

Application Router

Wild Flavors / ST0501326

FACILITY NAME

☒ **Joy / PARIS**

☒ **Facility Manager / Stephanie**

Accept Application **_____ Rcvd 04/30/2024 / Accepted 6/4/2024 - JE**
Date

Reject Application

Date

RETURN TO Joy BY **05/02/2024** **_____**

☒ **Joy - PARIS**

Comments **_____**

Per Stephanie, approved but waiting on an updated table (5/2/2024).

Flow data table added 6/4/2024 - JE)



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

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: Wild Flavors dba AMT West, LLC
2. Facility Name: AM Todd
(if different from Applicant)
3. Applicant Mail Address: PO Box 310
Street
Goldendale, WA City/State 98620 Zip
4. Facility Location Address: 1501 S. Columbus Avenue
(if different from 3 above) Street
Goldendale, WA City/State 98620 Zip
5. UBI No. 6031530
29
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):
45.810566 / -120.8233567

DEPARTMENT OF ECOLOGY
CENTRAL REGIONAL OFFICE
RECEIVED
April 30, 2024

| | | | | |
|---------------------------------|---------------------|-------------------------------|---------------------------------------|----------------------------------------|
| 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:

Rich Stephens

Name

Area Environmental Manager

Title

319-398-0735

Telephone number

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.

Richard J. Nichols

Signature*

11/6/2023

Date

Plant Manager

Title

Richard Nichols

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:

David Bischoff

Signature of delegated employee

11-6-23

Date

Formulations Technician/Facility Manager

Title or function at the facility

David Bischoff

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:

SIC: 2087; 4221; NAICS: 311930; 493130

Operations at the facility include shipping, receiving, storing, processing and blending of mint oils (peppermint and spearmint). Processing consists of removing water and other impurities from mint oil received from suppliers(growers) and blending to meet customer specifications.

Mint oil is stored and shipped to a sister plant in Kalamazoo, MI and to customers based upon demand.

- List raw materials and products used at his facility:

| Type | RAW MATERIALS | Quantity |
|-----------------------------------|---------------|---------------------------------|
| <i>Grapes (Example)</i> | | <i>1,000 tons per year</i> |
| mint oil (peppermint & spearmint) | | 1.5 million pounds per year |
| | | |
| | | |
| | | |
| | | |
| Type | PRODUCTS | Quantity |
| <i>Grape Juice(Example)</i> | | <i>300,000 gallons per year</i> |
| mint oil (peppermint & spearmint) | | 1.5 million pounds per year |
| | | |
| | | |
| | | |
| | | |

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 |
|----------------------|-------------------|------------------|-------------------------------------|
| container cleaning | decanted water | 1 | batch |
| grower oil decanting | decanted water | 1 | batch |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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? 550 gallons/day
- What is the maximum average monthly wastewater discharge flow (daily flows averaged over a month)? 367 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.)

~~See attachment C4~~ **EA**

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 | | | | 1100 | 1100 | | 550 | 550 | 550 | 550 | 550 | 550 |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Estimated Total Monthly Flow (GPD) | | | | 1100 | 1100 | | 550 | 550 | 550 | 550 | 550 | 550 |

6. How many hours a day does this facility typically operate? 8
- How many days a week does this facility typically operate? 5
- 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: Snow melt/salt (150 lbs)

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 checked="" type="checkbox"/> | <input 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 type="checkbox"/> | <input checked="" type="checkbox"/> |
| g. | A Slug Discharge Control Plan (40 CFR 403.8(f)(2)(v))? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

SECTION D. WATER CONSUMPTION AND WATER LOSS

1. Potable water source(s):

- ☒ ☐ Public System (Specify) City of Goldendale
☐ ☐ Private Well ☐ Surface Water

a. Water Right Permit Number: _____

b. Legal Description of Water Source

_____ $\frac{1}{4}$ S, _____ $\frac{1}{4}$ E, _____, Section, _____ TWN, _____ R

2. Potable water use

a. Indicate total water use _____

Gallons per day (average) 122

Gallons per day (maximum) 400

b. Is water metered?

☒ YES ☐ NO

SECTION E. WASTEWATER INFORMATION

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

Intake: water meter

Effluent Batch discharge measured by number of decanted water totes drained (275 gal/tote).

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.
Composited grab samples from proposed disposal totes.

