

APPLICATION REVIEW ROUTER

WA ECY CRO Water Quality

Date:

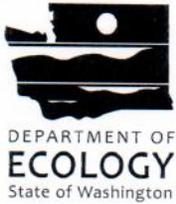
Facility Name:

Facility Manager:

New Facility: YES NO

Submitted via:

| STEP | ACTION | DATE |
|--------------------------------------|------------------------|------|
| 1. Permit Coordinator | Stamp Received: | |
| | Send Official Receipt: | |
| | Upload to Sharepoint: | |
| | Update OneNote: | |
| | Notify Reviewer: | |
| | | |
| 2. Lead Reviewer | Reviewer: | |
| | Due Date: | |
| | ACCEPT: | |
| | REJECT: | |
| | | |
| 2. Secondary Reviewer (If Necessary) | Reviewer: | |
| | Due Date: | |
| | | |
| | | |
| 3. Permit Coordinator | Inform Applicant: | |
| | Upload to PARIS: | |
| | Closeout Sharepoint | |
| | Closeout OneNote | |



Application for a State Waste Discharge Permit to Discharge Industrial Wastewater to a Publicly-Owned Treatment Works (POTW)

DEPARTMENT OF ECOLOGY
CENTRAL REGIONAL OFFICE
RECEIVED
October 16, 2023

This application is for a state waste discharge permit for a discharge of industrial wastewater to a publicly-owned treatment works (POTW) as required by Chapter 90.48 RCW and Chapter 173-216 WAC. It is designed to provide Ecology with information on pollutants in the waste stream, materials that may enter the waste stream, and the flow characteristics of the discharge.

Ecology may request additional information to clarify the conditions of this discharge. The applicant should reference information previously submitted to Ecology that applies to this application in the appropriate section.

SECTION A. GENERAL INFORMATION

1. Applicant Name: Mercer Wine Estates

2. Facility Name: _____
(if different from Applicant)

3. Applicant Mail Address: 3100 Lee Road
Street

Prosser, WA City/State 99350 Zip

4. Facility Location Address: _____
(if different from 3 above) Street

_____ City/State _____ Zip

5. UBI No. 602-619275
Sometimes called a registration, tax, "C," or resale number, the Unified Business Identifier (UBI) number is a nine-digit number used to identify persons engaging in business activities. The number is assigned when a person completes a [Master Business Application](#) to register with or obtain a license from state agencies. The Departments of Revenue, Licensing, Employment Security, Labor and Industries, and the Corporations Division of the Secretary of State are among the state agencies participating in the UBI program.

6. Latitude/longitude of the facility as decimal degrees (NAD83/WGS84):
46° 13' 10.97" N / 119° 43' 606" W

| | | | |
|---------------------------------|---------------------|--------------------------------------|---------------------------------------|
| FOR OFFICE USE ONLY | | | |
| Check One: | | New/Renewal <input type="checkbox"/> | Modification <input type="checkbox"/> |
| Date Application Received _____ | Date Fee Paid _____ | Application/Permit No. _____ | Date Application Accepted _____ |

7. Person to contact who is familiar with the information contained in this application:

Sean Kendall

Name

General Manager

Title

509-832-3441

Telephone number

509-786-2704

Fax number

8. Check One:



Permit Renewal (including renewal of temporary permits)

Does this application request a greater amount of wastewater discharge, a greater amount of pollutant discharge, or a discharge of different pollutants than specified in the last permit application for this facility? YES NO

For permit renewals, the current permit is an attachment, by reference, to this application.



Permit Modification



Existing Unpermitted Discharge

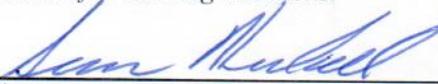


Proposed Discharge

Anticipated date of discharge: _____

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and/or imprisonment for knowing violations.

Signature*



Date

10/5/23

General Manager

Title

Sean Kendall

Printed Name

*Applications must be signed as follows: corporations, by a principal executive officer of at least the level of vice-president; partnership, by a general partner; sole proprietorship, by the proprietor. If these titles do not apply to your organization, the person who makes budget decisions for this facility must sign the application.

The application signatory may delegate signature authority for submittals required by the permit, such as monthly reports, to a suitable employee. You can delegate this authority to a qualified individual or to a position, which you expect to fill with a qualified individual. If you wish to delegate signature authority, please complete the following:

Signature of delegated employee

Date

Title or function at the facility

Printed name

SECTION B. PRODUCT INFORMATION

- Briefly describe all manufacturing processes and products, and/or commercial activities, at this facility. Provide the applicable Standard Industrial Category (SIC) and the North American Industry Classification System (NAICS) Code(s) for each activity (see *North American Industrial Classification System*, 2007 ed.). You can find the 1997 NAICS codes and the corresponding 1987 Standard Industry Category (SIC) codes at (<http://www.census.gov/epcd/naics/frames3.htm>).

Description: Production of finished wine. The process includes growing grapes or working with contracted growers to grow grapes, harvesting grapes, processing the fruit (crush and press), storage and fermentation of the juice, aging of the finished wine in tanks and barrels, bottling the finished product, warehousing, distribution and sales.

