



original

Application for a State Waste Discharge Permit to Discharge Industrial Wastewater to Ground Water by Land Treatment or Application

This application is for a state waste discharge permit as required by Chapter 90.48 RCW and Chapter 173-216 WAC. Permit applications provide Ecology with information on pollutants in the waste stream, materials that may enter the waste stream, the flow characteristics of the discharge, and the site characteristics at the point of 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: KENYON Zero Storage, INC.
2. Facility name:
(if different from applicant) Prosser Warehouse (Weigel Complex)
3. Applicant mail address:
PO Box 604
Street
Grandview WA. 98930
City/State Zip
4. Facility location address:
(if different from above) 100 Benitz Rd.
Street
Prosser WA. 98350
City/State Zip
5. UBI No. 600-168-279
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 processing facility as decimal degrees (NAD83/WGS84):*
46.220833 / -119.735

FOR ECOLOGY USE ONLY

Date application received

Date application accepted

Check One

New/Renewal ☐

Modification ☐

Application/Permit no.

Date fee paid

RECEIVED

FEB 06 2017

**Dept of Ecology
Central Regional Office**

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

Scott Wingert / Buford Baze
Name

President / Chief Engineer
Title

882-1103
Telephone number

882-1926
Fax number

8. Check One:

☒ **Permit renewal** (including renewal of temporary permits authorized by RCW 90.48.200)

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.

Scott Wingert
Signature*

1-31-17
Date

President
Title

Scott Wingert
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:

Buford Baze
Signature of delegated employee

1-31-17
Date

Chief Engineer
Title or function at the facility

Buford Baze
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:

NON - CONTACT Cooling water
Sic code: 4222
Frozen and Refrigerated Food Storage

- List raw materials and products:

Type	RAW MATERIALS	Quantity
Potatoes (Example)		20 million tons per year
N/A		
Type	PRODUCTS	Quantity
French fries (Example)		10 million pounds per year
Storage of Food Products		

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 ID #, and describe whether it is a batch or continuous flow.

Process	Waste Stream Name	Waste Stream ID#	Batch (B) or Continuous (C) Process
Receiving raw potatoes (Example)	Mud Water	1	C
Refrigeration	Condensers	1	Batch
Defrost	Coils	2	Batch

2. On a separate sheet, produce a schematic drawing showing production processes and water flow through the facility and wastewater treatment devices (*label as attachment C2*). The drawing should indicate the source of intake water and the operations contributing wastewater to the effluent and should label the treatment units. Construct the water balance by showing average flows between intakes, operations, treatment units, and points of discharge to land. If a water balance cannot be determined (*e.g., for certain mining activities*), provide a description of the nature and amount of any sources of water and any collection or treatment measures.

3. What is the highest daily discharge flow from the processing facility:
(Specify the time period for the value given)

20,000 gallons per day
June, July, August

What is the highest daily discharge flow to the sprayfields/infiltration basin:
(Specify the time period for the value given)

inches/acre/month OR
gallons per day

What is the highest average monthly discharge flow (daily flows averaged over a month) from the processing facility:
(Specify the time period for the value given)

14,758 gallons/day?
June, July, August

What is the highest average monthly discharge flow to the sprayfields:
(Specify the time period for the value given)

N/A inches/acre/month OR
gallons per day

4. Describe any planned wastewater treatment or sprayfield/infiltration improvements and the schedule for the improvements or changes. (*Use additional sheets, if necessary and label as attachment C4.*)

NO CHANGES TO EVAPORATION BASIN

5. If production processes are subject to seasonal variations, provide the following information. List discharge for each wastestream in gallons or million gallons per month. The combined value for each month should equal the estimated total monthly flow. Please indicate the proper 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 (Example)	1000	1000	1000	1000	6000	2000	2000	2000	1000	1000	5000	4000
Condensers 1	2294	3574	4157	6140	11,713	11,464	10,784	14,430	8360	7560	5060	1652
Coils 2	328	328	328	328	328	328	328	328	328	328	328	328
Estimated total gallons	2622	3902	4485	6768	12,041	11,792	11,112	14,758	8688	7888	5388	1780

6. If this is a discharge from the processing facility to a storage or evaporative lagoon, what is the size of the lagoon (give square footage for the bottom of the lagoon and the total volume of the lagoon at full operating depth). 10,000 square feet; 10 million gallons (Example)

— 87,120 Sq. Ft. 1,954,474 Gallons

7. Check the applicable box. Is this a discharge to a sprayfield ☐ or an infiltration bed ☐? Provide the average gallons per acre per day proposed for each month in the following table.

