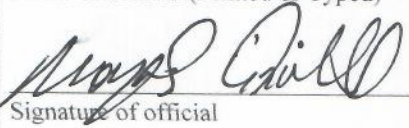
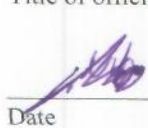
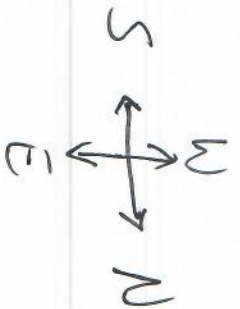
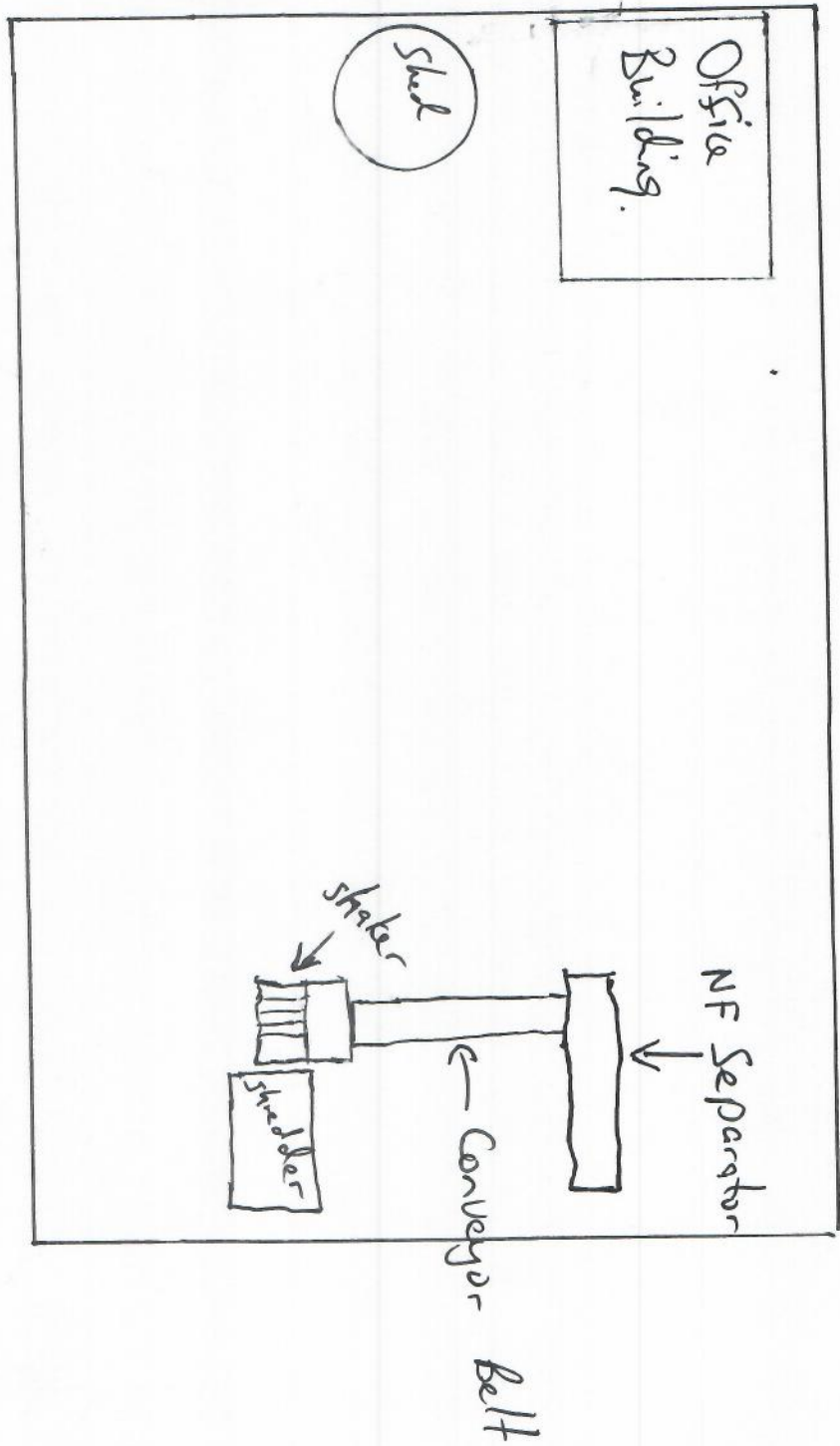


DEQ USE ONLY	
Permit Number:	Type of Application:
Application No:	RNW ___ MOD ___ NEW ___
Date Received :	
Regional Office:	Check No. Amount \$

1. Company			2. Facility Location		
Legal Name: NW Metals Inc.			Name: NW Metals Inc		
Mailing Address: 930 NW 12th Ave #524			Street Address: 9537 N Columbia Blvd		
City: Portland	State: OR	Zip Code:	City: Portland	County: Multnomah	Zip Code:
Number of employees (Corporate):		17	Number of employees (Facility):		15
3. Industrial Classification Code(s)			4. Other DEQ Permits		
Primary SIC and NAICS:			5. LUCS: <input checked="" type="checkbox"/> New facility <input type="checkbox"/> Modified facility		
Secondary SIC and NAICS:					
6. Permit Action:					
<input type="checkbox"/> Short Term Activity ACDP <input checked="" type="checkbox"/> New Simple ACDP <input type="checkbox"/> New Construction ACDP <input type="checkbox"/> New Standard ACDP <input type="checkbox"/> New Standard ACDP (PSD/NSR) <input type="checkbox"/> Renewal of an existing permit without changes (include form AQ403 for Standard ACDPs) <input type="checkbox"/> Renewal of an existing permit with changes (include any other necessary forms and form AQ403 for Standard ACDPs) <input type="checkbox"/> Modification of existing permit					
7. Signature					
I hereby apply for permission to discharge air contaminants in the State of Oregon, as stated or described in this application, and certify that the information contained in this application and the schedules and exhibits appended hereto, are true and correct to the best of my knowledge and belief.					
Moyata Anotta			Secretary 503-367-6955		
Name of official (Printed or Typed)			Title of official and phone number		
 Signature of official			 8/15/20 Date		

Columbia Blvd.



1. Company Information:

Legal Name: NW Metals Inc	Other company name (if different than legal name):
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2. Site Contact Person:

(A person who deals with DEQ staff about equipment problems.)

Name: Moyata Anotta	Telephone number: 503-367-6955	Fax: 971-229-0369
Title: Secretary	Email address: Anottam@gmail.com	
Mailing address: 930 NW 12 th Ave # 524	City, State, Zip Code Portland OR 97209	

3. Facility Contact Person:

(If other than the site contact person, a person involved with all environmental issues at the facility although they may be housed at a different site.)

Name:	Telephone number:	Fax:
Title:	Email address:	
Mailing address:	City, State, Zip Code	

4. Mailing Contact Person:

(If other than the site contact person, a person to whom the company would like all agency communications directed.)

Name:	Telephone number:	Fax:
Title:	Email address:	
Mailing address:	City, State, Zip Code	

5. Invoice Contact Person:

(If other than the site contact person, a contact to which invoices and communications related to resolving invoice questions can be directed.)

Name:	Telephone number:	Fax:
Title:	Email address:	
Mailing address:	City, State, Zip Code	

Google Maps



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