



STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY
CENTRAL REGIONAL OFFICE
WATER COMPLIANCE INSPECTION REPORT

substitute for OMB
No. 2040-0057
and EPA form 3560-3
(Rev. 9-94)
(last file update 12-95)

FACILITY NAME: SUN OPTA: KETTLE VALLEY DRIED FRUITS

PERMIT #: ST0009253

SECTION 1: INSPECTION INFORMATION

START DATE: 9/17/2018

PRIMARY INSPECTOR JIM LA SPINA

INSPECTION TYPE (CHECK ONE):

COMPLIANCE INSPECTION W/O SAMPLING ☒
COMPLIANCE INSPECTION W/ SAMPLING ☐
COVERAGE INSPECTION ☐
COMPLIANCE FOLLOW-UP INSPECTION ☐
TECHNICAL ASSISTANCE VIST ☐
OPERATION & MAINTENANCE INSPECTION ☐

COMPLAINT # _____
LAB PROJECT # _____
ENFORCEMENT DOCKET # _____
Scheduled Y/N: Y
ANNOUNCED _____
PART OF A GROUP _____

**REASON FOR INSPECTION
(CHECK ONE)**

ROUTINE ☒
COMPLAINT ☐
DRIVE BY ☐
ENFORCEMENT ☐
QA ☐
BIO-MONITORING ☐
OTHER (SPECIFY) ☐

PARTICIPANTS

JIM LA SPINA
JEFF DAY- PLANT MGR
SCOTT CAMPBELL-PE

AGENCY

ECOLOGY

**FAC. REP
(Y/N)**

Y
Y

PHONE #

509-454-7250
509-826-5471
509-826-5471

SECTION 2: FACILITY INFORMATION

FACILITY: SUNOPTA
ADDRESS: 1124 5TH AVENUE E
OMAK, WA 98841

DATE TIME

ENTRY 1 9/17/2018 3:00 PM
EXIT 1 3:40 PM

ENTRY 2 _____
EXIT 2 _____

ENTRY 3 _____
EXIT 3 _____

**ENTRY TYPE
(CHECK ONE)**

DENY ☐
DELAY ☐
WARRANT ☐
REGULAR ☒

SECTION 3: AREAS EVALUATED DURING INSPECTION

N = NOT EVALUATED, S = SATISFACTORY
M = MARGINAL, U = UNSATISFACTORY

INSPECT BENCH SHEETS NOT APPLICABLE
INSPECT PERMIT S
RECORDS/REPORTS NOT APPLICABLE
FLOW MEASUREMENTS NOT APPLICABLE
LABORATORY NOT APPLICABLE
EFFLUENT/RECEIVING WATER NOT APPLICABLE

PRE-TREATMENT NOT APPLICABLE
COMPLIANCE SCHEDULES NOT APPLICABLE
SELF MONITORING PROGRAM NOT APPLICABLE
OPERATION & MAINTENANCE S
SLUDGE DISPOSAL NOT APPLICABLE
FACILITY SITE REVIEW S
LAB ACCREDITATION NOT APPLICABLE
OTHER (SPECIFY)

SECTION 4: SUMMARY OF FINDINGS / COMMENTS (ATTACH ADDITION PAGES IF NEEDED)

I HAD NOT PLANNED TO INSPECT THIS FACILITY AT THIS TIME AND DID NOT HAVE A COPY OF THE PERMIT WITH ME, SO THIS WAS AN OPPORTUNISTIC INSPECTION.

SUNOPTA RECEIVES ITS WATER SUPPLY FROM THE CITY, USES THE WATER TO PRODUCE FRUIT WRAPS AND SIMILAR SNACKS, AND DISCHARGES ITS UNTREATED WASTEWATER TO A WET WELL ON THE PROPERTY NEAR THE PRODUCTION FACILITY. ACCORDING TO THE CITY'S LEAD TREATMENT PLANT (TP) OPERATOR SUNOPTA HAS NOT CAUSED ANY PROBLEMS TO THE TP IN MANY YEARS.