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept.	Oct	Nov	Dec
Estimated gallons per acre per day	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

8. How many hours a day does this facility typically operate? 12

How many days a week does this facility typically operate? 5

How many weeks per year does this facility typically operate? 52

9. 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 pound quantities for solids). For solvents and solvent-based cleaners, include a copy of the material safety data sheet for each material and estimate the quantity used. Use additional sheets, if necessary and label as attachment C.7.)

Compressor Oil 55 Gal Drum

Materials/Quantity Stored:

- | | | Yes | No |
|-----|--|-------------------------------------|-------------------------------------|
| 10. | Some types of facilities are required to have spill or waste control plans. Does 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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. | An emergency response plan (per WAC 173-303-350)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| d. | A runoff, spillage, or leak control plan (per WAC 173-216-110(f))? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| e. | Any spill or pollution prevention plan required by local, state or federal authorities? If yes specify: <u>SWPPP</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| f. | A solid waste control plan? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

SECTION D. WATER CONSUMPTION AND WATER LOSS

1. Potable water source(s):

☒ ☐ Public system (Specify name) City of Prosser
☐ ☐ Private well ☐ Surface water (Specify name of water body) _____

a. Water right permit number: _____

b. Legal description of water source:

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

2. Potable water use

a. Indicate total water use: Gallons per day (average) 7325
Gallons per day (maximum) 20,000

b. Is water metered? ☒ YES ☐ NO

3. Supplemental Irrigation water source(s): N/A

☐ ☐ Public system or Irrigation District (Specify name) _____
☐ ☐ Private well ☐ Surface water (Specify name of water body) _____

a. Water right permit number: _____

b. Legal description of water source:

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

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SECTION E. WASTEWATER INFORMATION

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

Intake: Metered

Effluent Stream 1 metered Stream 2 Estimated

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.

Grab

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			
<input checked="" type="checkbox"/>	BOD (5 day)					SM 5210 B	/2 mg/l
<input checked="" type="checkbox"/>	COD					SM 5220 D	/10 mg/l
<input checked="" type="checkbox"/>	Total suspended solids					SM 2540 D	/5 mg/l
<input checked="" type="checkbox"/>	Fixed Dissolved Solids					SM 2540 E	
<input checked="" type="checkbox"/>	Total dissolved solids					SM 2540 C	
<input checked="" type="checkbox"/>	Conductivity (micromhos/cm)					SM 2510 B	
<input checked="" type="checkbox"/>	Ammonia-N as N					SM 4500-NH ₃ C	/0.3 mg/L
<input checked="" type="checkbox"/>	pH					SM 4500-H	0.1 standard units
<input checked="" type="checkbox"/>	Fecal coliform (organisms/100 mL)					SM 9221 E or 9222 D	
<input checked="" type="checkbox"/>	Total coliform (organisms/100 mL)					SM 9221 B or 9222 B	
<input checked="" type="checkbox"/>	Dissolved oxygen					SM 4500-O C/G	
<input checked="" type="checkbox"/>	Nitrate + nitrite-N as N					SM 4500-NO ₃ E	100 µg/L
<input checked="" type="checkbox"/>	Total Kjeldahl N as N					SM 4500-N _{org} C/E/FG	300 µg/l
<input checked="" type="checkbox"/>	Ortho-phosphate-P as P					SM 4500-P E/F	10 µg/l
<input checked="" type="checkbox"/>	Total-phosphorous-P as P					SM 4500-P E/P/F	10 µg/l
<input checked="" type="checkbox"/>	Total Oil & grease					EPA 1664A	1.4/5 mg/l
<input checked="" type="checkbox"/>	NWTPH - Dx					Ecology NWTPH Dx	250/250 µg/l
<input checked="" type="checkbox"/>	NWTPH - Gx					Ecology NWTPH Gx	250/250 µg/l
<input checked="" type="checkbox"/>	Calcium					EPA 200.7	10 µg/l
<input checked="" type="checkbox"/>	Chloride					SM 4500-Cl C	0.15 µg/l
<input checked="" type="checkbox"/>	Fluoride					SM 4500-F E	.025/0.1 mg/l
<input checked="" type="checkbox"/>	Magnesium					EPA 200.7	10/50 µg/l
<input checked="" type="checkbox"/>	Potassium					EPA 200.7	700/ µg/l
<input checked="" type="checkbox"/>	Sodium					EPA 200.7	29/ µg/l
<input checked="" type="checkbox"/>	Sulfate					SM 4500-SO ₄ C/D	/200 µg/l
<input checked="" type="checkbox"/>	Alkalinity as CaCO ₃					SM 2320 B	/5 mg/L as CaCO ₃