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) | 130 | 130 | 130 | 1 | SM 5210 B | /2 mg/l |
| | COD | | | | | SM 5220 D | /10 mg/l |
| | Total suspended solids | | | | | 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 | | | | | | |
| X | pH | 7 | 7 | 7 | 1 | SM 4500-NH ₃ C | /0.3 mg/L |
| | Fecal coliform (organisms/100 mL) | | | | | SM 4500-H | 0.1 standard units |
| | Total coliform (organisms/100 mL) | | | | | SM 9221 E or 9222 D | |
| | Dissolved oxygen | | | | | SM 9221 B or 9222 B | |
| | Nitrate + nitrite-N as N | | | | | SM 4500-O C/G | |
| | Total kjeldahl N as N | | | | | SM 4500-NO ₃ E | 100 µg/L |
| | Ortho-phosphate-P as P | | | | | SM 4500-N _{org} C/E/FG | 300 µg/l |
| | Total-phosphorous-P as P | | | | | SM 4500-P E/F | 10 µg/l |
| | Total Oil & grease | | | | | SM 4500-P E/P/F | 10 µg/l |
| | NWTPH - Dx | | | | | EPA 1664A | 1.4/5 mg/l |
| | NWTPH - Gx | | | | | Ecology NWTPH Dx | 250/250 µg/l |
| | Calcium | | | | | Ecology NWTPH Gx | 250/250 µg/l |
| | Chloride | | | | | EPA 200.7 | 10 µg/l |
| | Fluoride | | | | | SM 4500-Cl C | 0.15 µg/l |
| | Magnesium | | | | | SM 4500-F E | .025/0.1 mg/l |
| | Potassium | | | | | EPA 200.7 | 10/50 µg/l |
| | Sodium | | | | | EPA 200.7 | 700/ µg/l |
| | Sulfate | | | | | EPA 200.7 | 29/ µg/l |
| | Arsenic(total) | | | | | SM 4500-SO ₄ C/D | /200 µg/l |
| | | | | | | 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 | .05/25 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 | 0.1/5 µg/l |
| | Mercury (total) pg/L | | | | | EPA 1631E | 0.2/0.5 µg/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:

**Rodenticides, solid, Maki and Contrac, Active Ingredient – Bromadiolone 0.005%,
monthly bait station setup by pest control contractor**

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.)*

Samples can be collected directly off of decanted water totes or from the sump located in the warehouse.

SECTION G. OTHER PERMITS

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

No other permits or agreements.

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: City of Goldendale)*
☐ 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 checked="" type="checkbox"/> Other <i>(please list)</i> : <u>Mint Oil</u> |

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 checked="" type="checkbox"/> Containment | <input type="checkbox"/> Infiltration Basins |
| <input checked="" type="checkbox"/> Spill Prevention | <input checked="" type="checkbox"/> Operational BMPs |
| <input type="checkbox"/> Surface Leachate Collection | <input 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.

NA

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

Mint oil is stored in both totes and drums. Totes and drums are stored indoors in warehouse racking. Totes of mint oil and decanted water are also stored outdoors within a fenced in yard.

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:

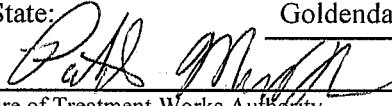
City of Goldendale POTW

Treatment Works Owner: City of Goldendale

Street: 11-3 South Columbus

City/State: Goldendale, WA

Zip: 98620

X 
Signature of Treatment Works Authority

12/20/23
Date

City Administrator
Title

Pat Maryan
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: _____

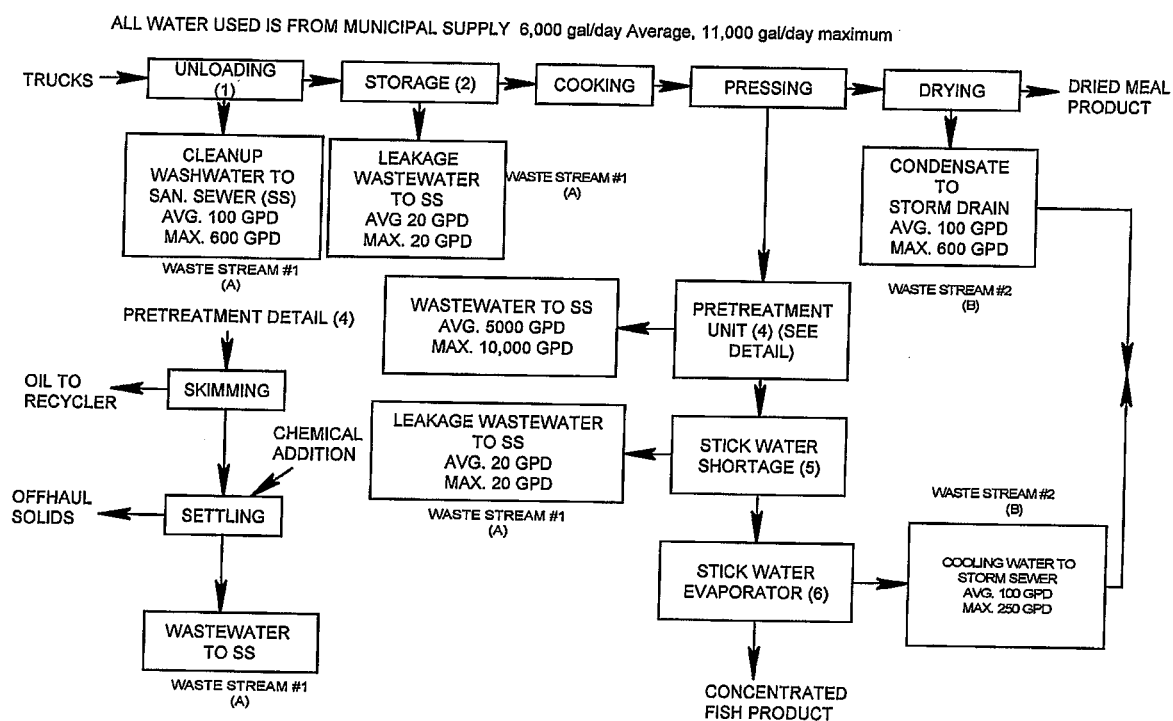
Signature of Sewer System Authority

Date

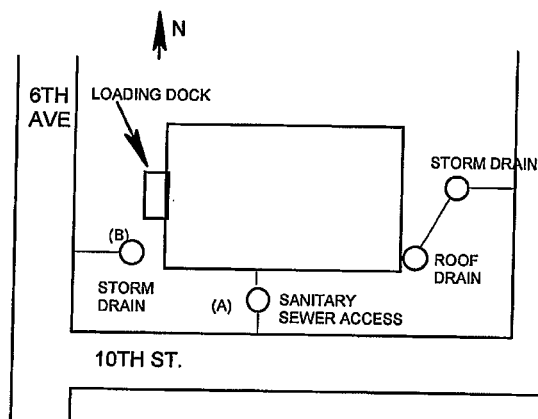
Title

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:

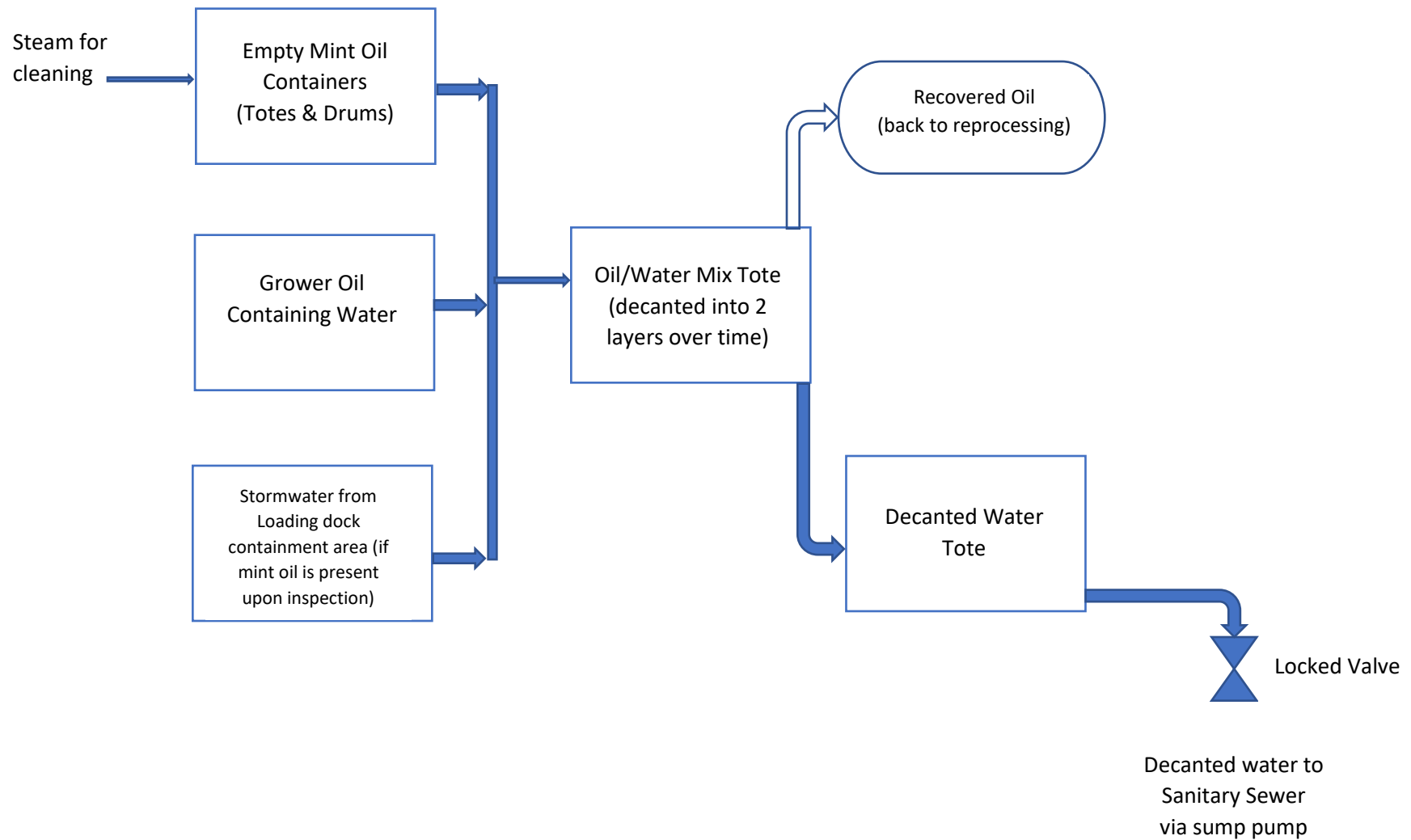
(Please check those attachments that are included)

