



**Oregon Department of Environmental Quality**  
**RENEWAL APPLICATION**  
**Water Pollutant Control Facilities**  
**Individual Permit**  
**(WPCF-R)**

**DEQ USE ONLY**

Application #: \_\_\_\_\_  
 Annual Fee Paid: \_\_\_\_\_  
 IND  DOM  OSS  UIC: \_\_\_\_\_  
 DOC Conf.: \_\_\_\_\_

**A. REFERENCE INFORMATION**

1. Legal Name: \_\_\_\_\_

2. Common Name: \_\_\_\_\_

3. Permit #: \_\_\_\_\_  
 DEQ File#: \_\_\_\_\_  
 Permit Expiration Date: \_\_\_\_\_

4. Facility Physical Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 County: \_\_\_\_\_

5. Responsible Official: \_\_\_\_\_ Title: \_\_\_\_\_  
 Mailing Address, City, State, Zip Code: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

6. Facility Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
 Mailing Address, City, State, Zip Code: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

7. Invoice to: \_\_\_\_\_ 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 changes in quantity or quality of wastewater since the last application was submitted.
4. Any significant changes in the management of biosolids, recycled water, or industrial solids since the last application was submitted.
5. Any changes anticipated in the near future that would affect wastewater quantity or quality or management of biosolids, recycled water, or industrial solids.
6. Progress made to meet the requirements, limitations, and compliance schedules of your permit.

**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.

_____ <b>Name of Legally Authorized Representative</b> (Type or Print)	_____ <b>Title</b>
_____ <b>Signature of Legally Authorized Representative</b>	_____ <b>Date</b>

## WPCF INDIVIDUAL 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 (enclosed) must also be submitted with this application. This form is also 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 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.
4. Enter the physical location of the facility (not mailing address), including city, state, zip code, and county.
5. 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.
6. 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 treatment plant operator), and may be contacted if there are specific questions about this application.
7. Enter invoicing information for billing purposes if different from the Responsible Official (for example, "Invoice To: Business Office - Accounts Payable").

### B. REQUIRED INFORMATION:

- 1 - 6. Attach additional information as indicated.

### 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:

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 60 days prior to the expiration date of your current permit.

#### 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 750 Front St. NE, Suite 120 Salem, OR 97301-1039 503-378-8240 or 1-800-349-7677	DEQ Eastern Region 800 SE Emigrant Ave., Suite 330 Pendleton, OR 97801 541-276-4063 or 1-800-304-3513
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