- List raw materials and products used at his facility:

| Type | RAW MATERIALS | Quantity |
|---|---------------|---------------------------------|
| <i>Grapes (Example)</i> | | <i>1,000 tons per year</i> |
| Grapes | | up to 1700 tons annually |
| Potassium Metabisulfite | | 1.17 lbs per day |
| Sodium Hydroxide | | 1.04 lbs per day |
| Tartaric Acid | | 2.34 lbs per day |
| Malic Acid | | 0.84 lbs per day |
| Type | PRODUCTS | Quantity |
| <i>Grape Juice(Example)</i> | | <i>300,000 gallons per year</i> |
| PRODUCT - grape juice processed above into wine | | 192,500 gallons per year |
| RAW MATERIALS CONTINUED | | |
| Bentonite | | 1.15 lbs per day |
| Wine Yeast | | 1.37 lbs per day |
| | | |

SECTION C. PLANT OPERATIONAL CHARACTERISTICS

1. For each process listed in B.1. that generates wastewater, list the process, assign the waste stream a name and an ID # and describe whether it is a batch or continuous flow.

| Process | Waste Stream Name | Waste Stream ID# | Batch (B) or Continuous (C) Process |
|---------------------------|----------------------------------|------------------|-------------------------------------|
| Grape Receiving | Crush/Press Equipment Wash Water | 1 | B |
| Tank Storage/Fermentation | Tank and Equip. Wash Water | 2 | B |
| Barrel Aging | Barrel and Equip. Wash Water | 3 | B |
| Bottling | Equip. Sanitation and Wash Water | 4 | B |
| | | | |
| | | | |
| | | | |

2. On a separate sheet, produce a schematic drawing showing production processes, water flow through the facility, wastewater treatment devices and waste streams as named above. The drawing should indicate the source of intake water and show the operations contributing wastewater to the effluent. The treatment units should be labeled. Construct a water balance by showing average flows between intakes, operations, treatment units, and points of discharge to the POTW. (*See the example on page 16 of this application form.*)
3. What is the maximum daily wastewater discharge flow? 10000 gallons/day
- What is the maximum average monthly wastewater discharge flow (daily flows averaged over a month)? 4200 gallons/day
4. Describe any planned wastewater treatment improvements or changes in wastewater disposal methods, and the schedule for these improvements. (*Use additional sheets, if necessary and label as attachment C4.*)

5. If production processes are subject to seasonal variations, provide the following information. The combined value for each month should equal the estimated total monthly flow. Please indicate the proper flow unit by checking one of the following boxes:

gallons per day gallons per month million gallons per month

| Waste Stream ID# | MONTHS | | | | | | | | | | | |
|---|--------|-------|-------|-------|--------|--------|--------|--------|--------|--------|--------|-------|
| | J | F | M | A | M | J | J | A | S | O | N | D |
| 1. Grape Receiving | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 46000 | 72000 | 84000 | 9900 | 0 |
| 2. Tank & Equipment | 53040 | 24500 | 51600 | 48000 | 69000 | 69300 | 80300 | 37950 | 32400 | 42000 | 66000 | 54000 |
| 3. Barrel & Equipment | 23400 | 22500 | 29240 | 27200 | 39100 | 33000 | 22000 | 24150 | 12000 | 14000 | 33000 | 36000 |
| 4. Bottling | 1560 | 3000 | 5160 | 4800 | 6900 | 7700 | 7700 | 6900 | 3600 | 0 | 1100 | 0 |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Estimated Total Monthly Flow (GPD) | 78000 | 50000 | 86000 | 80000 | 115000 | 110000 | 110000 | 115000 | 120000 | 140000 | 110000 | 90000 |

6. How many hours a day does this facility typically operate? 10
 How many days a week does this facility typically operate? 4
 How many weeks per year does this facility typically operate? 52

7. List all incidental materials, such as oil, paint, grease, solvents, and cleaners, that are used or stored on site (*list only those with quantities greater than 10 gallons for liquids and 50 pounds for solids*). For solvents and solvent-based cleaners, include a copy of the material safety data sheet and estimate the quantity used. (*Use additional sheets, if necessary, and label as attachment C.7.*)

Materials/Quantity Stored: none

8. Some types of facilities are required to have spill or waste control plans. Does Yes No

this facility have:

- | | | | |
|----|---|-------------------------------------|-------------------------------------|
| a. | A spill prevention, control, and countermeasure plan (40 CFR 112)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b. | An Oil Spill Contingency Plan (chapter 173-182 WAC)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c. | An emergency response plan (per WAC 173-303-350)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d. | A runoff, spillage, or leak control plan (per WAC 173-216-110(f))? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e. | Any spill or pollution prevention plan required by local, state or federal authorities? If yes specify: _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f. | A solid waste control plan? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| g. | A Slug Discharge Control Plan (40 CFR 403.8(f)(2)(v))? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

SECTION D. WATER CONSUMPTION AND WATER LOSS

1. Potable water source(s):

Public System (Specify) City of Prosser

Private Well Surface Water

a. Water Right Permit Number: _____

b. Legal Description of Water Source

_____ 1/4S, _____ 1/4E, _____, Section, _____ TWN, _____ R

2. Potable water use

a. Indicate total water use _____

Gallons per day (average) 2400

Gallons per day (maximum) 6000

b. Is water metered?