- | | | | |
|-------------------------------------|--------------------------|------|-----------------------------------------------------|
| <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 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.

Attachment C2

DEPARTMENT OF ECOLOGY
CENTRAL REGIONAL OFFICE
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April 30, 2024

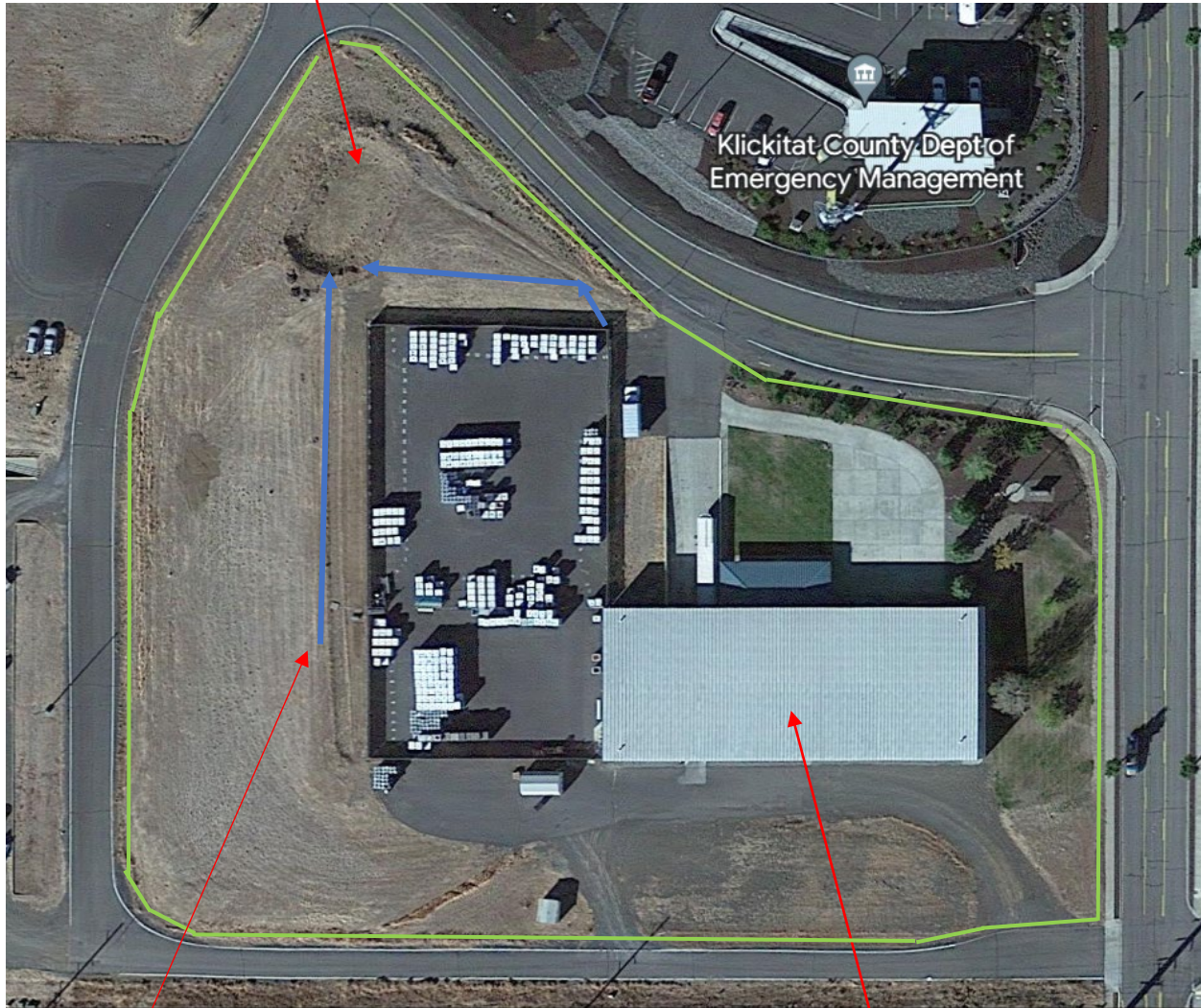


RECEIVED

April 30, 2024

Attachment F1 & H5

Stormwater Basin and Discharge Point



Drainage Ditches to Basin

AMT West Processing and Warehouse

AM Todd, Goldendale, WA

Monitoring

| | | | |
|------------------|-------------------------------|------------------------|------------------------|
| Point | 001 - Primary outfall to POTW | | |
| Parameter | Flow, Total | Total BOD5 | pH (Hydrogen Ion) |
| Fraction | Total | Total | Calculated |
| Units | Gallons | Milligrams/L (mg/L) | Standard Units |
| Sample Frequency | Once per defined event | Once per defined event | Once per defined event |
| 2/10/2020 | 250 | 840 | 7.4 |
| 2/12/2020 | 275 | 335 | 7.4 |
| 2/17/2020 | 180 | 840 | 7.4 |
| 2/24/2020 | 225 | 335 | 7.4 |
| 2/26/2020 | 250 | 840 | 7.4 |
| 3/2/2020 | 240 | 335 | 7.4 |
| 3/4/2020 | 250 | 840 | 7.4 |
| 3/9/2020 | 250 | 335 | 7.4 |
| 3/11/2020 | 250 | 840 | 7.4 |
| 3/16/2020 | 250 | 335 | 7.4 |
| Total | 2420 | | |
| Parameter | Flow, Total | Total BOD5 | pH (Hydrogen Ion) |
| Fraction | Total | Total | Calculated |
| Units | Gallons | Milligrams/L (mg/L) | Standard Units |
| Sample Frequency | Once per defined event | Once per defined event | Once per defined event |
| 2/17/2021 | 250 | 3150 | 7 |
| 2/22/2021 | 300 | 3150 | 5 |
| 2/24/2021 | 300 | 3150 | 6 |
| 3/1/2021 | 250 | 3150 | 5 |
| 3/3/2021 | 250 | 3150 | 5 |
| 3/9/2021 | 250 | 3150 | 5 |
| 3/10/2021 | 250 | 3150 | 5 |
| 3/16/2021 | 400 | 3150 | 5 |
| Total | 2250 | | |
| Parameter | Flow, Total | Total BOD5 | pH (Hydrogen Ion) |
| Fraction | Total | Total | Calculated |
| Units | Gallons | Milligrams/L (mg/L) | Standard Units |
| Sample Frequency | Once per defined event | Once per defined event | Once per defined event |
| 4/4/2022 | 500 | 782 | 7 |
| 4/13/2022 | 500 | 782 | 7 |
| 4/19/2022 | 500 | 782 | 7 |
| Total | 1500 | | |
| Parameter | Flow, Total | Total BOD5 | pH (Hydrogen Ion) |
| Fraction | Total | Total | Calculated |
| Units | Gallons | Milligrams/L (mg/L) | Standard Units |
| 4/12/2023 | 250 | 130 | 7 |
| 4/13/2023 | 500 | 130 | 7 |
| 4/18/2023 | 250 | 130 | 7 |
| 4/20/2023 | 500 | 130 | 7 |
| Total | 1500 | | |

(data from DMR reports)