



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

**DEQ USE ONLY**

Application #: 948082  
 Annual Fee Paid: \_\_\_\_\_  
 IND  DOM  OSS  UIC: \_\_\_\_\_  
 DOC Conf.: \_\_\_\_\_

**A. REFERENCE INFORMATION**

1. Legal Name: City of St. Paul
2. Common Name:
3. Permit #: 100888  
 DEQ File#: 84076  
 Permit Expiration Date: 07/31/2025
4. Facility Physical Address: 3395 Blanchet Ave. NE  
 City, State, Zip Code: St. Paul, Oregon, 97137  
 County: Marion
5. Responsible Official: Benjamin Lee Unger Title: Public Works Supervisor  
 Mailing Address, City, State, Zip Code: PO Box 7, St. Paul, Oregon, 97137  
 Email Address: bungler@stpaultel.com Telephone #: 971-261-7339
6. Facility Contact: Benjamin Lee Unger Title: Public Works Supervisor  
 Mailing Address, City, State, Zip Code: PO Box 7, St. Paul, Oregon, 97137  
 Email Address: bungler@stpaultel.com Telephone #: 971-261-7339
7. Invoice to: Sarah Merten Title: City Administrator  
 Mailing Address, City, State, Zip Code: PO Box 7, St. Paul, Oregon, 97137  
 Email Address: Strumbo@stpaultel.com Telephone #: 503-633-4971

**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.

Marty Waldo  
 \_\_\_\_\_  
 Name of Legally Authorized Representative (Type or Print)

Mayor  
 \_\_\_\_\_  
 Title

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

7-1-2024  
 \_\_\_\_\_  
 Date

**RECEIVED**

## B. REQUIRED INFORMATION

Additional information:

1. The permitted facility type is stabilization lagoons without aeration. The type of wastewater is recycled water. The type of waste is biosolids. The primary method of wastewater treatment is recycled water irrigation and when needed, biosolids will be composted on site and applied to the city owned 40 acres or hauled away and disposed of in an approved facility.
2. There have been no alterations to treatment or disposal methods since the last application was submitted.
3. There have been no significant changes in quantity or quality of wastewater since the last application was submitted.
4. There have been no significant changes in the management of biosolids, recycled water, or industrial solids since the last application was submitted.
5. There are no anticipated changes in the near future that would affect wastewater quantity or quality or management of biosolids, recycled water, or industrial solids.
6. I believe the city has met the requirements, limitations, and compliance schedules of our permit and would encourage an annual site visit from DEQ.