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			
	Arsenic(total)					EPA 200.8	0.1/0.5 µg/l
X	Barium (total)					EPA 200.8	0.5/2 µg/l
X	Cadmium (total)					EPA 200.8	.05/.25 µg/l
X	Chromium (total)					EPA 200.8	0.2/1 µg/l
X	Copper (total)					EPA 200.8	0.4/2 µg/l
X	Iron (total)					EPA 200.7	12.5/50 µg/l
X	Lead (total)					EPA 200.8	0.1/1.5 µg/l
X	Manganese (total)					EPA 200.8	0.1/0.5 µg/l
X	Mercury (total) pg/L					EPA 1631E	0.2/0.5 pg/l
X	Molybdenum (total)					EPA 200.8	0.1/0.5 µg/l
X	Nickel (total)					EPA 200.8	0.1/0.5 µg/l
X	Selenium (total)					EPA 200.8	1/1 µg/l
X	Silver (total)					EPA 200.8	.04/.2 µg/l
X	Zinc (total)					EPA 200.8	0.5/2.5 µg/l

Detection level (DL) or detection limit means the minimum concentration of an analyte (substance) that can be measured and reported with a 99% confidence that the analyte concentration is greater than zero as determined by the procedure given in 40 CFR part 136, Appendix B.

Quantitation Level (QL) also known as Minimum Level of Quantitation (ML) – The lowest level at which the entire analytical system must give a recognizable signal and acceptable calibration point for the analyte. It is equivalent to the concentration of the lowest calibration standard, assuming that the lab has used all method-specified sample weights, volumes, and cleanup procedures. The QL is calculated by multiplying the MDL by 3.18 and rounding the result to the number nearest to (1, 2, or 5) x 10ⁿ, where n is an integer. (64 FR 30417).
ALSO GIVEN AS:

The smallest detectable concentration of analyte greater than the Detection Limit (DL) where the accuracy (precision & bias) achieves the objectives of the intended purpose. (Report of the Federal Advisory Committee on Detection and Quantitation Approaches and Uses in Clean Water Act Programs Submitted to the US Environmental Protection Agency December 2007).

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

If yes, specify the material and quantity used.

Talstar P. Professional Insecticide 15 Gallon in 2016 Applied by SPRAGUE
Contract All Weather Blok 90 Blocks Bait Stations by Sprague
Dupont perspective Herbicide 40 oz. Annual Spray Applied by Valley Spray
ESPLANADE 200 SC 25 oz. Annual spray Applied by Valley Spray

7. 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).