YES NO

SECTION E. WASTEWATER INFORMATION

1. How are the water intake and effluent flows measured?

Intake: City of Prosser Water Meter

Effluent Magnetic Flow Meter

2. Describe the collection method for the samples analyzed below. (*i.e.*, grab, 24-hour composite). Applicants must collect grab samples (not composites) for analysis of pH, temperature, cyanide, total phenols, residual chlorine, oil and grease, fecal coliform (including *E. coli*), and Enterococci (previously known as fecal streptococcus at § 122.26 (d)(2)(iii)(A)(3)), or volatile organics.

24-hour composite sample collected at least twice a week by Prosser City Water department for analysis.

3. Has the effluent been analyzed for any other parameters than those identified in question E.4.? YES NO
If yes, attach results and label as attachment E.4. This data must clearly show the date, method and location of sampling. (*Note: Ecology may require additional testing.*)

4. Provide measurements or range of measurements for treated wastewater prior to discharge to the POTW for the parameters with an "X" in the left column. If you obtain the application from the internet, contact Ecology's regional office to see if testing for a subset of these parameters is permissible. All analyses (except pH) must be conducted by a laboratory registered or accredited by Ecology (WAC 173-216-125). If this is an application for permit renewal, provide data for the last year for those parameters that are routinely measured. For parameters measured only for this application, place the values under "Maximum." Report the values with units as specified in the parameter name or in the detection level.

The Permittee must use the specified analytical methods, detection limits (DLs) and quantitation levels (QLs) in the following table unless Ecology approves an alternate method or the method used produces measurable results in the sample and EPA has listed it as an EPA approved method in 40 CFR Part 136. If the Permittee uses an alternative method as allowed above, it must report the test method, DL, and QL on the discharge monitoring report or in the required report.

| X | Parameter | Measurement Values | | | Number of Analyses | Analytical Method Std. Methods 19 th , 20 th edition or EPA | Detection Limit/Quantitation Level |
|---|-----------------------------------|--------------------|---------|----------|--------------------|---|------------------------------------|
| | | Minimum | Maximum | Average | | | |
| X | BOD (5 day) | 150 | 15600 | 3288.11 | 2 | SM 5210 B | /2 mg/l |
| | COD | | | | | SM 5220 D | /10 mg/l |
| X | Total suspended solids | 0.4 | 1320 | 265.3361 | 2 | SM 2540 D | /5 mg/l |
| | Fixed Dissolved Solids | | | | | SM 2540 E | |
| | Total dissolved solids | | | | | SM 2540 C | |
| | Conductivity (micromhos/cm) | | | | | SM 2510 B | |
| | Ammonia-N as N | | | | | SM 4500-NH ₃ C | /0.3 mg/L |
| X | pH | 4.5 | 8.6 | | 2 | SM 4500-H | 0.1 standard units |
| | Fecal coliform (organisms/100 mL) | | | | | SM 9221 E or 9222 D | |
| | Total coliform (organisms/100 mL) | | | | | SM 9221 B or 9222 B | |
| | Dissolved oxygen | | | | | SM 4500-O C/G | |
| | Nitrate + nitrite-N as N | | | | | SM 4500-NO ₃ E | 100 µg/L |
| | Total kjeldahl N as N | | | | | SM 4500-N _{org} C/E/FG | 300 µg/l |
| | Ortho-phosphate-P as P | | | | | SM 4500-P E/F | 10 µg/l |
| | Total-phosphorous-P as P | | | | | SM 4500-P E/P/F | 10 µg/l |
| | Total Oil & grease | | | | | EPA 1664A | 1.4/5 mg/l |
| | NWTPH - Dx | | | | | Ecology NWTPH Dx | 250/250 µg/l |
| | NWTPH - Gx | | | | | Ecology NWTPH Gx | 250/250 µg/l |
| | Calcium | | | | | EPA 200.7 | 10 µg/l |
| | Chloride | | | | | SM 4500-Cl C | 0.15 µg/l |
| | Fluoride | | | | | SM 4500-F E | 0.25/0.1 mg/l |
| | Magnesium | | | | | EPA 200.7 | 10/50 µg/l |
| | Potassium | | | | | EPA 200.7 | 700/ µg/l |
| | Sodium | | | | | EPA 200.7 | 29/ µg/l |
| | Sulfate | | | | | SM 4500-SO ₄ C/D | /200 µg/l |
| | Arsenic(total) | | | | | EPA 200.8 | 0.1/0.5 µg/l |

| X | Parameter | Measurement Values | | | Number of Analyses | Analytical Method Std. Methods 19 th , 20 th edition or EPA | Detection Limit/Quantitation Level |
|---|----------------------|--------------------|---------|---------|--------------------|---|------------------------------------|
| | | Minimum | Maximum | Average | | | |
| | Barium (total) | | | | | EPA 200.8 | 0.5/2 µg/l |
| | Cadmium (total) | | | | | EPA 200.8 | .05/1.25 µg/l |
| | Chromium (total) | | | | | EPA 200.8 | 0.2/1 µg/l |
| | Copper (total) | | | | | EPA 200.8 | 0.4/2 µg/l |
| | Lead (total) | | | | | EPA 200.8 | 0.1/1.5 µg/l |
| | Mercury (total) pg/L | | | | | EPA 1631E | 0.2/0.5 pg/l |
| | Molybdenum (total) | | | | | EPA 200.8 | 0.1/0.5 µg/l |
| | Nickel (total) | | | | | EPA 200.8 | 0.1/0.5 µg/l |
| | Selenium (total) | | | | | EPA 200.8 | 1/1 µg/l |
| | Silver (total) | | | | | EPA 200.8 | .04/2 µg/l |
| | Zinc (total) | | | | | EPA 200.8 | 0.5/2.5 µg/l |

