

**For DEQ Use Only**

App #: \_\_\_\_\_  
File #: \_\_\_\_\_  
Mail ID#: \_\_\_\_\_  
LLID/RM: \_\_\_\_\_  
DOC Conf: \_\_\_\_\_  
Notes: \_\_\_\_\_  
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**State of Oregon**  
**Department of Environmental Quality**  
700 NE Multnomah St, Suite 600  
Portland, Oregon 97232

**New or Renewal Application  
National Pollutant Discharge  
Elimination System Permit #1200-CA**  
(For government agencies responsible for Construction  
activities that are required to be permitted  
by NPDES storm water regulations)

**For DEQ Use Only**

Date Rcvd: \_\_\_\_\_  
Amt Rcvd: \_\_\_\_\_  
Check #: \_\_\_\_\_  
Deposit #: \_\_\_\_\_  
IND    DOM    UIC  
Notes: \_\_\_\_\_  
\_\_\_\_\_

**A. Operator Information**

1. NEW APPLICATION RENEWAL APPLICATION	2. <b><u>FOR RENEWEAL ONLY</u></b> DEQ Site ID #:
3. Legal Name:	4. Common Name:
5. Responsible Official: Mailing Address:	Telephone #: City, State, Zip Code:
6. Invoice to: Billing Address:	Telephone #: City, State, Zip Code:

**B. Required Information**

1. Describe the nature of the construction activities over which the applicant has jurisdiction that might be regulated by this permit:

2. For which jurisdictional area(s) does the applicant have jurisdiction?

3. Indicate which process will be used by the applicant to assure that all construction activities regulated by this permit and under the applicant's jurisdiction will implement an appropriate erosion and sediment control plan:

4. Discuss how the applicant will enforce the provision of the appropriate erosion and sediment control plan for construction activities covered by this 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 all permit fees required by Oregon Administrative Rules 340 – 45. This includes a new application fee or renewal application fee to renew the permit and a compliance determination fee Invoiced annually by DEQ to maintain the permit.

\_\_\_\_\_  
Name of Legally Authorized Representative (Type of Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Legally Authorized Representative

\_\_\_\_\_  
Date