☐ DON'T KNOW

5. Does this facility use any of the following chemicals as raw materials in production, produce them as part of the manufacturing process, or are they present in the wastewater? (*The number following the chemical name is the Chemical Abstract Service (CAS) reference number to aid in identifying the compound.*) ☐ YES ☒ NO

If yes, specify how the chemical is used and the quantity used or produced (*Use additional sheets, if necessary and label as attachment E5.*):

Acrylamide/79-06-1	Nitrofurazone/59-87-0	Heptachlor/76-44-8
Acrylonitrile/107-13-1	N-nitrosodiethanolamine/ 1116-54-7	Heptachlor epoxide/1024-57-3
Aldrin/309-00-2	N-nitrosodiethylamine/55-18-5	Hexachlorobenzene/118-74-1
Aniline/62-53-3	N-nitrosodimethylamine/62-75-9	Hexachlorocyclohexane (alpha)/
Aramite/140-57-8	N-nitrosodiphenylamine/86-30-6	319-84-6
Arsenic/7440-38-2	N-nitroso-di-n-propylamine/ 621-64-7	Hexachlorocyclohexane (tech.)/
Azobenzene/103-33-3	N-nitrosopyrrolidine/930-55-2	608-73-1
Benzene/71-43-2	N-nitroso-di-n-butylamine/ 924-16-3	Hexachlorodibenzo-p-dioxin,
Benzidine/92-87-5	N-nitroso-n-methylethylamine/	mix/19408-74-3
Benzo(a)pyrene/50-32-8	10595-95-6	Hydrazine/hydrazine sulfate/ 302-01-2
Benzotrichloride/98-07-7	PAH/NA	Lindane/58-89-9
Benzyl chloride/100-44-7	PBBs/NA	2 Methylaniline/100-61-8
Bis(chloroethyl)ether/111-44-4	PCBs/1336-36-3	2 Methylaniline hydrochloride/
Bis(chloromethyl)ether/542-88-1	1,2 Dichloropropane/78-87-5	636-21-5
Bis(2-ethylhexyl) phthalate/ 117-81-7	1,3 Dichloropropene/542-75-6	4,4' Methylene bis(N,N-
Bromodichloromethane/75-27-4	Dichlorvos/62-73-7	dimethyl)aniline/101-61-1
Bromoform/75-25-2	Dieldrin/60-57-1	Methylene chloride
Carbazole/86-74-8	3,3' Dimethoxybenzidine/119-90-4	(dichloromethane)/75-09-2
Carbon tetrachloride/56-23-5	3,3 Dimethylbenzidine/119-93-7	Mirex/2385-85-5
Chlordane/57-74-9	1,2 Dimethylhydrazine/540-73-8	O-phenylenediamine/106-50-3
Chlorodibromomethane/124-48-1	2,4 Dinitrotoluene/121-14-2	Propylene oxide/75-56-9
Chloroform/67-66-3	2,6 Dinitrotoluene/606-20-2	2,3,7,8-Tetrachlorodibenzo-p-dioxin/
Chlorthalonil/1897-45-6	1,4 Dioxane/123-91-1	1746-01-6
2,4-D/94-75-7	1,2 Diphenylhydrazine/122-66-7	Tetrachloroethylene/127-18-4
DDT/50-29-3	Endrin/72-20-8	2,4 Toluenediamine/95-80-7
Diallate/2303-16-4	Epichlorohydrin/106-89-8	o-Toluidine/95-53-4
1,2 Dibromoethane/106-93-4	Ethyl acrylate/140-88-5	Toxaphene/8001-35-2
1,4 Dichlorobenzene/106-46-7	Ethylene dibromide/106-93-4	Trichloroethylene/79-01-6
3,3' Dichlorobenzidine/91-94-1	Ethylene thiourea/96-45-7	2,4,6-Trichlorophenol/88-06-2
1,1 Dichloroethane/75-34-3	Folpet/133-07-3	Trimethyl phosphate/512-56-1
1,2 Dichloroethane/107-06-2	Furmecyclox/60568-05-0	Vinyl chloride/75-01-4

SECTION F. GROUND WATER INFORMATION

Provide available data measurements or range of measurements from monitoring wells or supply wells in the area of discharge. Provide the analytical method and detection limit, if known. Provide the location of each well on the map required in G.3 below. Attach well logs when available. Copy this page as necessary for each well. Provide the latitude and longitude in decimal format.