6. Does this facility use any of the following chemicals as raw materials or produce them as part of the manufacturing process, or are they present in the wastewater? YES NO

(The number in the column next to the chemical name is the Chemical Abstract Service (CAS) reference number to aid in identifying the compound.)

If yes, specify how the chemical is used and the quantity used or produced:

| METALS, CYANIDE & TOTAL PHENOLS | | | |
|---------------------------------|------------|--------------------------------|-----------|
| Antimony, Total | 7440-36-0 | Nickel, Total | 7440-02-0 |
| Arsenic, Total | 7440-38-2 | Selenium, Total | 7782-49-2 |
| Beryllium, Total | 7440-41-7 | Silver, Total | 7440-22-4 |
| Cadmium, Total | 7440-43-9 | Thallium, Total | 7440-28-0 |
| Chromium (hex) dissolved | 18540-29-9 | Zinc, Total | 7440-66-6 |
| Chromium, Total | 7440-47-3 | | |
| Copper, Total | 7440-50-8 | Cyanide, Total | 57-12-5 |
| Lead, Total | 7439-92-1 | Cyanide, Weak Acid Dissociable | |
| Mercury, Total | 7439-97-6) | Phenols, Total | |
| | | | |

| PESTICIDES | | | |
|--------------------|------------|--------------------|------------|
| Aldrin | 309-00-2 | Endrin | 72-20-8 |
| alpha-BHC | 319-84-6 | Endrin Aldehyde | 7421-93-4 |
| beta-BHC | 319-85-7 | Heptachlor | 76-44-8 |
| gamma-BHC | 58-89-9 | Heptachlor Epoxide | 1024-57-3 |
| delta-BHC | 319-86-8 | PCB-1242 | 53469-21-9 |
| Chlordane | 57-74-9 | PCB-1254 | 11097-69-1 |
| 4,4'-DDT | 50-29-3 | PCB-1221 | 11104-28-2 |
| 4,4'-DDE | 72-55-9 | PCB-1232 | 11141-16-5 |
| 4,4' DDD | 72-54-8 | PCB-1248 | 12672-29-6 |
| Dieldrin | 60-57-1 | PCB-1260 | 11096-82-5 |
| alpha-Endosulfan | 959-98-8 | PCB-1016 | 12674-11-2 |
| beta-Endosulfan | 33213-65-9 | Toxaphene | 8001-35-2 |
| Endosulfan Sulfate | 1031-07-8 | | |

| VOLATILE COMPOUNDS | | | |
|--------------------------|------------|--|----------|
| Acrolein | 107-02-8 | | |
| Acrylonitrile | 107-13-1 | 1,1-Dichloroethylene | 75-35-4 |
| Benzene | 71-43-2 | 1,2-Dichloropropane | 78-87-5 |
| Bromoform | 75-25-2 | 1,3-dichloropropene (mixed isomers) (1,2-dichloropropylene) | 542-75-6 |
| Carbon tetrachloride | 56-23-5 | Ethylbenzene | 100-41-4 |
| Chlorobenzene | 108-90-7 | Methyl bromide (Bromomethane) | 74-83-9 |
| Chloroethane | 75-00-3 | Methyl chloride (Chloromethane) | 74-87-3 |
| 2-Chloroethylvinyl Ether | 110-75-8 | Methylene chloride | 75-09-2 |
| Chloroform | 67-66-3 | 1,1,2,2-Tetrachloroethane | 79-34-5 |
| Dibromochloromethane | 124-48-1 | Tetrachloroethylene | 127-18-4 |
| 1,2-Dichlorobenzene | 95-50-1 | Toluene (108-88-3) | |
| 1,3-Dichlorobenzene | (541-73-1) | 1,2-Trans-Dichloroethylene (Ethylene dichloride) | 156-60-5 |
| 1,4-Dichlorobenzene | 106-46-7 | 1,1,1-Trichloroethane | 71-55-6 |
| Dichlorobromomethane | 75-27-4 | 1,1,2-Trichloroethane | 79-00-5 |
| 1,1-Dichloroethane | 75-34-3 | Trichloroethylene | 79-01-6 |
| 1,2-Dichloroethane | 107-06-2 | Vinyl chloride | 75-01-4 |

| ACID COMPOUNDS | | | |
|---|----------|--|----------|
| 2-Chlorophenol | 95-57-8 | 4-nitrophenol | 100-02-7 |
| 2,4-Dichlorophenol | 120-83-2 | Parachlorometa cresol (4-chloro-3-methylphenol) | 59-50-7 |
| 2,4-Dimethylphenol | 105-67-9 | Pentachlorophenol | 87-86-5 |
| 4,6-dinitro-o-cresol (2-methyl-4,6,-dinitrophenol) | 534-52-1 | Phenol | 108-95-2 |
| 2,4 dinitrophenol | 51-28-5 | 2,4,6-Trichlorophenol | 88-06-2 |
| 2-Nitrophenol | 88-75-5 | | |

