information)

1. Enter the physical location of the facility (street address, not mailing address), including city, state, zip code, and county.
2. Enter the physical location of the facility (street address, not mailing address), including city, state, zip code, and county.
3. Provide information on total miles of the distribution system.
4. Provide information on total acreage for irrigation.
5. Provide information on total miles of open canals/ditched used to distribute irrigation water.
6. Attach a map with features as indicated.
7. Use DEQ's interactive mapping tool to provide latitude and longitude information on each gate/control structure nearest to natural water and points of connection to natural water. Provide information on BLM copper region.
8. Provide information on total miles of the distribution system.
9. Provide information on total acreage for irrigation.
10. Provide information on total miles of open canals/ditched used to distribute irrigation water.
11. Provide information on total miles of pipeline used to distribute irrigation water.
12. Attach a map with features
13. Use DEQ's interactive mapping tool to provide latitude and longitude information on each gate/control structure nearest to natural water and points of connection to natural water. Provide information on BLM copper region.

D. Land Use Compatibility Statement (Required Information)

1. A completed Land Use Compatibility Statement signed by the local land use authority must be submitted with this application, if there are major changes. Check the box if a LUCS is attached.

DI. Operating Information (Required Information)

1. The Pesticide Discharge Management Plan must be kept up to date.
2. An alternative method of pest control or pesticide must be used so that a discharge will not occur to any stream segment listed as water quality limited. DEQ’s interactive mapping tool can be used to identify 303(d) water quality limited streams.
3. List of pesticide(s) that may be applied. Identify pesticide by brand name, active ingredient, EPA registration number, types of adjuvants, (e.g. surfactant, water conditioner or other type that may be on a pesticide label).

DII. Signature of Legally Authorized Representative

The signature of a legally authorized representative must be provided to process this application. This application shall be signed by a principal executive officer, ranking elected official or other duly authorized employee consistent with 40 CFR 122.22(b). 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 with 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*]

Note: Local Service Districts follow signature authority under local government.

SUBMIT THIS APPLICATION TO THE APPROPRIATE REGIONAL OFFICE:

DEQ Northwest Region 700 NE Multnomah Street, Suite 600 Portland, OR 97232 503-229-5696 or 1-800-452-4011		DEQ Western Region 4026 Fairview Industrial Drive, SE Salem, OR 97302 503-378-8240 or 1-800-349-7677		DEQ Eastern Region 800 SE Emigrant, Suite 330 Pendleton, OR 97801 541-276-4063 or 1-800-304-3513		
Clackamas	Benton	Lane	Baker	Hood River	Sherman	
Clatsop	Coos	Lincoln	Crook	Jefferson	Umatilla	
Columbia	Curry	Linn	Deschutes	Klamath	Union	
Multnomah	Douglas	Marion	Gilliam	Lake	Wallowa	
Tillamook	Jackson	Polk	Grant	Malheur	Wasco	
Washington	Josephine	Yamhill	Harney	Morrow	Wheeler	

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