EXPLANATION OF NOT APPLICABLE IN SECTION 3

SUNOPTA SENDS ITS WASTEWATER TO THE TP UNTREATED. THE CITY OVERSEES SUNOPTA DISCHARGES THROUGH A USER CONTRACT AND ANALYZES SUNOPTA'S DISCHARGE SAMPLES FOR COMPLIANCE WITH ITS CONTRACT. CONSEQUENTLY, SUNOPTA DOES NOT HAVE A SELF-MONITORING PROGRAM, LAB, OR A SLUDGE MANAGEMENT PROGRAM.

FACILITY SITE REVIEW

DURING THE INSPECTION I NOTED A SMALL NUMBER OF LIQUID CHEMICAL CONTAINERS THAT WERE NOT STORED WITH SECONDARY CONTAINMENT. I INFORMED SUNOPTA STAFF THAT ECOLOGY GENERALLY REQUIRES SECONDARY CONTAINMENT AND THEY AGREED TO CORRECT THIS ISSUE ASAP. OVERALL, THE FACILITY WAS EXTREMELY CLEAN AND ORDERLY. SUNOPTA STAFF EXPLAINED THAT AS A REGISTERED ORGANIC FOOD PROCESSOR SUNOPTA IS REGULATED BY A NUMBER OF REGULATORY FOOD AGENCIES, SO CLEANLINESS IS A ROUTINE COST OF DOING BUSINESS.

SECTION 5: FOLLOW-UP (CHECK ALL THAT APPLY)

TYPE	DETAIL	RESP. PERSON	SCHEDULE	DONE
<input type="checkbox"/> CONDUCT CLASS II	_____	_____	_____	_____
<input type="checkbox"/> LAB ACCRED MANUAL	_____	_____	_____	_____
<input type="checkbox"/> RE-INSPECT	_____	_____	_____	_____
<input type="checkbox"/> RE-OPEN PERMIT	_____	_____	_____	_____
<input type="checkbox"/> SEND APPLICATION	_____	_____	_____	_____
<input type="checkbox"/> TECH ASSIST-REGULAR	_____	_____	_____	_____
<input type="checkbox"/> TECH ASSIST-OUTREACH	_____	_____	_____	_____
<input type="checkbox"/> MOD PERMIT AT RENEWAL	_____	_____	_____	_____
<input type="checkbox"/> FACILITY ACTION	_____	_____	_____	_____
<input type="checkbox"/> ENFORCEMENT (WARN LET	_____	_____	_____	_____
<input type="checkbox"/> NOV, ORDER, PENALTY)	_____	_____	_____	_____
<input checked="" type="checkbox"/> OTHER (SPECIFY)	Reissue permit	Jim LaSpina	ASAP	_____

SECTION 6: ACTIVITIES (CHECK ALL THAT APPLY)

DESCRIPTION	DATE COMPLETED	TRACKING NUMBER
<input type="checkbox"/> DATA RECEIVED FROM LAB	_____	_____
<input type="checkbox"/> DRAFT INSPECTION REPORT COMPLETED	_____	_____
<input type="checkbox"/> FINAL INSPECTION REPORT COMPLETED	_____	_____
<input type="checkbox"/> FINAL INSPECTION RPT RCD FROM EILS	_____	_____
<input type="checkbox"/> FORM 3506 SENT TO EPA	_____	_____
<input type="checkbox"/> INSPECTION REPORT REVIEWED	_____	_____
<input type="checkbox"/> SAMPLES TO LAB	_____	_____
<input checked="" type="checkbox"/> OTHER - DRAFT NEW PERMIT	_____	_____

SECTION 7: SIGNATURES

NAME (PRINT)	SIGNATURE	DATE	AGENCY/PH#
INSPECTOR 1	James D. LaSpina	2/25/19	509-454-7250
INSPECTOR 2			
REVIEWER	JAMES LEIER	12-26-18	509-454-4247