| BASE/NEUTRAL COMPOUNDS (compounds in bold are Ecology PBTs) | | | |
|---|-----------------|--|-----------------|
| Acenaphthene | 83-32-9 | 3,3-Dichlorobenzidine | 91-94-1 |
| Acenaphthylene | 208-96-8 | Diethyl phthalate | 84-66-2 |
| Anthracene | 120-12-7 | Dimethyl phthalate | 131-11-3 |
| Benzidine | 92-87-5 | Di-n-butyl phthalate) | 84-74-2 |
| Benzyl butyl phthalate | 85-68-7 | 2,4-dinitrotoluene | 121-14-2 |
| Benzo(a)anthracene | 56-55-3 | 2,6-dinitrotoluene | 606-20-2 |
| Benzo(b)fluoranthene (3,4-benzofluoranthene) | 205-99-2 | Di-n-octyl phthalate | 117-84-0 |
| Benzo(j)fluoranthene | 205-82-3 | 1,2-Diphenylhydrazine (as <i>Azobenzene</i>) | 122-66-7 |
| Benzo(k)fluoranthene (11,12-benzofluoranthene) | 207-08-9 | Fluoranthene | 206-44-0 |
| Benzo(r,s,t)pentaphene | 189-55-9 | Fluorene | 86-73-7 |
| Benzo(a)pyrene | 50-32-8 | Hexachlorobenzene | 118-74-1 |
| Benzo(ghi)Perylene | 191-24-2 | Hexachlorobutadiene | 87-68-3 |
| Bis(2-chloroethoxy)methane | 111-91-1 | Hexachlorocyclopentadiene | 77-47-4 |
| Bis(2-chloroethyl)ether | 111-44-4 | Hexachloroethane | 67-72-1 |
| Bis(2-chloroisopropyl)ether | 39638-32-9 | Indeno(1,2,3-cd)Pyrene | 193-39-5 |
| Bis(2-ethylhexyl)phthalate | 117-81-7 | Isophorone | 78-59-1 |
| 4-Bromophenyl phenyl ether | 101-55-3 | 3-Methyl cholanthrene | 56-49-5 |
| 2-Chloronaphthalene | 91-58-7 | Naphthalene | 91-20-3 |
| 4-Chlorophenyl phenyl ether | 7005-72-3 | Nitrobenzene | 98-95-3 |
| Chrysene | 218-01-9 | N-Nitrosodimethylamine | 62-75-9 |
| Dibenzo (a,j)acridine | 224-42-0 | N-Nitrosodi-n-propylamine | 621-64-7 |
| Dibenzo (a,h)acridine | 226-36-8 | N-Nitrosodiphenylamine | 86-30-6 |
| Dibenzo(a-h)anthracene (1,2,5,6-dibenzanthracene) | 53-70-3 | Perylene | 198-55-0 |
| Dibenzo(a,e)pyrene | 192-65-4 | Phenanthrene | 85-01-8 |
| Dibenzo(a,h)pyrene | 189-64-0 | Pyrene | 129-00-0 |
| | | 1,2,4-Trichlorobenzene | 120-82-1 |

7. Are any other pesticides, herbicides or fungicides used at this facility? YES NO

If yes, specify the material and quantity used:

8. Are there other pollutants that you know of or believe to be present? YES NO

If yes, specify the pollutants and their concentration if known
(attach laboratory analyses if available as Attachment E8):

9. Is the wastewater being discharged, or proposed for discharge, to the POTW designated as a dangerous waste according to the procedures in Chapter 173-303 WAC?

YES NO DON'T KNOW

10. If the answer to question 9 above is yes, how did the waste designate as a dangerous waste (check appropriate box)?

For Listed and TCLP Characteristic Wastes only, also provide the Dangerous Waste Number(s).

Listed Waste Dangerous Waste Number(s) _____

Characteristic Wastes Dangerous Waste Number(s) _____

Ignitable

Reactive

Corrosive

TCLP

State Only Dangerous Wastes Dangerous Waste Number(s) _____

Toxicity

Persistent

For questions about waste designation under the *Dangerous Waste Regulations*, Chapter 173-303 WAC, contact Ecology's Hazardous Waste and Toxics Program at:

| | |
|--------------------------------------|----------------|
| Northwest Regional Office - Bellevue | (425) 649-7000 |
| Southwest Regional Office - Lacey | (360) 407-6300 |
| Central Regional Office - Yakima | (509) 575-2490 |
| Eastern Regional Office - Spokane | (509) 329-3400 |

SECTION F. SEWER INFORMATION

1. Is an inspection and sampling manhole or similar structure available on-site? YES NO
*If yes, attach a map or hand drawing of the facility that shows the location of these structures
(Label as attachment F1 or this may be combined with map in H8, if H8 is applicable to your
facility.)*

SECTION G. OTHER PERMITS

1. List all environmental control permits or approvals needed for this facility; for example, air emission permits.

Benton County Clean Air Authority, Registered Facility Only

SECTION H. STORMWATER

1. Do you have coverage under the Washington State Industrial Stormwater NPDES General Permit? YES NO

If yes, please list the permit number here. _____

If no, have you applied for a Washington State Stormwater Industrial Stormwater General Permit? YES NO

If you answered no to both questions above, complete the following questions 2 through 5.

2. Does your facility discharge stormwater: *(Check all that apply)*

To storm sewer system *(provide name of storm sewer system operator: _____)*

Directly to any surface waters of Washington State *(e.g., river, lake, creek, estuary, ocean).*

Specify waterbody name(s) _____

Indirectly to surface waters of Washington State *(i.e., flows over adjacent properties first).*

To a Sanitary Sewer

Directly to ground waters of Washington State via:

Dry well

Drainfield

Other

3. Areas with industrial activities at facility: *(check all that apply)*

Manufacturing Building

Material Handling

Material Storage

Hazardous Waste Treatment, Storage, or Disposal *(Refers to RCRA, Subtitle C Facilities Only)*

Waste Treatment, Storage, or Disposal

Application or Disposal of Wastewaters

Storage and Maintenance of Material Handling Equipment

Vehicle Maintenance

Areas Where Significant Materials Remain

Access Roads and Rail Lines for Shipping and Receiving

Other (please specify): _____

4. Material handling/management practices

a. Types of materials handled and/or stored outdoors: *(check all that apply)*

- | | |
|--|---|
| <input type="checkbox"/> Solvents | <input type="checkbox"/> Hazardous Wastes |
| <input type="checkbox"/> Scrap Metal | <input type="checkbox"/> Acids or Alkalies |
| <input type="checkbox"/> Petroleum or Petrochemical Products | <input type="checkbox"/> Paints/Coatings |
| <input type="checkbox"/> Plating Products | <input type="checkbox"/> Woodtreating Products |
| <input type="checkbox"/> Pesticides | <input type="checkbox"/> Other <i>(please list)</i> : _____ |

b. Identify existing management practices employed to reduce pollutants in industrial stormwater discharges: *(check all that apply)*

- | | |
|---|---|
| <input type="checkbox"/> Oil/Water Separator | <input type="checkbox"/> Detention Facilities |
| <input type="checkbox"/> Containment | <input checked="" type="checkbox"/> Infiltration Basins |
| <input checked="" type="checkbox"/> Spill Prevention | <input type="checkbox"/> Operational BMPs |
| <input checked="" type="checkbox"/> Surface Leachate Collection | <input checked="" type="checkbox"/> Vegetation Management |
| <input type="checkbox"/> Overhead Coverage | <input type="checkbox"/> Other <i>(please list)</i> : _____ |

5. Attach a facility site map showing stormwater drainage/collection areas, disposal areas and discharge points. This may be a hand-drawn map if no other site map is available *(See example on page 16 of this application)*. Label this as attachment H.5.

SECTION I. OTHER INFORMATION

1. Describe liquid wastes or sludges being generated by your facility that are not disposed of in the waste stream(s) and how they are being disposed of. For each type of waste, provide type of waste and the name, address, and phone number of the hauler.

MWE collects lees (suspended solids) and filtration materials in plastic macrobins from the winemaking processes. The contents of the macrobins are consolidated into a stainless steel storage tank. The full lees consolidation tank is transferred, via progressive cavity pump, to a tanker truck. MWE contracts with Natural Selection Farms (NSF), a Beneficial Use Facility, located in Sunnyside, Washington to haul the lees for composting and animal feed.

2. Describe storage areas for raw materials, products, and wastes.

Stainless Steel Tank

3. Have you designated the wastes described above according to the applicable YES NO procedures of Dangerous Waste Regulations, Chapter 173-303 WAC?

SECTION J. CERTIFICATIONS

1. Approval by Publicly-Owned Treatment Works [required by WAC 173-216-070(4)(b)]

I approve of the discharge as described in this application. The applicant is:

(Please check the appropriate box below.)

A Significant Industrial User (see Definitions at the end of this Section)

A Categorical Industrial User

Neither of the above

Name and location of sewer system to which this project will be tributary:

Treatment Works Owner: City of Prosser
 Street: PO Box 1639
 City/State: Prosser, WA Zip: 99350
Marty Groom 10/11/2023 Public Works Director
 Signature of Treatment Works Authority Date Title

Marty Groom
 Printed Name

2. Application review by Intermediate Sewer Owner at point of discharge (if applicable)

I hereby acknowledge that I have reviewed the application for discharge to this sewer system.