Ecology Well Tag ID # _____
(*example AAB123*)

N/A

Well ID # _____ (*example MW-1*)

N/A

Latitude: _____

Longitude: _____

Well Elevation (to the nearest 0.01 feet) _____ Check the appropriate box; the elevation measurement is relative to: the NAVD88 standard ☐ mean sea level ☐

Parameter	Units	Range of Measurements	Number of Analyses	Analytical Method	Detection Limit
BOD (5 day)	mg/L				
COD	mg/L				
Total organic carbon	mg/L				
Total dissolved solids	mg/L				
Dissolved Fixed Solids	mg/L				
pH	Standard units				
Conductivity	(micromhos/cm)				
Alkalinity	mg/L as CaCO ₃				
Total hardness	mg/L				
Fecal coliform	organisms/100mL				
Total coliform	organisms/100mL				
Dissolved oxygen	mg/L				
Ammonia-N	mg/L				
Nitrate + nitrite-N, nitrate as N	mg/L				
Total kjeldahl N as N	mg/L				
Ortho-phosphate-P as P	mg/L				
Total-phosphate-P as P	mg/L				
Total Oil and Grease	mg/L				
Total petroleum hydrocarbon	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Calcium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Chloride	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Fluoride	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Magnesium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Potassium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Sodium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Sulfate	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Barium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Cadmium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Chromium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Copper	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Iron	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Lead	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Manganese	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				

Parameter	Units	Range of Measurements	Number of Analyses	Analytical Method	Detection Limit
Mercury	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Selenium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Silver	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Zinc	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Depth to water level (to the nearest .01 feet)					

SECTION G. SITE ASSESSMENT

The local library and local city or county planning offices may be helpful in providing the information required in this section. You may consult the Department of Ecology Water Resources Program to help identify wells within one mile of your site.

1. Land Application Sites: Provide the information below for each land application site. Provide the latitude/longitude (approximate center of the site; NAD83/WGS84 reference datum.) Attach a copy of the contract(s) authorizing use of any private land(s) used for each treatment site. Add table rows as necessary.

Legal Description (section/township/range) <u>PTN of Lot 10 Sec 31, T10N, R25E</u>			
Latitude	Longitude	Acreage	Owner
<u>46° 13' N</u>	<u>119° 44'</u>	<u>5 Acres</u>	<u>Port of Benton</u>
Legal Description (section/township/range) <u>Lessed by Kenyon</u>			
Latitude	Longitude	Acreage	Owner
Legal Description (section/township/range)			
Latitude	Longitude	Acreage	Owner
Legal Description (section/township/range)			
Latitude	Longitude	Acreage	Owner

2. If this is a new discharge, list all environmental control permits or approvals needed for this project; for example, SEPA review, engineering reports, hydrogeologic reports, , , or air emissions permits.

<u>SePA</u>

3. Attach an original United States Geological Survey (USGS) 7.5 minute topographic map and aerial photograph(s) from an internet mapping site that shows the processing facility and sprayfield site(s). **USGS topographical maps are available from the Department of Natural Resources (360 902-1234), Metsker Maps (206 588-5222), some local bookstores, and internet sites.** Show the following on this map:
 - a. Location and name of internal and adjacent streets.
 - b. Surface water drainage systems within ¼ mile of the site.
 - c. All wells within 1 mile of the site.
 - d. Wastewater discharge points.
 - e. Land uses and zoning adjacent to the wastewater application site.
 - f. Groundwater gradient.
4. Describe the soils on the site using information from local soil survey reports. **Soils information is available from your local County Conservation District or from information contained in the sites hydrogeologic report.** *(Submit on separate sheet and label as attachment G.4.)*
5. Describe the local geology and hydrogeology within one mile of the site. Include any groundwater quality data. **The local library or local Soil Conservation Service may have this information.** *(Submit on separate sheet and label as attachment G.5.)*
6. List the names and addresses of contractors or consultants who provided information and cite sources of information by title and author.