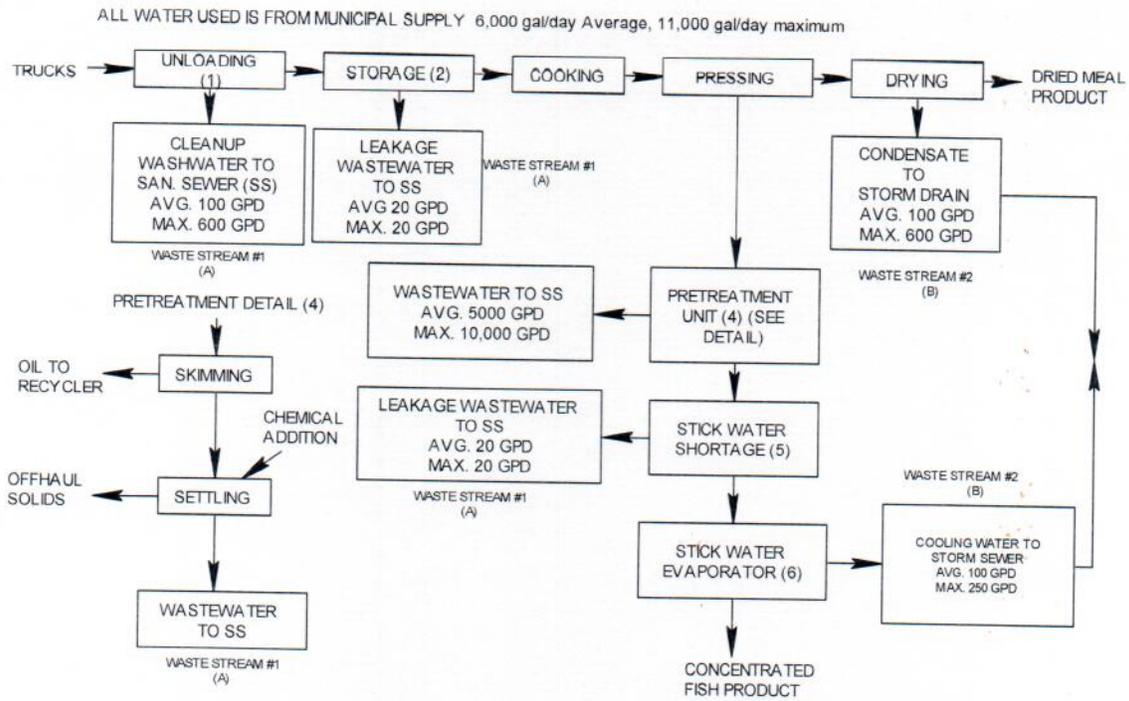
Name and location of sewer system to which this project will be tributary:

Sewer System Owner: _____
 Street: _____
 City/State: _____ Zip: _____

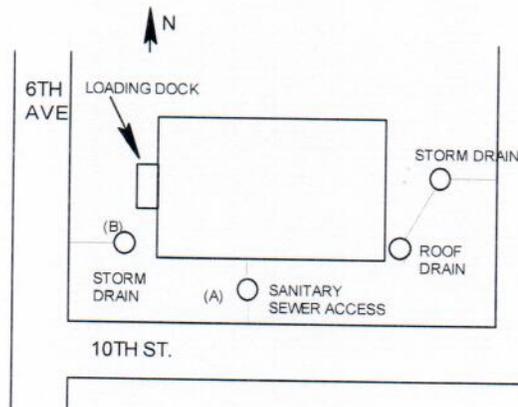
 Signature of Sewer System Authority Date Title

 Printed Name

Example 1 for application section C.2. (SCHEMATIC DIAGRAM)



Example 2 for application section F1 or H8 (FACILITY SITE MAP)



DEFINITIONS

Significant Industrial User (SIU)--

- 1) All industrial users subject to Categorical Pretreatment Standards under 40 CFR 403.6 and 40 CFR Chapter I, Subchapter N; and
- 2) Any other industrial user that: discharges an average of 25,000 gallons per day or more of process wastewater to the POTW (excluding sanitary, noncontact cooling, and boiler blow-down wastewater); contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the POTW treatment plant; or is designated as such by the Control Authority on the basis that the industrial user has a reasonable potential for adversely affecting the POTW's operation or for violating any pretreatment standard or requirement (in accordance with 40 CFR 403.8(f)(6)).

Upon finding that the industrial user meeting the criteria in paragraph 2, above, has no reasonable potential for adversely affecting the POTW's operation or for violating any pretreatment standard or requirement, the Control Authority may at any time, on its own initiative or in response to a petition received from an industrial user or POTW, and in accordance with 40 CFR 403.8(f)(6), determine that such industrial user is not a significant industrial user.

Control Authority - means the Washington State Department of Ecology in the case of non-delegated POTWs or means the POTW in the case of delegated POTWs.

Categoric Industrial User (CIU): An industrial user subject to national categorical pretreatment standards promulgated by EPA (40 CFR 403.6 and 40 CFR parts 405-471).

Summary of Attachments That May be Required for This Application:

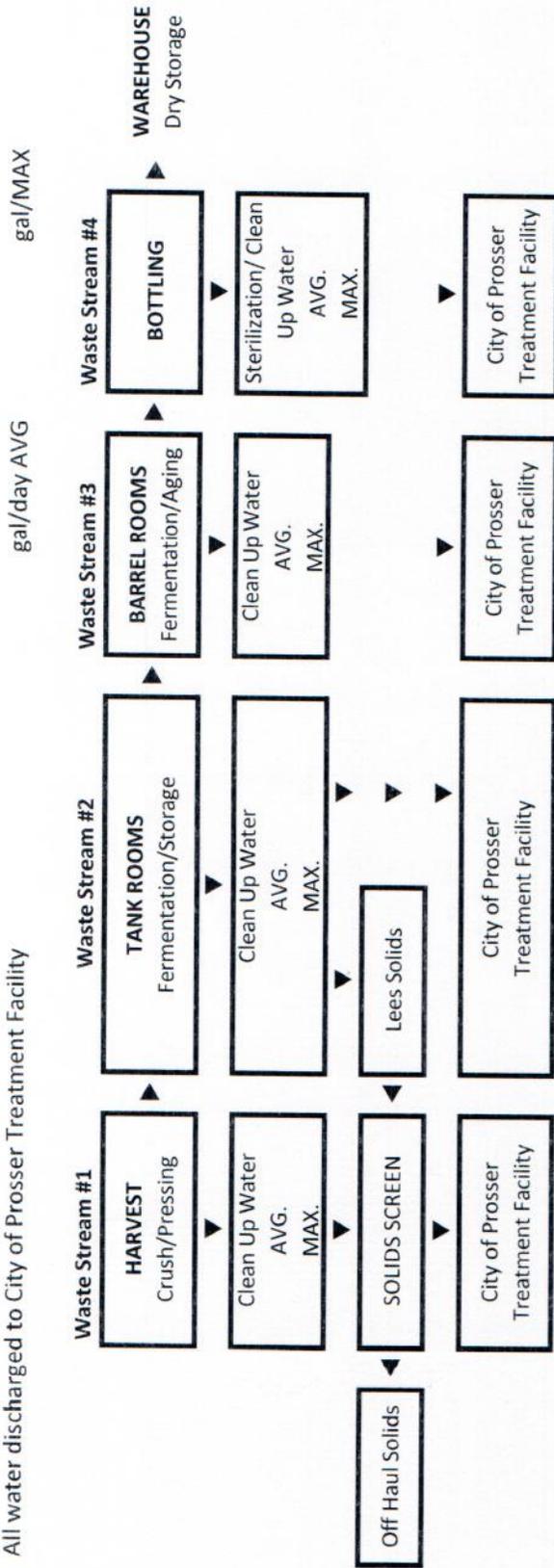
(Please check those attachments that are included)

- | | | | |
|-------------------------------------|--------------------------|------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | C.2. | Production schematic flow diagram and water balance |
| <input type="checkbox"/> | <input type="checkbox"/> | C.4. | Wastewater treatment improvements |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | C.7. | Additional incidental materials |
| <input type="checkbox"/> | <input type="checkbox"/> | E.8. | Additional results of effluent testing |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | F.1. | Facility site map |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | H.5. | Stormwater drainage map |

If you need this document in a format for the visually impaired, call the Water Quality Program at 360-407-6600. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.

SECTION C.2

All water discharged to City of Prosser Treatment Facility



**Mercer Wine Estates Spill and Slug Discharge Prevention and Control plan
ST0009263**

**MERCER WINE ESTATES
SPILL NOTIFICATION PLAN**

*As Required By Washington State Department of Ecology
Permit No. ST0009263*

*[The Permittee shall notify the POTW immediately (as soon as discovered) of all
discharges that could cause problems to the POTW.]*

- **The following is the procedure of notification as requested by Prosser Waste Water Treatment Plant Management.**
 1. Identify what was spilled. (juice, wine, chemicals, etc.)
 2. Determine the amount of the spill and note the time.
 3. Contact Supervisor to assess the situation.
 4. If it is determined the spill exceeded 500 gallons, and that it did enter the Wastewater Stream, Supervisor will then contact Sean Kendall or designate.
 5. Sean Kendall or designate will then inform Prosser Wastewater Treatment Plant of the spill. Treatment Plant Contact: Perry Harris 786-1101 or after-hours Prosser Police Department 786-1500.
(Prosser Police Department will contact person on call after hours)
 6. Sean Kendall or designate will call Washington State Department of Ecology (1-509-575-2490) to inform them of the spill and that Prosser Wastewater Treatment Plant was informed.

**MERCER WINE ESTATES
SOLID WASTE CONTROL PLAN**

9 Jan 2023

Mercer Wine Estates
3100 Lee Road
Prosser, WA 99352

Permit # ST0009263

Sean Kendall
509.832.3441
General Manager

Mercer Wine Estates (MWE) generates solid waste in the production process of wine making.

Grape Skins – 500 tons/year

Lees (small solids suspended in thick liquid) – 150 tons/year

MWE collects the grape skins, stems, and seeds, from the winemaking processes, in plastic macrobins and runs them through a membrane press, which removes any remaining usable juice. From the press, the grape skins, stems, and seeds are moved by auger to large metal roll off containers. MWE contracts with Natural Selection Farms (NSF), a Beneficial Use Facility, located in Sunnyside, Washington to haul the grape skins, stems, and seeds for composting and animal feed.

MWE collects lees (suspended solids) and filtration materials in plastic macrobins from the winemaking processes. The contents of the macrobins are consolidated into a stainless steel storage tank. The full lees consolidation tank is transferred, via progressive cavity pump, to a tanker truck. MWE contracts with Natural Selection Farms (NSF), a Beneficial Use Facility, located in Sunnyside, Washington to haul the lees for composting and animal feed.

Natural Selection Farms
Brian Campbell
Biosolids Coordinator
509.572.5035

SECTION H.5

Mercer Wine Estates 3100 Lee Road

Drawing Not To Scale