White Shield Engineering
Orrin Fricke

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 coverage under the Washington State Industrial Stormwater NPDES general permit? ☐ YES ☒ NO

Note: If you answered "no" to both questions above, complete the following questions 2 through 8.

2. Describe the size of the stormwater collection area.

a. Unpaved area 427,000 sq.ft.

b. Paved area 200,000 sq.ft.

c. Other collection areas (roofs) 200,000 sq.ft.

> Estimated

3. Does your facility's stormwater discharge to: *(Check all that apply)*

☐ Storm sewer system; name of storm sewer system *(operator)*:

☐ Sanitary sewer

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

Specify waterbody name _____

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

☐ Directly to ground waters of Washington State via:

☐ Dry well

☐ Drainfield

☒ Other

Detention Pond

4. 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 _____

5. Material handling/management practices

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

☐ ☐ Solvents

☐ ☐ Hazardous wastes

☐ ☐ Scrap metal

☐ ☐ Acids or alkalies

☐ ☐ Petroleum or petrochemical products

☐ ☐ Paints/coatings

☐ ☐ Plating products

☐ ☐ Woodtreating products

☐ ☐ Pesticides

☒ ☐ Other *(please list):* Wood Pallets

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

☐ ☐ Oil/water separator

☒ ☐ Detention facilities

☐ ☐ Containment

☐ ☐ Infiltration basins

☐ ☐ Spill prevention

☐ ☐ Operational BMPs

☐ ☐ Surface leachate collection

☒ ☐ Vegetation management

☐ ☐ Overhead coverage

☐ ☐ Other *(please list):* _____

6. Attach a 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. Label this as attachment H.8.

SECTION I. OTHER INFORMATION

1. Describe liquid or solid wastes generated that are not disposed of in the waste stream(s) and describe the method of disposal. For each type of waste, provide type of waste, name, address, and phone number of hauler.

NONE

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

Facility is for Storage of Frozen/Refrigerated Foods
In Closed Containers

Summary of attachments that may be required for this application:

(Please check those attachments that are included)

- ☐ C.2. Production schematic flow diagram and water balance
- ☐ C.4. Wastewater treatment improvements
- ☐ C.7. Additional incidental materials
- ☐ E.4. Additional results of effluent testing
- ☐ G.1. Copies of land use contracts
- ☐ G.3. USGS topographical map
- ☐ G.4. Soils description
- ☐ G.5. Local geology and hydrology
- ☐ H.8. 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.

C-11
Cold
Room

C-10
Freezer

Kanyon Zero Storage
Facility

Permit # ST-9413

Loading Dock

Legend

WM - water meter

WT - water tank

BSR - Backflow Regulator

BWM - Blowdown water meter

MWM - Makeup water meter

FD - Floor drain

EC - Evaporative Coil

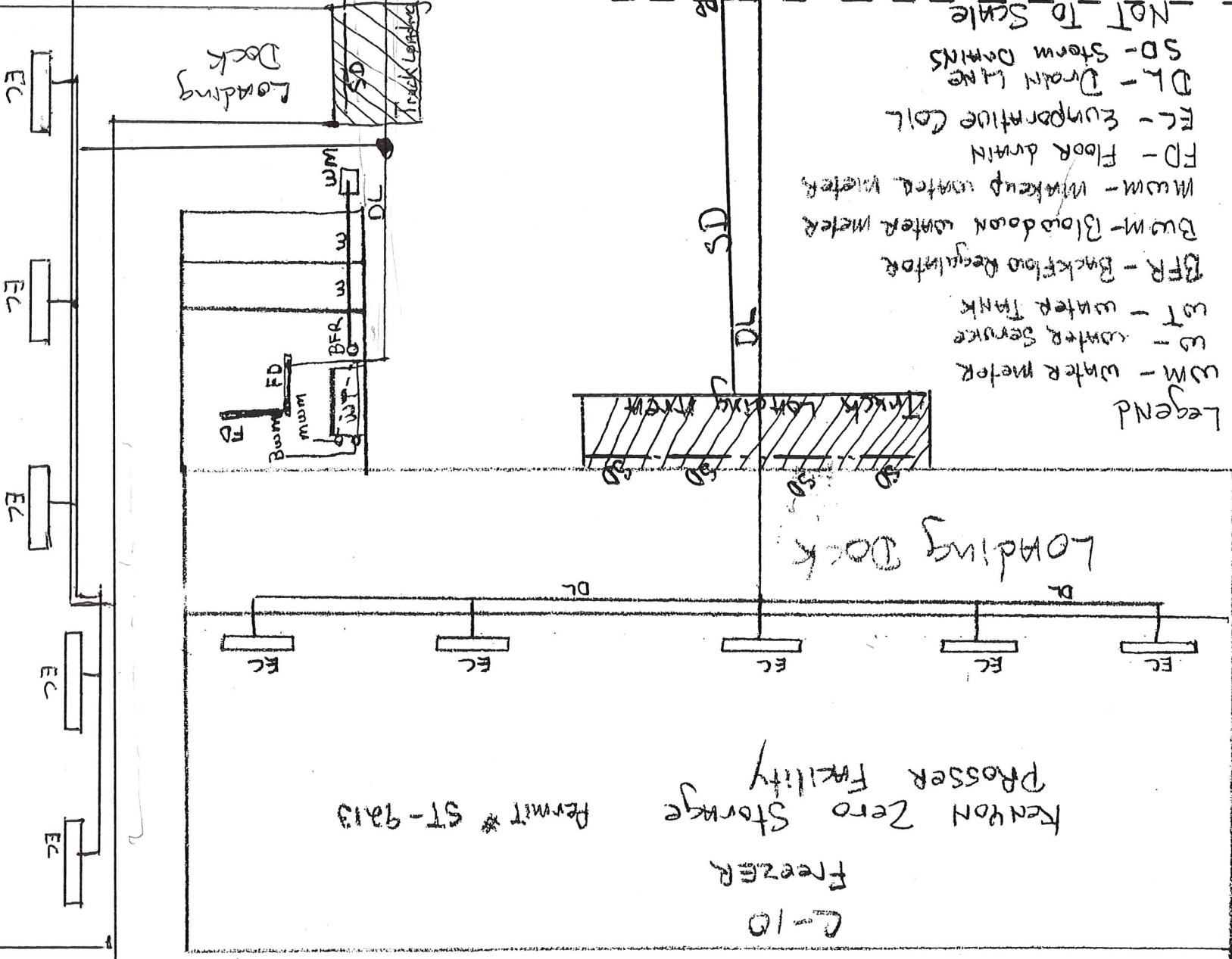
DL - Drain Line

SD - Storm Drains

NOT TO SCALE

Drainage Only

Alternative Pond



Greenhouse For Stormwater

RECEIVED

FEB 06 2017

Dept of Ecology
Central Regional Office

C-13





LabTest
201 East D Street
Yakima, WA 98901
(509) 469 - TEST

Storm Water Runoff

~~RECEIVED~~

FEB 06 2017

County: YAKIMA

Dept of Ecology
Central Regional Office

Date Received: 11/14/16

Date Reported: 12/30/17

Sample Collected By: Buford B.

Send Report To:

SAMPLE COMMENTS

Matrix: water

C-10

Kenyon Zero Storage
Attn: Russell Mears
250 Grand Ridge Road
Grandview, WA 98930

Storm Water Runoff

[illegible]

MRL (Method Reporting Level): Indicates the minimum reporting level required and obtained by the laboratory (MDL<MRL<SRL).

Trigger: DOH Drinking Water response level. Public Systems in excess of this level must take additional samples. Recommended range on packages.

MCL (maximum contaminant level): Highest level recommended by the federal government for public water systems.

ND (Not Detected): Indicates this compound was analyzed and not detected at a level greater than or equal to the MRL or SRL.

Approved By:

