

EPA Identification Number		NPDES Permit Number		Facility Name		OMB No. 2040-0004 Expires 07/31/2026		
Form 1 NPDES		<b>U.S. Environmental Protection Agency</b> <b>Application for NPDES Permit to Discharge Wastewater</b> <b>GENERAL INFORMATION</b>						
<b>SECTION 1. ACTIVITIES REQUIRING AN NPDES PERMIT (40 CFR 122.21(F) AND (F)(1))</b>								
<b>Activities Requiring an NPDES Permit</b>	<b><u>1.1</u> Applicants <i>Not Required</i> to Submit Form 1</b>							
	1.1.1	Is the facility a new or existing <b>publicly owned treatment works</b> or has your permitting authority directed you to submit Form 2A?  If yes, STOP. Do NOT complete Form 1. Complete Form 2A. If the facility is also a <b>treatment works treating domestic sewage</b> , you must also complete Form 2S.	1.1.2	Is the facility a <b>sludge-only facility</b> (i.e., a facility that does not discharge wastewater to surface waters)?  If yes, STOP. Do NOT complete Form 1. Complete Form 2S.				
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<b><u>1.2</u> Applicants <i>Required</i> to Submit Form 1</b>							
	1.2.1	Is the facility a <b>concentrated animal feeding operation</b> or a <b>concentrated aquatic animal production facility</b> ?  <input type="checkbox"/> Yes → Complete Form 1 <b>and</b> <input type="checkbox"/> No Form 2B.	1.2.2	Is the facility an <b>existing</b> manufacturing, commercial, mining, or silvicultural <b>facility</b> that is <b>currently discharging process wastewater</b> ?  <input type="checkbox"/> Yes → Complete Form 1 <b>and</b> Form 2C. <input type="checkbox"/> No				
	1.2.3	Is the facility a <b>new</b> manufacturing, commercial, mining, or silvicultural <b>facility</b> that has <b>not yet commenced to discharge</b> ?  <input type="checkbox"/> Yes → Complete Form 1 <b>and</b> <input type="checkbox"/> No Form 2D.	1.2.4	Is the facility a <b>new or existing</b> manufacturing, commercial, mining, or silvicultural <b>facility</b> that <b>discharges only nonprocess wastewater</b> ?  <input type="checkbox"/> Yes → Complete Form 1 <b>and</b> Form 2E. <input type="checkbox"/> No				
1.2.5	Is the facility a <b>new or existing facility</b> whose discharge is composed entirely of <b>stormwater associated with industrial activity</b> or whose discharge is composed of <b>both stormwater and non-stormwater</b> ?  <input type="checkbox"/> Yes → Complete Form 1 <b>and</b> <input type="checkbox"/> No Form 2F unless exempted by 40 CFR 122.26(b)(14)(x) or (b)(15).	1.2.6	Is the facility a new or existing <b>treatment works treating domestic sewage</b> that discharges wastewater to surface waters?  <input type="checkbox"/> Yes → Complete Form 1, <input type="checkbox"/> No Form 2S, <b>and</b> any other applicable forms, as directed by your permitting authority.					
<b>SECTION 2. NAME, MAILING ADDRESS, AND LOCATION (40 CFR 122.21(F)(2))</b>								
<b>Name, Mailing Address, and Location</b>	<b><u>2.1</u> Facility Name</b>							
	<b><u>2.2</u> EPA Identification Number</b>							
<b><u>2.3</u> Facility Contact</b>								

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<b>Name, Mailing Address, and Location Continued</b>	<a href="#">2.4</a>	<b>Facility Mailing Address</b>		
		Street or P.O. box		
		City or town	State	ZIP code
	<a href="#">2.5</a>	<b>Facility Location</b>		
		Street, route number, or other specific identifier		
		County name	County code (if known)	
		City or town	State	ZIP code

SECTION 3. SIC AND NAICS CODES (40 CFR 122.21(F)(3))			
<b>SIC and NAICS Codes</b>	<a href="#">3.1</a>	<b>SIC Code(s)</b>	<b>Description (optional)</b>
	<a href="#">3.2</a>	<b>NAICS Code(s)</b>	<b>Description (optional)</b>

SECTION 4. OPERATOR INFORMATION (40 CFR 122.21(F)(4))		
<b>Operator Information</b>	<a href="#">4.1</a>	<b>Name of Operator</b>
	<a href="#">4.2</a>	Is the name you listed in Item 4.1 also the owner?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<a href="#">4.3</a>	<b>Operator Status</b>
	<input type="checkbox"/> Public—federal <input type="checkbox"/> Public—state <input type="checkbox"/> Other public (specify) _____ <input type="checkbox"/> Private <input type="checkbox"/> Other (specify) _____	
<a href="#">4.4</a>	<b>Phone Number of Operator</b>	

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Operator Information Continued	<a href="#">4.5</a>	<b>Operator Address</b>					
		Street or P.O. Box					
		City or town	State		ZIP code		
		Email address of operator					
<b>SECTION 5. INDIAN LAND (40 CFR 122.21(F)(5))</b>							
Indian Land	<a href="#">5.1</a>	Is the facility located on Indian Land? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>SECTION 6. EXISTING ENVIRONMENTAL PERMITS (40 CFR 122.21(F)(6))</b>							
Existing Environmental Permits	<a href="#">6.1</a>	<b>Existing Environmental Permits</b> (check all that apply and print or type the corresponding permit number for each)					
		<input type="checkbox"/> NPDES (discharges to surface water)	<input type="checkbox"/> RCRA (hazardous wastes)		<input type="checkbox"/> UIC (underground injection of fluids)		
		<input type="checkbox"/> PSD (air emissions)	<input type="checkbox"/> Nonattainment program (CAA)		<input type="checkbox"/> NESHAPs (CAA)		
		<input type="checkbox"/> Ocean dumping (MPRSA)	<input type="checkbox"/> Dredge or fill (CWA Section 404)		<input type="checkbox"/> Other (specify)		
<b>SECTION 7. MAP (40 CFR 122.21(F)(7))</b>							
Map	<a href="#">7.1</a>	Have you attached a topographic map containing all required information to this application? (See instructions for specific requirements.) <input type="checkbox"/> Yes <input type="checkbox"/> CAFO—Not Applicable (See requirements in Form 2B.)					
<b>SECTION 8. NATURE OF BUSINESS (40 CFR 122.21(F)(8))</b>							
Nature of Business	<a href="#">8.1</a>	Describe the nature of your business.					
<b>SECTION 9. COOLING WATER INTAKE STRUCTURES (40 CFR 122.21(F)(9))</b>							
Cooling Water Intake Structures	<a href="#">9.1</a>	Does your facility use cooling water? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 10.1.					
	<a href="#">9.2</a>	Identify the source of cooling water. (Note that facilities that use a cooling water intake structure as described at 40 CFR 125, Subparts I and J may have additional application requirements at 40 CFR 122.21(r). Consult with your NPDES permitting authority to determine what specific information needs to be submitted and when.)					


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## SECTION 10. VARIANCE REQUESTS (40 CFR 122.21(F)(10))

Variance Requests	10.1	Do you intend to request or renew one or more of the variances authorized at 40 CFR 122.21(m)? (Check all that apply. Consult with your NPDES permitting authority to determine what information needs to be submitted and when.)	
	<input type="checkbox"/>	Fundamentally different factors (CWA Section 301(n))	<input type="checkbox"/> Water quality related effluent limitations (CWA Section 302(b)(2))
	<input type="checkbox"/>	Non-conventional pollutants (CWA Section 301(c) and (g))	<input type="checkbox"/> Thermal discharges (CWA Section 316(a))
	<input checked="" type="checkbox"/>	Not applicable	

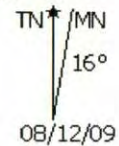
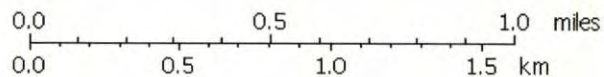
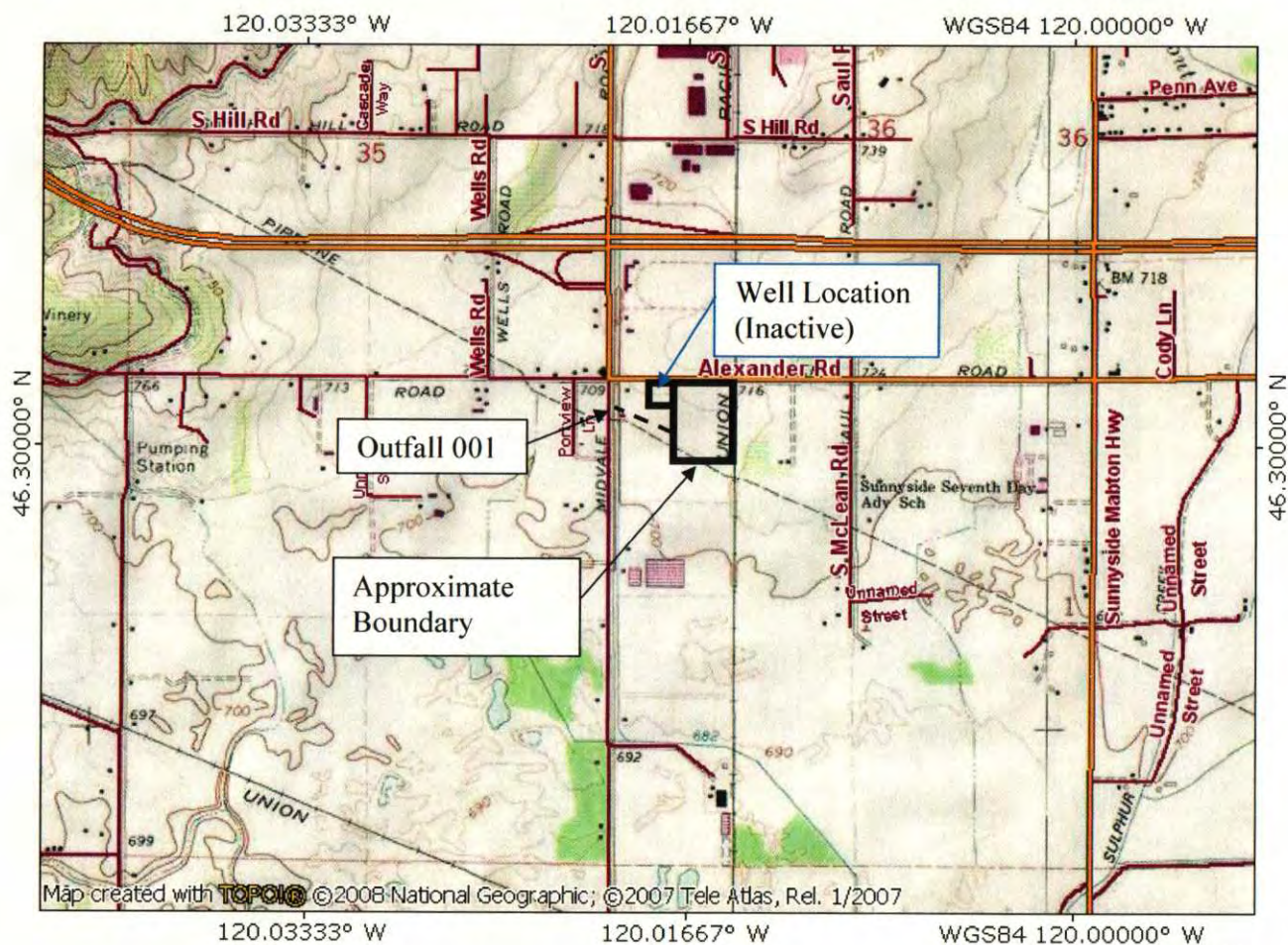
## SECTION 11. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(A) AND (D))


Checklist and Certification Statement	11.1	In Column 1 below, mark the sections of Form 1 that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.	
		<b>Column 1</b>	<b>Column 2</b>
	<input checked="" type="checkbox"/>	Section 1: Activities Requiring an NPDES Permit	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 2: Name, Mailing Address, and Location	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 3: SIC Codes	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 4: Operator Information	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 5: Indian Land	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 6: Existing Environmental Permits	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 7: Map	<input checked="" type="checkbox"/> w/ topographic map <input type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/>	Section 8: Nature of Business	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 9: Cooling Water Intake Structures	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 10.: Variance Requests	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 11: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments
	11.2	Provide the following certification. (See instructions to determine the appropriate person to sign the application.)	
	<b>Certification Statement</b> <i>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 fine and imprisonment for knowing violations.</i>		
	Name (print or type first and last name) Manuel Soliz	Official title Site Director, Sunnyside Plant	
	Signature 	Date signed 5/28/25	



# Attachment for Section 7: Topographic Map

# Darigold Sunnyside Plant – Site Map (Detailed View)



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Form 2C NPDES			<b>U.S. Environmental Protection Agency</b> <b>Application for NPDES Permit to Discharge Wastewater</b> <b>EXISTING MANUFACTURING, COMMERCIAL, MINING, AND SILVICULTURE OPERATIONS</b>				
<b>SECTION 1. OUTFALL LOCATION (40 CFR 122.21(G)(1))</b>							
Outfall Location	1.1	Provide information on each of the facility's outfalls in the table below.					
		Outfall Number	Receiving Water Name	Latitude		Longitude	
<b>SECTION 2. LINE DRAWING (40 CFR 122.21(G)(2))</b>							
Line Drawing	2.1	Have you attached a line drawing to this application that shows the water flow through your facility with a water balance? (See instructions for drawing requirements. See Exhibit 2C-1 at end of instructions for example.) <input type="checkbox"/> Yes					
<b>SECTION 3. AVERAGE FLOWS AND TREATMENT (40 CFR 122.21(G)(3))</b>							
Average Flows and Treatment	3.1	For each outfall identified under Item 1.1, provide average flow and treatment information. Add additional sheets if necessary.					
		<b>**Outfall Number**</b> _____					
		<b>Operations Contributing to Flow</b>					
		Operation			Average Flow		
					mgd		
					mgd		
					mgd		
					mgd		
		<b>Treatment Units</b>					
		Description (include size, flow rate through each treatment unit, retention time, etc.)		Code from Exhibit 2C-2		Final Disposal of Solid or Liquid Wastes Other Than by Discharge	

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Average Flows and Treatment Continued	3.1 cont.	<b>**Outfall Number**</b> _____							
		<b>Operations Contributing to Flow</b>							
		<b>Operation</b>			<b>Average Flow</b>				
					mgd				
					mgd				
					mgd				
					mgd				
		<b>Treatment Units</b>							
		<b>Description</b> (include size, flow rate through each treatment unit, retention time, etc.)			<b>Code from Exhibit 2C-2</b>		<b>Final Disposal of Solid or Liquid Wastes Other Than by Discharge</b>		
		<b>**Outfall Number**</b> _____							
		<b>Operations Contributing to Flow</b>							
		<b>Operation</b>			<b>Average Flow</b>				
					mgd				
					mgd				
					mgd				
					mgd				
		<b>Treatment Units</b>							
		<b>Description</b> (include size, flow rate through each treatment unit, retention time, etc.)			<b>Code from Exhibit 2C-2</b>		<b>Final Disposal of Solid or Liquid Wastes Other Than by Discharge</b>		
		System Users	3.2	Are you applying for an NPDES permit to operate a privately owned treatment works? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 4.					
			3.3	Have you attached a list that identifies each user of the treatment works? <input type="checkbox"/> Yes					

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**SECTION 4. INTERMITTENT FLOWS (40 CFR 122.21(G)(4))**

<b>Intermittent Flows</b>	<a href="#">4.1</a>	Except for storm runoff, leaks, or spills, are any discharges described in Sections 1 and 3 intermittent or seasonal? <input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No → SKIP to Section 5.</span>						
	<a href="#">4.2</a>	Provide information on intermittent or seasonal flows for each applicable outfall. Attach additional pages, if necessary.						
		<b>Outfall Number</b>	<b>Operation (list)</b>	<b>Frequency</b>		<b>Flow Rate</b>		<b>Duration</b>
				<b>Average Days/Week</b>	<b>Average Months/Year</b>	<b>Long-Term Average</b>	<b>Maximum Daily</b>	
				days/week	months/year	mgd	mgd	days
				days/week	months/year	mgd	mgd	days
				days/week	months/year	mgd	mgd	days
				days/week	months/year	mgd	mgd	days
				days/week	months/year	mgd	mgd	days
				days/week	months/year	mgd	mgd	days
				days/week	months/year	mgd	mgd	days
				days/week	months/year	mgd	mgd	days

**SECTION 5. PRODUCTION (40 CFR 122.21(G)(5))**

<b>Applicable ELGs</b>	<a href="#">5.1</a>	Do any effluent limitation guidelines (ELGs) promulgated by EPA under Section 304 of the CWA apply to your facility? <input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No → SKIP to Section 6.</span>		
	<a href="#">5.2</a>	Provide the following information on applicable ELGs.		
		<b>ELG Category</b>	<b>ELG Subcategory</b>	<b>Regulatory Citation</b>

<b>Production-Based Limitations</b>	<a href="#">5.3</a>	Are any of the applicable ELGs expressed in terms of production (or other measure of operation)? <input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No → SKIP to Section 6.</span>			
	<a href="#">5.4</a>	Provide an actual measure of daily production expressed in terms and units of applicable ELGs.			
		<b>Outfall Number</b>	<b>Operation, Product, or Material</b>	<b>Quantity per Day</b>	<b>Unit of Measure</b>



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	<a href="#">5.5</a>	Are you requesting alternative limits based on an anticipated increase in the actual production during the next permit term? (Consult with your NPDES permitting authority to determine what information needs to be submitted and when.)
		<input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No</span>

**SECTION 6. IMPROVEMENTS (40 CFR 122.21(G)(6))**

Upgrades and Improvements	<a href="#">6.1</a>	Are you presently required by any federal, state, or local authority to meet an implementation schedule for constructing, upgrading, or operating wastewater treatment equipment or practices or any other environmental programs that could affect the discharges described in this application?																						
		<input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No → SKIP to Item 6.3.</span>																						
	<a href="#">6.2</a>	Briefly identify each applicable project in the table below.																						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th rowspan="2" style="width: 40%;">Brief Identification and Description of Project</th> <th rowspan="2" style="width: 15%;">Affected Outfalls (list outfall number)</th> <th rowspan="2" style="width: 20%;">Source(s) of Discharge</th> <th colspan="2" style="width: 25%;">Final Compliance Dates</th> </tr> <tr> <th style="width: 10%;">Required</th> <th style="width: 15%;">Projected</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>		Brief Identification and Description of Project	Affected Outfalls (list outfall number)	Source(s) of Discharge	Final Compliance Dates		Required	Projected															
	Brief Identification and Description of Project	Affected Outfalls (list outfall number)				Source(s) of Discharge	Final Compliance Dates																	
			Required	Projected																				
<a href="#">6.3</a>	Have you attached sheets describing any additional water pollution control programs (or other environmental projects that may affect your discharges) that you now have underway or planned? <i>(optional item)</i>																							
	<input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No</span> <span style="margin-left: 100px;"><input type="checkbox"/> Not applicable</span>																							

**SECTION 7. EFFLUENT AND INTAKE CHARACTERISTICS (40 CFR 122.21(G)(7))**

Effluent and Intake Characteristics	See the instructions to determine the pollutants and parameters you are required to monitor and, in turn, the tables you must complete. Not all applicants need to complete each table.	
	<b>Table A. Conventional and Non-Conventional Pollutants</b>	
	<a href="#">7.1</a>	Are you requesting a waiver from your NPDES permitting authority for any Table A pollutants for any of your outfalls?
		<input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No → SKIP to Item 7.3.</span>
	<a href="#">7.2</a>	If yes, indicate the applicable outfalls below or check the appropriate box to indicate that you are requesting a waiver for all outfalls. Attach waiver request and other required information to the application.
		<div style="display: flex; justify-content: space-around; margin-bottom: 10px;"> <span>Outfall number _____</span> <span>Outfall number _____</span> <span>Outfall number _____</span> </div> <input type="checkbox"/> I am requesting a waiver for some pollutants at all outfalls. <input type="checkbox"/> I am requesting a waiver for all pollutants at all outfalls → SKIP to Item 7.4.
	<a href="#">7.3</a>	Have you completed monitoring for all Table A pollutants at each of your outfalls for which a waiver has not been requested and attached the results to this application package?
		<input type="checkbox"/> Yes
<b>Table B. Toxic Metals, Cyanide, Total Phenols, and Organic Toxic Pollutants</b>		
<a href="#">7.4</a>	Do any of the facility's processes that contribute wastewater fall into one or more of the primary industry categories listed in Exhibit 2C-3? (See end of instructions for exhibit.)	
	<input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No → SKIP to Item 7.8.</span>	
<a href="#">7.5</a>	Have you checked "Testing Required" for all toxic metals, cyanide, and total phenols in Section 1 of Table B?	
	<input type="checkbox"/> Yes	



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SECTION 8. USED OR MANUFACTURED TOXICS (40 CFR 122.21(G)(9))

Used or Manufactured Toxics	<a href="#">8.1</a>	Is any pollutant listed in Table B a substance or a component of a substance used or manufactured at your facility as an intermediate or final product or byproduct? <input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No → SKIP to Section 9.</span>		
	<a href="#">8.2</a>	List the pollutants below. Attach additional sheets, if necessary.		
	1.	4.	7.	
	2.	5.	8.	
	3.	6.	9.	

SECTION 9. BIOLOGICAL TOXICITY TESTS (40 CFR 122.21(G)(11))

Biological Toxicity Tests	<a href="#">9.1</a>	Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made within the last three years on (1) any of your discharges or (2) a receiving water in relation to your discharge? <input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No → SKIP to Section 10.</span>		
	<a href="#">9.2</a>	Identify the tests and their purposes below.		
	Test(s)	Purpose of Test(s)	Submitted to NPDES Permitting Authority?	Date Submitted
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 10. CONTRACT ANALYSES (40 CFR 122.21(G)(12))

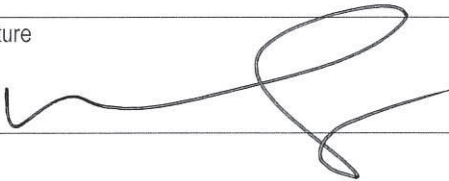
Contract Analyses	<a href="#">10.1</a>	Were any of the analyses reported in Section 7 performed by a contract laboratory or consulting firm? <input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No → SKIP to Section 11.</span>		
	<a href="#">10.2</a>	Provide information for each contract laboratory or consulting firm below.		
		Laboratory Number 1	Laboratory Number 2	Laboratory Number 3
	Name of laboratory/firm			
	Laboratory address			
	Phone number			
	Pollutant(s) analyzed			

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<b>SECTION 11. ADDITIONAL INFORMATION (40 CFR 122.21(G)(13))</b>							
Additional Information	<a href="#">11.1</a>	Has the NPDES permitting authority requested additional information?					
		<input type="checkbox"/> Yes			<input type="checkbox"/> No → SKIP to Section 12.		
	<a href="#">11.2</a>	List the information requested and attach it to this application.					
		1.		4.			
		2.		5.			
	3.		6.				
<b>SECTION 12. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(A) AND (D))</b>							
Checklist and Certification Statement	<a href="#">12.1</a>	In Column 1 below, mark the sections of Form 2C that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to complete all sections or provide attachments.					
		<b>Column 1</b>		<b>Column 2</b>			
		<input type="checkbox"/> Section 1: Outfall Location		<input type="checkbox"/> w/ attachments			
		<input type="checkbox"/> Section 2: Line Drawing		<input type="checkbox"/> w/ line drawing		<input type="checkbox"/> w/ additional attachments	
		<input type="checkbox"/> Section 3: Average Flows and Treatment		<input type="checkbox"/> w/ attachments		<input type="checkbox"/> w/ list of each user of privately owned treatment works	
		<input type="checkbox"/> Section 4: Intermittent Flows		<input type="checkbox"/> w/ attachments			
		<input type="checkbox"/> Section 5: Production		<input type="checkbox"/> w/ attachments			
		<input type="checkbox"/> Section 6: Improvements		<input type="checkbox"/> w/ attachments		<input type="checkbox"/> w/ optional additional sheets describing any additional pollution control plans	
		<input type="checkbox"/> Section 7: Effluent and Intake Characteristics		<input type="checkbox"/> w/ request for a waiver and supporting information		<input type="checkbox"/> w/ explanation for identical outfalls	
				<input type="checkbox"/> w/ small business exemption request		<input type="checkbox"/> w/ other attachments	
				<input type="checkbox"/> w/ Table A		<input type="checkbox"/> w/ Table B	
				<input type="checkbox"/> w/ Table C		<input type="checkbox"/> w/ Table D	
				<input type="checkbox"/> w/ Table E		<input type="checkbox"/> w/ analytical results as an attachment	
		<input type="checkbox"/> Section 8: Used or Manufactured Toxics		<input type="checkbox"/> w/ attachments			
		<input type="checkbox"/> Section 9: Biological Toxicity Tests		<input type="checkbox"/> w/ attachments			
	<input type="checkbox"/> Section 10: Contract Analyses		<input type="checkbox"/> w/ attachments				
	<input type="checkbox"/> Section 11: Additional Information		<input type="checkbox"/> w/ attachments				
	<input type="checkbox"/> Section 12: Checklist and Certification Statement		<input type="checkbox"/> w/ attachments				

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## SECTION 12. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d)) (Continued)

Checklist and Certification Statement	12.2	Provide the following certification. (See instructions to determine the appropriate person to sign the application.)	
		<b>Certification Statement</b>	
		<i>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 fine and imprisonment for knowing violations.</i>	
		Name (print or type first and last name) Manuel Soliz	Official title Site Director, Sunnyside Plant
	Signature 	Date signed 5/28/25	



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**TABLE A. CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(iii))<sup>1</sup>**

	Pollutant	Waiver Requested (if applicable)	Units (specify)		Effluent				Intake (optional)	
					Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
<input type="checkbox"/>	Check here if you have applied to your NPDES permitting authority for a waiver for <i>all</i> of the pollutants listed on this table for the noted outfall.									
1.	Biochemical oxygen demand (BOD <sub>5</sub> )	<input type="checkbox"/>	Concentration	mg/L	25 mg/L		5 mg/L	172 (weekly data Jan 2021- March 2025)		
			Mass	pounds	17.7 lbs/day		2.5 lbs/day	172 (weekly data Jan 2021 -March 2025)		
2.	Chemical oxygen demand (COD)	<input checked="" type="checkbox"/>	Concentration	mg/L						
			Mass	pounds						
3.	Total organic carbon (TOC)	<input checked="" type="checkbox"/>	Concentration	mg/L						
			Mass	pounds						
4.	Total suspended solids (TSS)	<input checked="" type="checkbox"/>	Concentration	mg/L						
			Mass	pounds						
5.	Ammonia (as N)	<input type="checkbox"/>	Concentration	mg/L	35.6 mg/L		.68	1,072		
			Mass	pounds				1,072		
6.	Flow	<input type="checkbox"/>	Rate	gallons per day	218,900 gpd	3,843,850 gallons per month (August 2021)	48,816 gpd	1,550		
7.	Temperature (winter)	<input type="checkbox"/>	°C	°C	25.8		18.89	continuous data (Jan 2021-Mar 2025)		
	Temperature (summer)	<input type="checkbox"/>	°C	°C	25.2		18.89	continuous data (Jan 2021-Mar 2025)		
8.	pH (minimum)	<input type="checkbox"/>	Standard units	s.u.	5.85		6.22	continuous data (Jan 2021-Mar 2025)		
	pH (maximum)	<input type="checkbox"/>	Standard units	s.u.	8.97		8.56	continuous data (Jan 2021-Mar 2025)		

<sup>1</sup> Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR Chapter I, Subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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**TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))<sup>1</sup>**

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)			
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses		
<input type="checkbox"/>	Check here if you qualify as a small business per the instructions to Form 2C and, therefore, do not need to submit quantitative data for any of the organic toxic pollutants in Sections 2 through 5 of this table. Note, however, that you must still indicate in the appropriate column of this table if you believe any of the pollutants listed are present in your discharge.												
<b>Section 1. Toxic Metals, Cyanide, and Total Phenols</b>													
1.1	Antimony, total (7440-36-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration								
					Mass								
1.2	Arsenic, total (7440-38-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration								
					Mass								
1.3	Beryllium, total (7440-41-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration								
					Mass								
1.4	Cadmium, total (7440-43-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration								
					Mass								
1.5	Chromium, total (7440-47-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration								
					Mass								
1.6	Copper, total (7440-50-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration								
					Mass								
1.7	Lead, total (7439-92-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration								
					Mass								
1.8	Mercury, total (7439-97-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration								
					Mass								
1.9	Nickel, total (7440-02-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration								
					Mass								
1.10	Selenium, total (7782-49-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration								
					Mass								
1.11	Silver, total (7440-22-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration								
					Mass								

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**TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))<sup>1</sup>**

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
1.12	Thallium, total (7440-28-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
1.13	Zinc, total (7440-66-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
1.14	Cyanide, total (57-12-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
1.15	Phenols, total	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
<b>Section 2. Organic Toxic Pollutants (GC/MS Fraction—Volatile Compounds)</b>											
2.1	Acrolein (107-02-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
2.2	Acrylonitrile (107-13-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
2.3	Benzene (71-43-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
2.4	Bromoform (75-25-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
2.5	Carbon tetrachloride (56-23-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
2.6	Chlorobenzene (108-90-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
2.7	Chlorodibromomethane (124-48-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
2.8	Chloroethane (75-00-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						

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**TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))<sup>1</sup>**

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
2.9	2-chloroethylvinyl ether (110-75-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
2.10	Chloroform (67-66-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
2.11	Dichlorobromomethane (75-27-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
2.12	1,1-dichloroethane (75-34-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
2.13	1,2-dichloroethane (107-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
2.14	1,1-dichloroethylene (75-35-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
2.15	1,2-dichloropropane (78-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
2.16	1,3-dichloropropylene (542-75-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
2.17	Ethylbenzene (100-41-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
2.18	Methyl bromide (74-83-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
2.19	Methyl chloride (74-87-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
2.20	Methylene chloride (75-09-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
2.21	1,1,2,2- tetrachloroethane (79-34-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						



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**TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))<sup>1</sup>**

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
2.22	Tetrachloroethylene (127-18-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
2.23	Toluene (108-88-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
2.24	1,2-trans-dichloroethylene (156-60-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
2.25	1,1,1-trichloroethane (71-55-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
2.26	1,1,2-trichloroethane (79-00-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
2.27	Trichloroethylene (79-01-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
2.28	Vinyl chloride (75-01-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
<b>Section 3. Organic Toxic Pollutants (GC/MS Fraction—Acid Compounds)</b>											
3.1	2-chlorophenol (95-57-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
3.2	2,4-dichlorophenol (120-83-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
3.3	2,4-dimethylphenol (105-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
3.4	4,6-dinitro-o-cresol (534-52-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
3.5	2,4-dinitrophenol (51-28-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						

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**TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))<sup>1</sup>**

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
3.6	2-nitrophenol (88-75-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
3.7	4-nitrophenol (100-02-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
3.8	p-chloro-m-cresol (59-50-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
3.9	Pentachlorophenol (87-86-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
3.10	Phenol (108-95-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
3.11	2,4,6-trichlorophenol (88-05-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
<b>Section 4. Organic Toxic Pollutants (GC/MS Fraction—Base /Neutral Compounds)</b>											
4.1	Acenaphthene (83-32-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.2	Acenaphthylene (208-96-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.3	Anthracene (120-12-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.4	Benzidine (92-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.5	Benzo (a) anthracene (56-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.6	Benzo (a) pyrene (50-32-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						

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**TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))<sup>1</sup>**

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
4.7	3,4-benzofluoranthene (205-99-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.8	Benzo (ghi) perylene (191-24-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.9	Benzo (k) fluoranthene (207-08-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.10	Bis (2-chloroethoxy) methane (111-91-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.11	Bis (2-chloroethyl) ether (111-44-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.12	Bis (2-chloroisopropyl) ether (102-80-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.13	Bis (2-ethylhexyl) phthalate (117-81-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.14	4-bromophenyl phenyl ether (101-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.15	Butyl benzyl phthalate (85-68-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.16	2-chloronaphthalene (91-58-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.17	4-chlorophenyl phenyl ether (7005-72-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.18	Chrysene (218-01-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.19	Dibenzo (a,h) anthracene (53-70-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						

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**TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))<sup>1</sup>**

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
4.20	1,2-dichlorobenzene (95-50-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.21	1,3-dichlorobenzene (541-73-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.22	1,4-dichlorobenzene (106-46-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.23	3,3-dichlorobenzidine (91-94-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.24	Diethyl phthalate (84-66-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.25	Dimethyl phthalate (131-11-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.26	Di-n-butyl phthalate (84-74-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.27	2,4-dinitrotoluene (121-14-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.28	2,6-dinitrotoluene (606-20-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.29	Di-n-octyl phthalate (117-84-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.30	1,2-Diphenylhydrazine (as azobenzene) (122-66-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.31	Fluoranthene (206-44-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.32	Fluorene (86-73-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						

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**TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))<sup>1</sup>**

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
4.33	Hexachlorobenzene (118-74-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.34	Hexachlorobutadiene (87-68-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.35	Hexachlorocyclopentadiene (77-47-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.36	Hexachloroethane (67-72-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.37	Indeno (1,2,3-cd) pyrene (193-39-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.38	Isophorone (78-59-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.39	Naphthalene (91-20-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.40	Nitrobenzene (98-95-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.41	N-nitrosodimethylamine (62-75-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.42	N-nitrosodi-n-propylamine (621-64-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.43	N-nitrosodiphenylamine (86-30-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.44	Phenanthrene (85-01-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.45	Pyrene (129-00-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						



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**TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))<sup>1</sup>**

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
4.46	1,2,4-trichlorobenzene (120-82-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
<b>Section 5. Organic Toxic Pollutants (GC/MS Fraction—Pesticides)</b>											
5.1	Aldrin (309-00-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
5.2	α-BHC (319-84-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
5.3	β-BHC (319-85-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
5.4	γ-BHC (58-89-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
5.5	δ-BHC (319-86-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
5.6	Chlordane (57-74-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
5.7	4,4'-DDT (50-29-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
5.8	4,4'-DDE (72-55-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
5.9	4,4'-DDD (72-54-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
5.10	Dieldrin (60-57-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
5.11	α-endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						

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**TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))<sup>1</sup>**

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
5.12	β-endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
5.13	Endosulfan sulfate (1031-07-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
5.14	Endrin (72-20-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
5.15	Endrin aldehyde (7421-93-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
5.16	Heptachlor (76-44-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
5.17	Heptachlor epoxide (1024-57-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
5.18	PCB-1242 (53469-21-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
5.19	PCB-1254 (11097-69-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
5.20	PCB-1221 (11104-28-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
5.21	PCB-1232 (11141-16-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
5.22	PCB-1248 (12672-29-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
5.23	PCB-1260 (11096-82-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
5.24	PCB-1016 (12674-11-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						

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**TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))<sup>1</sup>**

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)		Effluent				Intake (optional)	
			Believed Present	Believed Absent			Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
5.25	Toxaphene (8001-35-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							

<sup>1</sup> Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR Chapter I, Subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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**TABLE C. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(vi))<sup>1</sup>**

Pollutant	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
	Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses	
<input type="checkbox"/> Check here if you believe all pollutants in Table C to be <b>present</b> in your discharge from the noted outfall. You need <i>not</i> complete the "Presence or Absence" column of Table C for each pollutant.										
<input type="checkbox"/> Check here if you believe all pollutants in Table C to be <b>absent</b> in your discharge from the noted outfall. You need <i>not</i> complete the "Presence or Absence" column of Table C for each pollutant.										
1. Bromide (24959-67-9)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
			Mass							
2. Chlorine, total residual	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
			Mass							
3. Color	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
			Mass							
4. Fecal coliform	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
			Mass							
5. Fluoride (16984-48-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
			Mass							
6. Nitrate-nitrite	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	mg/L	.9	.67	17(DMR data Jan 2021-Mar 2025)			
			Mass	pounds	.9	.45	17(DMR data Jan 2021-Mar 2025)			
7. Nitrogen, total organic (as N)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	mg/L	1	.98	17(DMR data Jan 2021-Mar 2025)			
			Mass	pounds	1.4	.67	17(DMR data Jan 2021-Mar 2025)			
8. Oil and grease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
			Mass							
9. Phosphorus (as P), total (7723-14-0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	mg/L	.20	.115	17(DMR data Jan 2021-Mar 2025)			
			Mass	pounds	.23	.08	17(DMR data Jan 2021-Mar 2025)			
10. Sulfate (as SO <sub>4</sub> ) (14808-79-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
			Mass							
11. Sulfide (as S)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
			Mass							

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**TABLE C. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(vi))<sup>1</sup>**

	Pollutant	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
12.	Sulfite (as SO <sub>3</sub> ) (14265-45-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
13.	Surfactants	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
14.	Aluminum, total (7429-90-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
15.	Barium, total (7440-39-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
16.	Boron, total (7440-42-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
17.	Cobalt, total (7440-48-4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
18.	Iron, total (7439-89-6)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
19.	Magnesium, total (7439-95-4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
20.	Molybdenum, total (7439-98-7)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
21.	Manganese, total (7439-96-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
22.	Tin, total (7440-31-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
23.	Titanium, total (7440-32-6)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						

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**TABLE C. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(vi))<sup>1</sup>**

	Pollutant	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses	
24.	Radioactivity										
	Alpha, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							
	Beta, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							
	Radium, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							
	Radium 226, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
				Mass							

<sup>1</sup> Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR Chapter I, Subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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**TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))<sup>1</sup>**

	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
1.	Asbestos	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
2.	Acetaldehyde	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
3.	Allyl alcohol	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
4.	Allyl chloride	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
5.	Amyl acetate	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
6.	Aniline	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
7.	Benzonitrile	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
8.	Benzyl chloride	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
9.	Butyl acetate	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
10.	Butylamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
11.	Captan	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
12.	Carbaryl	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
13.	Carbofuran	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
14.	Carbon disulfide	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
15.	Chlorpyrifos	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
16.	Coumaphos	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
17.	Cresol	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
18.	Crotonaldehyde	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
19.	Cyclohexane	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

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**TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))<sup>1</sup>**

	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
20.	2,4-D (2,4-dichlorophenoxyacetic acid)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
21.	Diazinon	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
22.	Dicamba	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
23.	Dichlobenil	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
24.	Dichlone	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
25.	2,2-dichloropropionic acid	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
26.	Dichlorvos	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
27.	Diethyl amine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
28.	Dimethyl amine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
29.	Dinitrobenzene	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
30.	Diquat	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
31.	Disulfoton	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
32.	Diuron	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
33.	Epichlorohydrin	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
34.	Ethion	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
35.	Ethylene diamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
36.	Ethylene dibromide	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
37.	Formaldehyde	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
38.	Furfural	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

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**TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))<sup>1</sup>**

	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
39.	Guthion	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
40.	Isoprene	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
41.	Isopropanolamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
42.	Kelthane	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
43.	Kepone	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
44.	Malathion	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
45.	Mercaptodimethur	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
46.	Methoxychlor	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
47.	Methyl mercaptan	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
48.	Methyl methacrylate	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
49.	Methyl parathion	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
50.	Mevinphos	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
51.	Mexacarbate	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
52.	Monoethyl amine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
53.	Monomethyl amine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
54.	Naled	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
55.	Naphthenic acid	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
56.	Nitrotoluene	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
57.	Parathion	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

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**TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))<sup>1</sup>**

	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
58.	Phenolsulfonate	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
59.	Phosgene	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
60.	Propargite	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
61.	Propylene oxide	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
62.	Pyrethrins	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
63.	Quinoline	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
64.	Resorcinol	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
65.	Strontium	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
66.	Strychnine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
67.	Styrene	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
68.	2,4,5-T (2,4,5-trichlorophenoxyacetic acid)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
69.	TDE (tetrachlorodiphenyl ethane)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
70.	2,4,5-TP [2-(2,4,5-trichlorophenoxy) propanoic acid]	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
71.	Trichlorofon	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
72.	Triethanolamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
73.	Triethylamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
74.	Trimethylamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
75.	Uranium	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
76.	Vanadium	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

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**TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))<sup>1</sup>**

	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
77.	Vinyl acetate	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
78.	Xylene	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
79.	Xylenol	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
80.	Zirconium	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

<sup>1</sup> Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR Chapter I, Subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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**TABLE E. 2,3,7,8 TETRACHLORODIBENZO P DIOXIN (2,3,7,8 TCDD) (40 CFR 122.21(g)(7)(viii))**

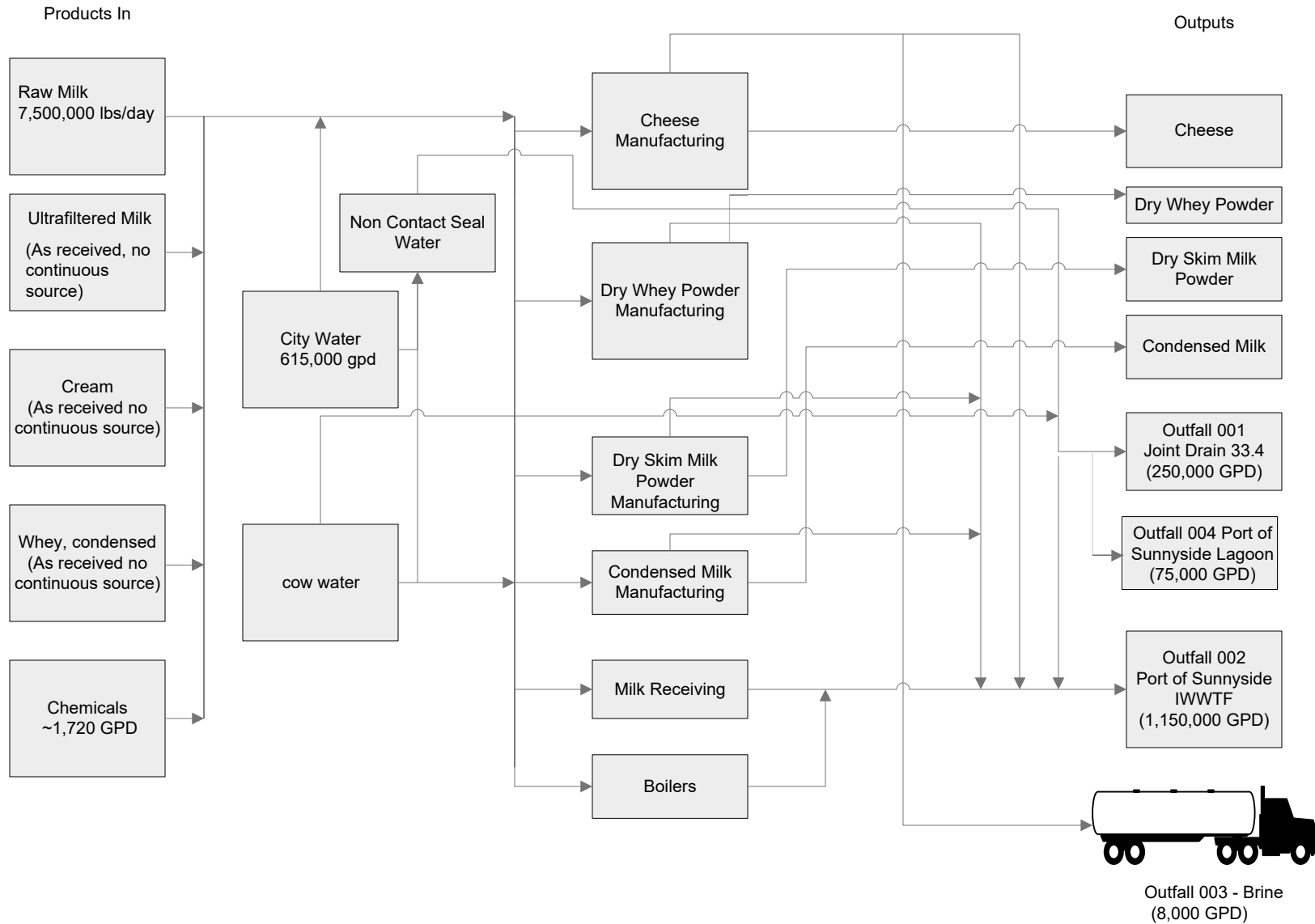
Pollutant	TCDD Congeners Used or Manufactured	Presence or Absence (check one)		Results of Screening Procedure
		Believed Present	Believed Absent	
2,3,7,8-TCDD	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

# Attachment for Section 2: Line Drawing



# Process Flow Line Diagram

## Darigold, Inc. – Sunnyside, WA



Attachment for  
Section 7:  
Table A Waiver  
Request

May 27, 2025

Matt Durkee  
Department of Ecology Central Regional Office  
1250 West Alder Street  
Union Gap, WA 98903

Re: Waiver request for Table A chemical oxygen demand, total organic carbon, and total suspended solids testing due to no discharge to outfall1. Permit renewal application for National Pollutant Discharge Elimination System Permit # WA0052078

Mr. Durkee:

Pursuant to the instructions under EPA Form 2C, we are formally requesting a waiver for the following parameters listed in Table A: Chemical Oxygen Demand (COD), Total Organic Carbon (TOC), and Total Suspended Solids (TSS). This request is based on the fact that there has been no discharge to Outfall 1.

Outfall 1 has not been in active use since 2024, with the exception of a brief operational period in late January and early February of this year. The primary reason for ceasing discharge to Outfall 1 is the facility's inability to consistently meet the effluent limitations outlined in our permit. As noted in prior communications, discharge to Outfall 1 has been halted twice, most recently in February 2025.

Due to the lack of recent discharge activity, no representative or applicable data are available for COD, TOC, or TSS. As previously stated, discharge to Outfall 1 will not resume until sustained compliance can be demonstrated.

For all remaining parameters listed in Table A, available discharge monitoring data were used. We respectfully request a waiver from reporting COD, TOC, and TSS, as we are currently unable to collect valid data for these parameters under present operating conditions. Please do not hesitate to contact me at (509) 854-4379 or [chris.babcock@darigold.com](mailto:chris.babcock@darigold.com) if additional information or clarification is needed to support this request.

Best Regards,



Chris Babcock  
Darigold



# 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: Manuel Soliz
2. Facility Name: Darigold Sunnyside  
(if different from Applicant)
3. Applicant Mail Address: 400 Alexander Rd  
Street  
Sunnyside, WA 98944  
City/State Zip
4. Facility Location Address: 400 Alexander Rd  
(if different from 3 above) Street  
Sunnyside, WA 98944  
City/State Zip
5. UBI No. 178-005-035 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):  
N46.3010556 / W-120.0162222

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:

Chris Babcock	Environmental Manager
Name	Title
509-854-4379	N/A
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.*


	5/28/25	Site Director, Sunnyside Plant
Signature*	Date	Title

Manuel Soliz

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:

	5/6/2025	Environmental Manager
Signature of delegated employee	Date	Title or function at the facility

Chris Babcock

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:

Process raw milk into cheese, whey powder, and milk powder. A variety of milk process intermediates such as cream, whey cream, condensed skim, milk permeate, ect. may be shipped out.

SIC 2022 & 2023

NAICS 311513 & 311514

- List raw materials and products used at his facility:

Type	RAW MATERIALS	Quantity
<i>Grapes (Example)</i>		<i>1,000 tons per year</i>
Raw Milk		2,737,500,000 lbs/year
Type	PRODUCTS	Quantity
<i>Grape Juice(Example)</i>		<i>300,000 gallons per year</i>
cheese		192,000,000 lbs/year
whey powder		83,000,000 lbs/year
milk powder		95,000,000 lbs/year
condensed skim		9,000,000 lbs/year
cream (sweet and whey)		125,000,000 lbs/year
milk permeate		12,000,000 lbs/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
Dairy product processing and equipment cleaning	Process wastewater and rejected COW water	002	C

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?      1,470,000 gallons/day
- What is the maximum average monthly wastewater discharge flow (daily flows averaged over a month)?      1,150,000 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
<b>Estimated Total Monthly Flow (GPD)</b>												

6. How many hours a day does this facility typically operate? 24

How many days a week does this facility typically operate? 7

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:

see attachment



- | 8. | Some types of facilities are required to have spill or waste control plans. Does this facility have:                            | Yes                                 | No                                  |
|----|---|-------------------------------------|-------------------------------------|
| 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 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>SPCC &amp; SWPPP</u> | <input checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/>            |

## SECTION D. WATER CONSUMPTION AND WATER LOSS

1. Potable water source(s):

☒ Public System (Specify) City of Sunnyside

☐ 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 \_\_\_\_\_ 224,400,000 gallons/year

Gallons per day (average) \_\_\_\_\_ 615,000 gallons/day

Gallons per day (maximum) \_\_\_\_\_ no data available

b. Is water metered?

☒ YES    ☐ NO

## SECTION E. WASTEWATER INFORMATION

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

Intake: magnetic flow 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.

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 <sup>th</sup> , 20 <sup>th</sup> edition or EPA	Detection Limit/Quantitation Level
		Minimum	Maximum	Average			
	BOD (5 day)		1,928		1	SM 5210 B	/2 mg/l
	COD		3,074		1	SM 5220 D	/10 mg/l
	Total suspended solids		860		1	SM 2540 D	/5 mg/l
	Fixed Dissolved Solids		1,248		1	SM 2540 E	
	Total dissolved solids		1,695		1	SM 2540 C	
	Conductivity (micromhos/cm)		813		1	SM 2510 B	
	Ammonia-N as N		37.8		1	SM 4500-NH <sub>3</sub> C	/0.3 mg/L
	pH		6.22		1	SM 4500-H	0.1 standard units
	Fecal coliform (organisms/100 mL)		>2,419		1	SM 9221 E or 9222 D	
	Total coliform (organisms/100 mL)		<2,419		1	SM 9221 B or 9222 B	
	Dissolved oxygen		1.86		1	SM 4500-O C/G	
	Nitrate + nitrite-N as N		32.74		1	SM 4500-NO <sub>3</sub> E	100 µg/L
	Total kjeldahl N as N		42		1	SM 4500-N <sub>org</sub> C/E/FG	300 µg/l
	Ortho-phosphate-P as P		27.9		1	SM 4500-P E/F	10 µg/l
	Total-phosphorous-P as P		73.1		1	SM 4500-P E/P/F	10 µg/l
	Total Oil & grease		298		1	EPA 1664A	1.4/5 mg/l
	NWTPH - Dx		ND		1	Ecology NWTPH Dx	250/250 µg/l
	NWTPH - Gx		ND		1	Ecology NWTPH Gx	250/250 µg/l
	Calcium		88		1	EPA 200.7	10 µg/l
	Chloride		76.3		1	SM 4500-Cl C	0.15 µg/l
	Fluoride		.21		1	SM 4500-F E	.025/0.1 mg/l
	Magnesium		15.5		1	EPA 200.7	10/50 µg/l
	Potassium		228		1	EPA 200.7	700/ µg/l
	Sodium		682		1	EPA 200.7	29/ µg/l
	Sulfate		84		1	SM 4500-SO <sub>4</sub> C/D	/200 µg/l
	Arsenic(total)		.003		1	EPA 200.8	0.1/0.5 µg/l

X	Parameter	Measurement Values			Number of Analyses	Analytical Method Std. Methods 19 <sup>th</sup> , 20 <sup>th</sup> edition or EPA	Detection Limit/Quantitation Level
		Minimum	Maximum	Average			
	Barium (total)		ND		1	EPA 200.8	0.5/2 µg/l
	Cadmium (total)		ND		1	EPA 200.8	.05/.25 µg/l
	Chromium (total)		.013		1	EPA 200.8	0.2/1 µg/l
	Copper (total)		.029		1	EPA 200.8	0.4/2 µg/l
	Lead (total)		ND		1	EPA 200.8	0.1/.5 µg/l
	Mercury (total) pg/L		ND		1	EPA 1631E	0.2/0.5 pg/l
	Molybdenum (total)		.003		1	EPA 200.8	0.1/0.5 µg/l
	Nickel (total)		.006		1	EPA 200.8	0.1/0.5 µg/l
	Selenium (total)		.006		1	EPA 200.8	1/1 µg/l
	Silver (total)		ND		1	EPA 200.8	.04/.2 µg/l
	Zinc (total)		ND		1	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
<b>Benzo(j)fluoranthene</b>	<b>205-82-3</b>	1,2-Diphenylhydrazine (as <i>Azobenzene</i> )	122-66-7
Benzo(k)fluoranthene (11,12-benzofluoranthene)	207-08-9	Fluoranthene	206-44-0
<b>Benzo(r,s,t)pentaphene</b>	<b>189-55-9</b>	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	<b>3-Methyl cholanthrene</b>	<b>56-49-5</b>
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
<b>Dibenzo (a,j)acridine</b>	<b>224-42-0</b>	N-Nitrosodi-n-propylamine	621-64-7
<b>Dibenzo (a,h)acridine</b>	<b>226-36-8</b>	N-Nitrosodiphenylamine	86-30-6
Dibenzo(a-h)anthracene (1,2,5,6-dibenzanthracene)	53-70-3	<b>Perylene</b>	<b>198-55-0</b>
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:

Pesticides are used inside and outside  
by contractor. Herbicide used for  
landscape

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.

WA0052078  
WAR000567  
NSRP-17-DG-14  
NSRP-22-DG-15  
NSRP-19-DG-15  
NSRP-22-DI-07

## 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. WAR000567

- 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 type="checkbox"/> Infiltration Basins                |
| <input type="checkbox"/> Spill Prevention            | <input 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.

Liquid waste (dairy products)

Natural Selection Farms 6800 Emerald Rd Sunnyside, WA 98944 (509)-837-3501

Smeenk Farm 451 Wendell Phillips Rd Sunnyside, WA 98944 (509)-837-2359

Carne Corp. (Gibby Group) 134 East Hwy 81 Burley, ID 83318 (208)-670-4406

Salt Brine

King County Industrial Waste Laura Sullivan (206)-798-0341

Wastewater solids from Tank Cleaning

Patriot Environmental Services 2444 Robertson Rd Richland, WA 99354

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

Raw material (milk) and dairy liquids is stored in silos.

Final products are stored in the warehouse before shipping.

Liquid waste is stored in silos before shipping.

Hazardous and universal wastes are stored indoor at a satellite accumulation area before being picked up for disposal.

Used oil is stored until pick up is scheduled and trash is held in dumpsters until pick up.

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: Port of Sunnyside Industrial Wastewater Treatment Facility

Street: 747 Midvale Rd

City/State: Sunnyside, WA

Zip: 98944

Signature of Treatment Works Authority

Date

Title

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:

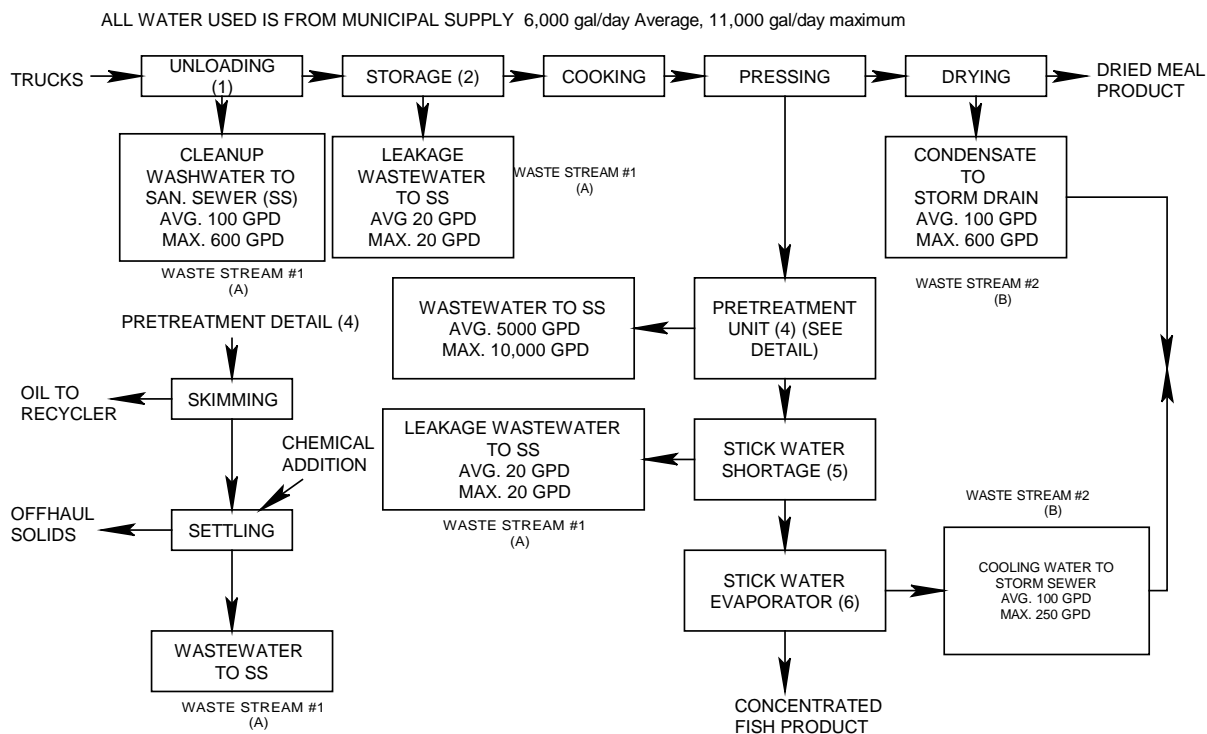
Signature of Sewer System Authority

Date

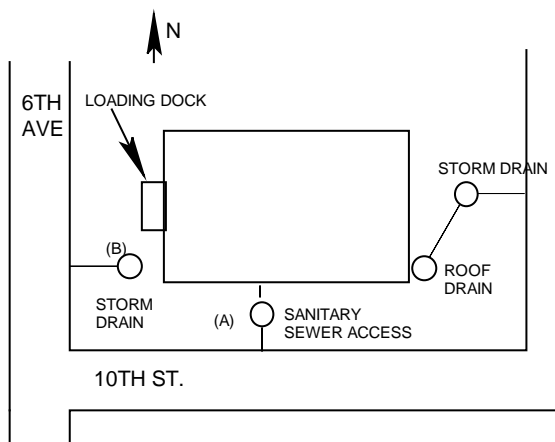
Title

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).

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### 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.8. Additional results of effluent testing
- ☒ F.1. Facility site map
- ☐ 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.*





# 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: Manuel Soliz
2. Facility Name: Darigold Sunnyside  
(if different from Applicant)
3. Applicant Mail Address: 400 Alexander Rd  
Street  
Sunnyside, WA 98944  
City/State Zip
4. Facility Location Address: 400 Alexander Rd  
(if different from 3 above) Street  
Sunnyside, WA 98944  
City/State Zip
5. UBI No. 178-005-035 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):  
N46.3010556 / W-120.0162222

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:

Chris Babcock	Environmental Manager
Name	Title
509-854-4379	N/A
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.*

  
Signature\*

5/28/25  
Date

Site Director, Sunnyside Plant


Title

Manuel Soliz

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

5/6/2025

Date

Environmental Manager

Title or function at the facility

Chris Babcock

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:

Process raw milk into cheese, whey powder, and milk powder. A variety of milk process intermediates such as cream, whey cream, condensed skim, milk permeate, ect. may be shipped out.

SIC 2022 & 2023

NAICS 311513 & 311514

- List raw materials and products used at his facility:

Type	RAW MATERIALS	Quantity
Raw Milk		2,737,500,000 lbs/year
Type	PRODUCTS	Quantity
milk powder		95,000,000 lbs/year
cheese		192,000,000 lbs/year
whey powder		83,000,000 lbs/year
milk permeate		12,000,000 lbs/year
condensed skim		9,000,000 lbs/year
cream (sweet and whey)		125,000,000 lbs/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
cheese process salt brine	saltwater brine	003	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?      24,441 \_\_\_\_\_ gallons/day
- What is the maximum average monthly wastewater discharge flow (daily flows averaged over a month)?      8,000 \_\_\_\_\_ 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
<b>Estimated Total Monthly Flow (GPD)</b>												

6. How many hours a day does this facility typically operate? 24

How many days a week does this facility typically operate? 7

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:

see attachment

- | 8. | Some types of facilities are required to have spill or waste control plans. Does this facility have:                            | Yes                                 | No                                  |
|----|---|-------------------------------------|-------------------------------------|
| 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 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>SPCC &amp; SWPPP</u> | <input checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/>            |

## SECTION D. WATER CONSUMPTION AND WATER LOSS

1. Potable water source(s):

☒ Public System (Specify) City of Sunnyside

☐ 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 \_\_\_\_\_ 224,400,000 gallons/year

Gallons per day (average) \_\_\_\_\_ 615,000 gallons/day

Gallons per day (maximum) \_\_\_\_\_ no data available

b. Is water metered?

☒ YES ☐ NO

## SECTION E. WASTEWATER INFORMATION

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

Intake: magnetic flow 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.
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 <sup>th</sup> , 20 <sup>th</sup> edition or EPA	Detection Limit/Quantitation Level
		Minimum	Maximum	Average			
	BOD (5 day)		3,104		1	SM 5210 B	/2 mg/l
	COD		4,973		1	SM 5220 D	/10 mg/l
	Total suspended solids		1,672		1	SM 2540 D	/5 mg/l
	Fixed Dissolved Solids		5,995		1	SM 2540 E	
	Total dissolved solids		7,184		1	SM 2540 C	
	Conductivity (micromhos/cm)		2,294		1	SM 2510 B	
	Ammonia-N as N		51.1		1	SM 4500-NH <sub>3</sub> C	/0.3 mg/L
	pH		4.12		1	SM 4500-H	0.1 standard units
	Fecal coliform (organisms/100 mL)		>2,419		1	SM 9221 E or 9222 D	
	Total coliform (organisms/100 mL)		<1		1	SM 9221 B or 9222 B	
	Dissolved oxygen		.93		1	SM 4500-O C/G	
	Nitrate + nitrite-N as N		1.21		1	SM 4500-NO <sub>3</sub> E	100 µg/L
	Total kjeldahl N as N		69		1	SM 4500-N <sub>org</sub> C/E/FG	300 µg/l
	Ortho-phosphate-P as P		28.3		1	SM 4500-P E/F	10 µg/l
	Total-phosphorous-P as P		65.4		1	SM 4500-P E/P/F	10 µg/l
	Total Oil & grease		78		1	EPA 1664A	1.4/5 mg/l
	NWTPH - Dx		ND		1	Ecology NWTPH Dx	250/250 µg/l
	NWTPH - Gx		ND		1	Ecology NWTPH Gx	250/250 µg/l
	Calcium		540		1	EPA 200.7	10 µg/l
	Chloride		439		1	SM 4500-Cl C	0.15 µg/l
	Fluoride		.09		1	SM 4500-F E	.025/0.1 mg/l
	Magnesium		106		1	EPA 200.7	10/50 µg/l
	Potassium		1,538		1	EPA 200.7	700/ µg/l
	Sodium		25,299		1	EPA 200.7	29/ µg/l
	Sulfate		48.4		1	SM 4500-SO <sub>4</sub> C/D	/200 µg/l
	Arsenic(total)		.002		1	EPA 200.8	0.1/0.5 µg/l

X	Parameter	Measurement Values			Number of Analyses	Analytical Method Std. Methods 19 <sup>th</sup> , 20 <sup>th</sup> edition or EPA	Detection Limit/Quantitation Level
		Minimum	Maximum	Average			
	Barium (total)		ND		1	EPA 200.8	0.5/2 µg/l
	Cadmium (total)		ND		1	EPA 200.8	.05/.25 µg/l
	Chromium (total)		.08		1	EPA 200.8	0.2/1 µg/l
	Copper (total)		1.34		1	EPA 200.8	0.4/2 µg/l
	Lead (total)		ND		1	EPA 200.8	0.1/.5 µg/l
	Mercury (total) pg/L		ND		1	EPA 1631E	0.2/0.5 pg/l
	Molybdenum (total)		.009		1	EPA 200.8	0.1/0.5 µg/l
	Nickel (total)		.025		1	EPA 200.8	0.1/0.5 µg/l
	Selenium (total)		.03		1	EPA 200.8	1/1 µg/l
	Silver (total)		ND		1	EPA 200.8	.04/.2 µg/l
	Zinc (total)		.58		1	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
<b>Benzo(j)fluoranthene</b>	<b>205-82-3</b>	1,2-Diphenylhydrazine (as <i>Azobenzene</i> )	122-66-7
Benzo(k)fluoranthene (11,12-benzofluoranthene)	207-08-9	Fluoranthene	206-44-0
<b>Benzo(r,s,t)pentaphene</b>	<b>189-55-9</b>	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	<b>3-Methyl cholanthrene</b>	<b>56-49-5</b>
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
<b>Dibenzo (a,j)acridine</b>	<b>224-42-0</b>	N-Nitrosodi-n-propylamine	621-64-7
<b>Dibenzo (a,h)acridine</b>	<b>226-36-8</b>	N-Nitrosodiphenylamine	86-30-6
Dibenzo(a-h)anthracene (1,2,5,6-dibenzanthracene)	53-70-3	<b>Perylene</b>	<b>198-55-0</b>
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:

Pesticides are used inside and outside  
by contractor. Herbicide used for  
landscape

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.

WA0052078  
WAR000567  
NSRP-17-DG-14  
NSRP-22-DG-15  
NSRP-19-DG-15  
NSRP-22-DI-07

## 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. WAR000567

- 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 type="checkbox"/> Infiltration Basins                |
| <input type="checkbox"/> Spill Prevention            | <input 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.

Liquid waste (dairy products)

Natural Selection Farms 6800 Emerald Rd Sunnyside, WA 98944 (509)-837-3501

Smeenk Farm 451 Wendell Phillips Rd Sunnyside, WA 98944 (509)-837-2359

Carne Corp. (Gibby Group) 134 East Hwy 81 Burley, ID 83318 (208)-670-4406

Salt Brine

King County Industrial Waste Laura Sullivan (206)-798-0341

Wastewater solids from Tank Cleaning

Patriot Environmental Services 2444 Robertson Rd Richland, WA 99354

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

Raw material (milk) and dairy liquids is stored in silos.

Final products are stored in the warehouse before shipping.

Liquid waste is stored in silos before shipping.

Hazardous and universal wastes are stored indoor at a satellite accumulation area before being picked up for disposal.

Used oil is stored until pick up is scheduled and trash is held in dumpsters until pick up.

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: King County Industrial Waste via Darigold Rainier Plant  
Street: 201 S. Jackson Street  
City/State: Zip: 98104

Signature of Treatment Works Authority Date Title

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:

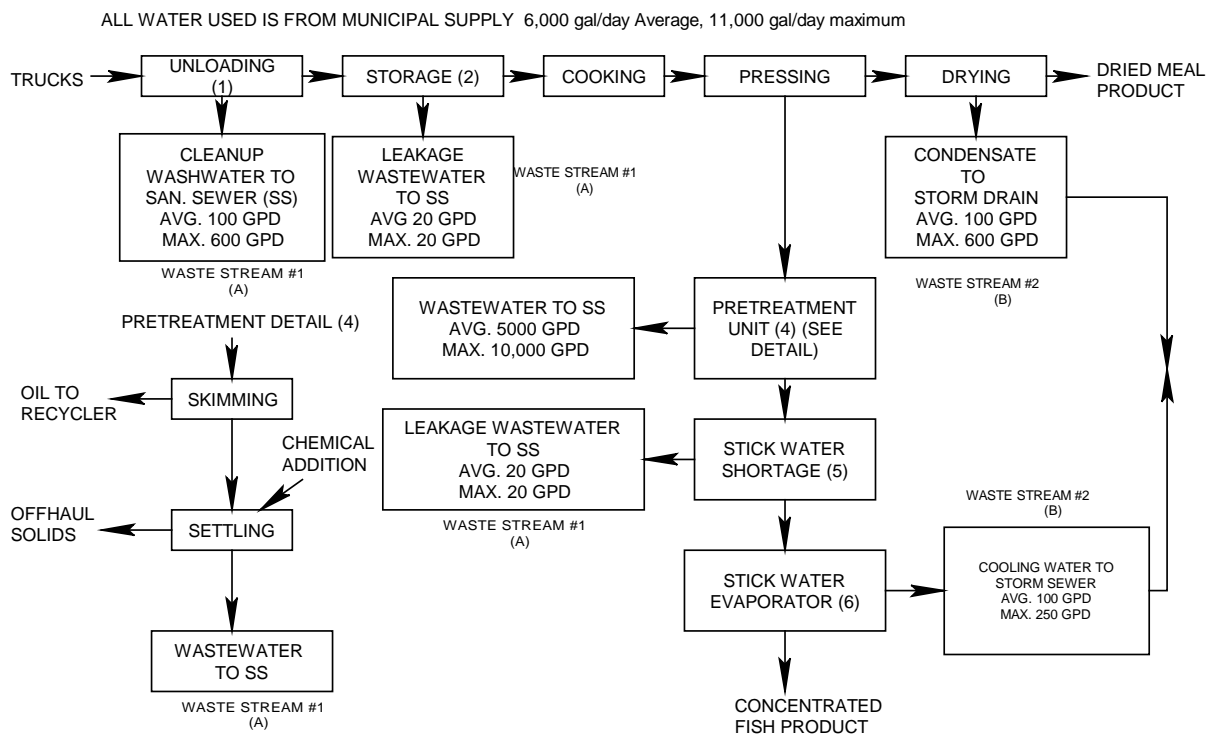
Outfall 3 discharge is at Darigold Rainier Plant

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

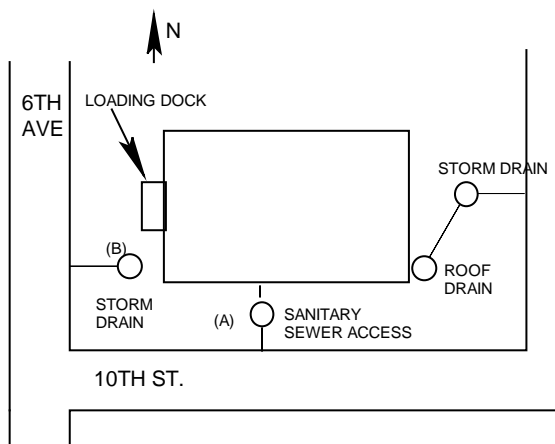
Signature of Sewer System Authority Date Title

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).

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### 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.8. Additional results of effluent testing
- ☒ F.1. Facility site map
- ☐ 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.*



# 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: Manuel Soliz
2. Facility Name: Darigold Sunnyside  
(if different from Applicant)
3. Applicant Mail Address: 400 Alexander Rd  
Street  
Sunnyside, WA 98944  
City/State Zip
4. Facility Location Address: 400 Alexander Rd  
(if different from 3 above) Street  
Sunnyside, WA 98944  
City/State Zip
5. UBI No. 178-005-035  
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):  
N46.3010556 / W-120.0162222

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:

Chris Babcock	Environmental Manager
Name	Title
509-854-4379	N/A
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.*


	5/28/25	Site Director, Sunnyside Plant
Signature*	Date	Title

Manuel Soliz

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:

	5/6/2025	Environmental Manager
Signature of delegated employee	Date	Title or function at the facility

Chris Babcock

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:

Process raw milk into cheese, whey powder, and milk powder. A variety of milk process intermediates such as cream, whey cream, condensed skim, milk permeate, ect. may be shipped out.

SIC 2022 & 2023

NAICS 311513 & 311514

- List raw materials and products used at his facility:

Type	RAW MATERIALS	Quantity
<i>Grapes (Example)</i>		<i>1,000 tons per year</i>
Raw Milk		2,737,500,000 lbs/year
Type	PRODUCTS	Quantity
<i>Grape Juice(Example)</i>		<i>300,000 gallons per year</i>
cheese		192,000,000 lbs/year
whey powder		83,000,000 lbs/year
milk powder		95,000,000 lbs/year
condensed skim		9,000,000 lbs/year
cream (sweet and whey)		125,000,000 lbs/year
milk permeate		12,000,000 lbs/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
Evaporation and reverse osmosis	COW water	004	C

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? 483,000 \_\_\_\_\_ gallons/day
- What is the maximum average monthly wastewater discharge flow (daily flows averaged over a month)? 75,000 \_\_\_\_\_ 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
<b>Estimated Total Monthly Flow (GPD)</b>												

6. How many hours a day does this facility typically operate? 24

How many days a week does this facility typically operate? 7

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:

- |    |   | Yes                                 | No                                  |
|----|---|-------------------------------------|-------------------------------------|
| 8. | 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 type="checkbox"/>            | <input checked="" 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>SPCC &amp; SWPPP</u> | <input checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/>            |

## SECTION D. WATER CONSUMPTION AND WATER LOSS

1. Potable water source(s):

☒ Public System (Specify) City of Sunnyside

☐ 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 \_\_\_\_\_ 224,400,000 gallons/year

Gallons per day (average) \_\_\_\_\_ 615,000 gallons/day

Gallons per day (maximum) \_\_\_\_\_ no data available

b. Is water metered?

☒ YES    ☐ NO

## SECTION E. WASTEWATER INFORMATION

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

Intake: magnetic flow 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.

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 <sup>th</sup> , 20 <sup>th</sup> edition or EPA	Detection Limit/Quantitation Level
		Minimum	Maximum	Average			
	BOD (5 day)		15		1	SM 5210 B	/2 mg/l
	COD		23		1	SM 5220 D	/10 mg/l
	Total suspended solids		64		1	SM 2540 D	/5 mg/l
	Fixed Dissolved Solids		143		1	SM 2540 E	
	Total dissolved solids		372		1	SM 2540 C	
	Conductivity (micromhos/cm)		298		1	SM 2510 B	
	Ammonia-N as N		9.6		1	SM 4500-NH <sub>3</sub> C	/0.3 mg/L
	pH		6.73		1	SM 4500-H	0.1 standard units
	Fecal coliform (organisms/100 mL)		>2,419		1	SM 9221 E or 9222 D	
	Total coliform (organisms/100 mL)		>2,419		1	SM 9221 B or 9222 B	
	Dissolved oxygen		6.33		1	SM 4500-O C/G	
	Nitrate + nitrite-N as N		.614		1	SM 4500-NO <sub>3</sub> E	100 µg/L
	Total kjeldahl N as N		11		1	SM 4500-N <sub>org</sub> C/E/FG	300 µg/l
	Ortho-phosphate-P as P		2.41		1	SM 4500-P E/F	10 µg/l
	Total-phosphorous-P as P		9.65		1	SM 4500-P E/P/F	10 µg/l
	Total Oil & grease		ND		1	EPA 1664A	1.4/5 mg/l
	NWTPH - Dx		ND		1	Ecology NWTPH Dx	250/250 µg/l
	NWTPH - Gx		ND		1	Ecology NWTPH Gx	250/250 µg/l
	Calcium		8.9		1	EPA 200.7	10 µg/l
	Chloride		23.8		1	SM 4500-Cl C	0.15 µg/l
	Fluoride		.71		1	SM 4500-F E	.025/0.1 mg/l
	Magnesium		3.3		1	EPA 200.7	10/50 µg/l
	Potassium		52.9		1	EPA 200.7	700/ µg/l
	Sodium		48		1	EPA 200.7	29/ µg/l
	Sulfate		18.9		1	SM 4500-SO <sub>4</sub> C/D	/200 µg/l
	Arsenic(total)		ND		1	EPA 200.8	0.1/0.5 µg/l

X	Parameter	Measurement Values			Number of Analyses	Analytical Method Std. Methods 19 <sup>th</sup> , 20 <sup>th</sup> edition or EPA	Detection Limit/Quantitation Level
		Minimum	Maximum	Average			
	Barium (total)		ND		1	EPA 200.8	0.5/2 µg/l
	Cadmium (total)		ND		1	EPA 200.8	.05/.25 µg/l
	Chromium (total)		ND		1	EPA 200.8	0.2/1 µg/l
	Copper (total)		ND		1	EPA 200.8	0.4/2 µg/l
	Lead (total)		ND		1	EPA 200.8	0.1/.5 µg/l
	Mercury (total) pg/L		ND		1	EPA 1631E	0.2/0.5 pg/l
	Molybdenum (total)		ND		1	EPA 200.8	0.1/0.5 µg/l
	Nickel (total)		ND		1	EPA 200.8	0.1/0.5 µg/l
	Selenium (total)		ND		1	EPA 200.8	1/1 µg/l
	Silver (total)		ND		1	EPA 200.8	.04/.2 µg/l
	Zinc (total)		ND		1	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
<b>Benzo(j)fluoranthene</b>	<b>205-82-3</b>	1,2-Diphenylhydrazine (as <i>Azobenzene</i> )	122-66-7
Benzo(k)fluoranthene (11,12-benzofluoranthene)	207-08-9	Fluoranthene	206-44-0
<b>Benzo(r,s,t)pentaphene</b>	<b>189-55-9</b>	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	<b>3-Methyl cholanthrene</b>	<b>56-49-5</b>
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
<b>Dibenzo (a,j)acridine</b>	<b>224-42-0</b>	N-Nitrosodi-n-propylamine	621-64-7
<b>Dibenzo (a,h)acridine</b>	<b>226-36-8</b>	N-Nitrosodiphenylamine	86-30-6
Dibenzo(a-h)anthracene (1,2,5,6-dibenzanthracene)	53-70-3	<b>Perylene</b>	<b>198-55-0</b>
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:

Pesticides are used inside and outside  
by contractor. Herbicide used for  
landscape

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.

WA0052078  
WAR000567  
NSRP-17-DG-14  
NSRP-22-DG-15  
NSRP-19-DG-15  
NSRP-22-DI-07

## 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. WAR000567

- 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 type="checkbox"/> Infiltration Basins                |
| <input type="checkbox"/> Spill Prevention            | <input 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.

Liquid waste (dairy products)

Natural Selection Farms 6800 Emerald Rd Sunnyside, WA 98944 (509)-837-3501

Smeenk Farm 451 Wendell Phillips Rd Sunnyside, WA 98944 (509)-837-2359

Carne Corp. (Gibby Group) 134 East Hwy 81 Burley, ID 83318 (208)-670-4406

Salt Brine

King County Industrial Waste Laura Sullivan (206)-798-0341

Wastewater solids from Tank Cleaning

Patriot Environmental Services 2444 Robertson Rd Richland, WA 99354

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

Raw material (milk) and dairy liquids is stored in silos.

Final products are stored in the warehouse before shipping.

Liquid waste is stored in silos before shipping.

Hazardous and universal wastes are stored indoor at a satellite accumulation area before being picked up for disposal.

Used oil is stored until pick up is scheduled and trash is held in dumpsters until pick up.

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: Port of Sunnyside Industrial Wastewater Treatment Facility

Street: 747 Midvale Rd

City/State: Sunnyside, WA

Zip: 98944

Signature of Treatment Works Authority

Date

Title

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



## 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)

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☐ Neither of the above

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

Treatment Works Owner: Port of Sunnyside Industrial Wastewater Treatment Facility  
Street: 747 Midvale Rd  
City/State: Sunnyside, WA Zip: 98944

Signature of Treatment Works Authority Date Title

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.*

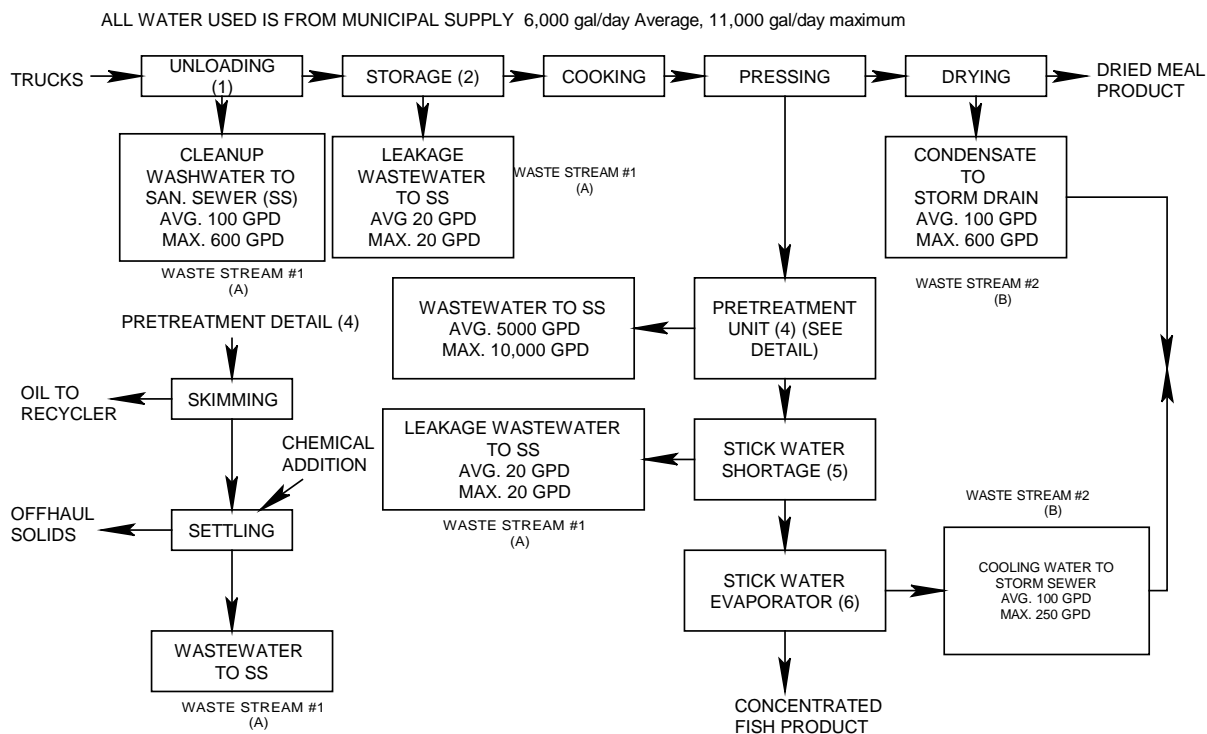
Name and location of sewer system to which this project will be tributary:

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

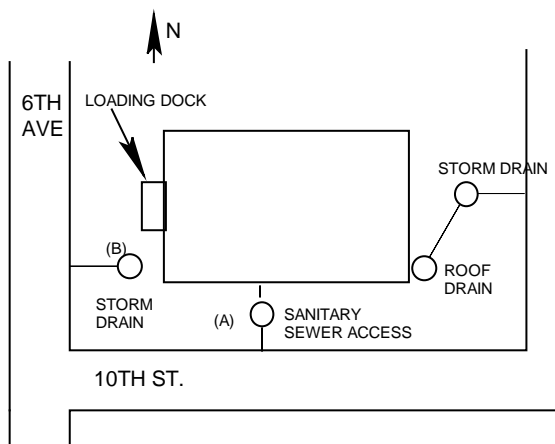
Signature of Sewer System Authority Date Title

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).

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### Summary of Attachments That May be Required for This Application:

*(Please check those attachments that are included)*

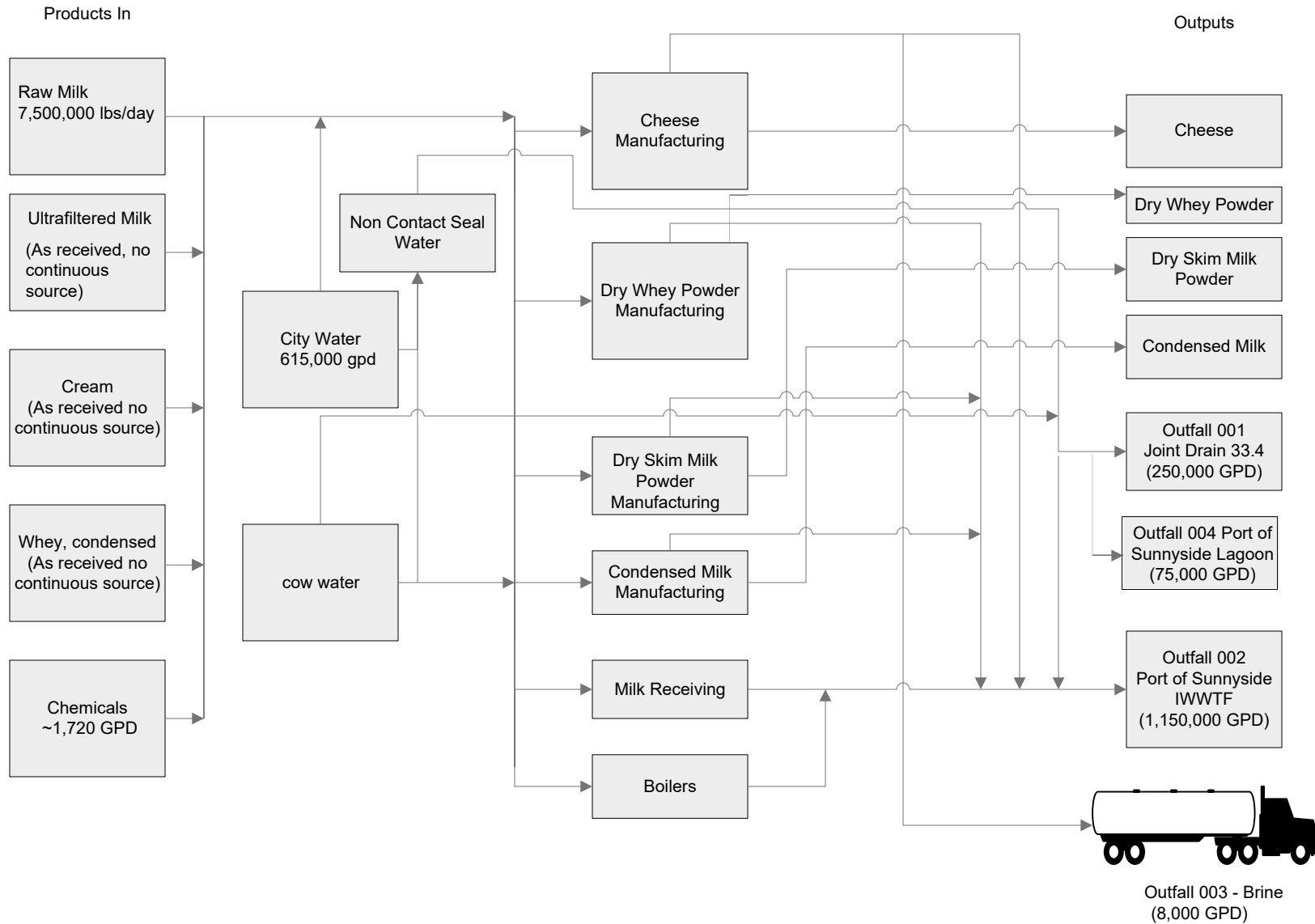
- ☒ C.2. Production schematic flow diagram and water balance
- ☐ C.4. Wastewater treatment improvements
- ☒ C.7. Additional incidental materials
- ☐ E.8. Additional results of effluent testing
- ☒ F.1. Facility site map
- ☐ H.5. Stormwater drainage map

*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.*

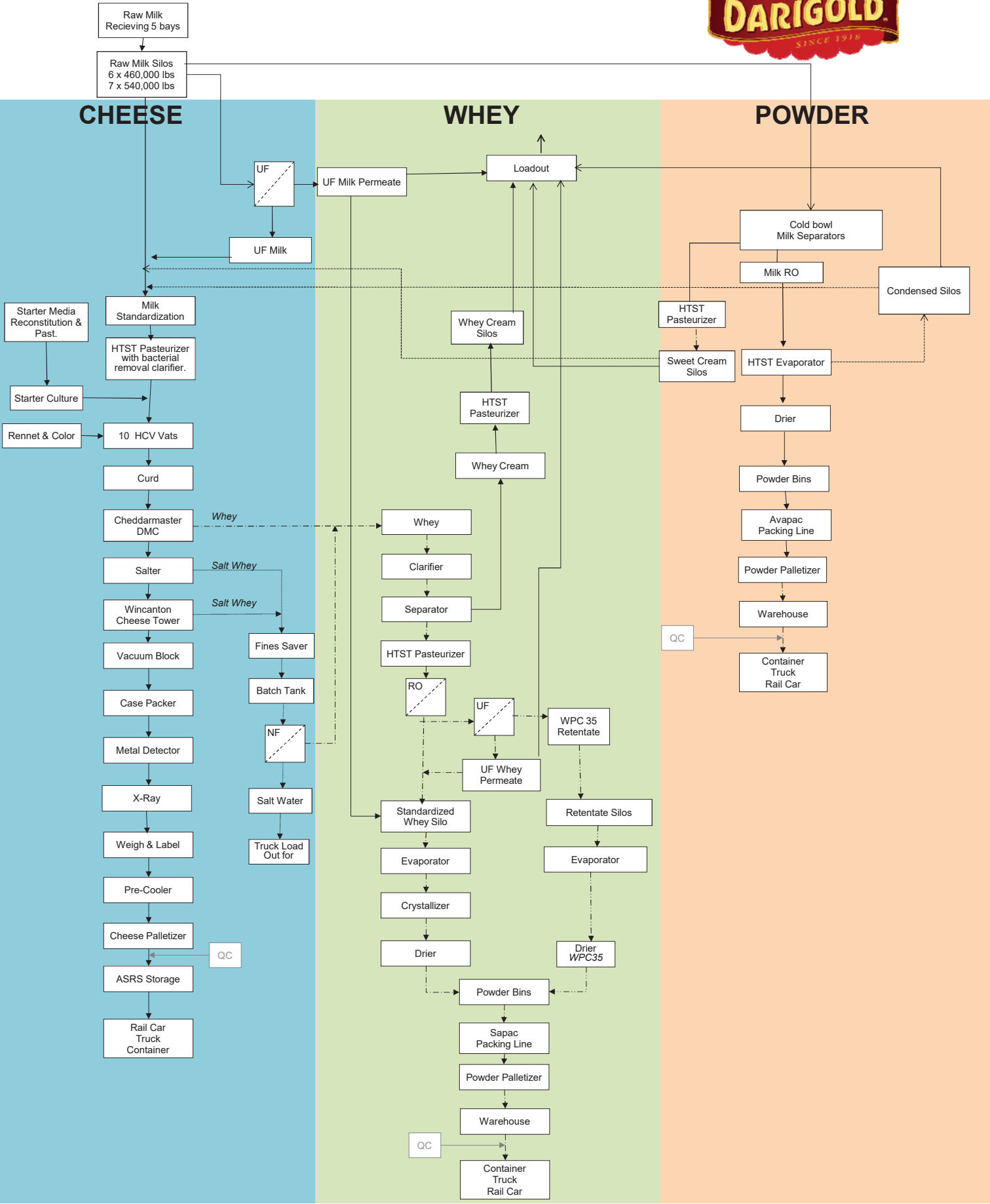
Application for a State Waste  
Discharge Permit to Discharge  
Industrial Wastewater to a Publicly-  
Owned Treatment Works  
Outfall 2,3, and 4 Attachments

Attachment for  
Section  
C.2:  
Production Schematic  
Flow Diagram and  
Water Balance

# Process Flow Line Diagram Darigold, Inc. – Sunnyside, WA



Sunnyside Cheese, Whey, and Milk Processing



**Attachment for  
Section  
C.7:  
Incidental Materials &  
Solvent SDS**



Chemical	Average Inventory gallons	Average Daily Use gallons
SUPPRESSOR 3110	429	18
SODIUM BISULFITE SOLUTION 40% F.G.	213	1
SODIUM BISULFITE SOLUTION 40% F.G.	574	12
STERILEX ULTRA STEP	1,835	12
CAUSTIC SODA LIQUID 50% FG	425	3
PURE HARD SURFACE	228	1
ALPET D2 SURFACE SANITIZING WIPE 6X160 CS	24	1
ENHANCE, NO. 567 - 55 GAL	207	1
ENHANCE, NO. 567 - 300 GAL	572	35
KLEAN DRAIN DONUTS	48	0.2
VIBRANT, NO. 173 - 502#	162	1
INDICON GEL IND-128	0	0.2
HYDRI-CHILL FG 2600# OWT	214	5
ULTRA 1000	3,950	931
MPA NO. 168	3,414	484
DICTATE NO. 465	4,038	23
HYDRIFLUX NP NO. 366	2,119	50
CHLOROCLEAN NO. 269	393	17
ENZYTERGE NO. 400	228	2
ENZYTERGE NO. 400	383	15
DETBUILD NO. 394	306	0.3
DETBUILD NO. 394	452	6
HYDROXYSAN + NO. 494	450	10
HYDROXYSAN + NO. 494	706	47
SAN-I-KING NO. 451	278	15
DEFOAMER NO. 553	411	6
ENRICH NO. 299	331	7
PAA 6%	84	0.1
SPECIAL ADDITIVE NO. 554	165	0
VIGILANT NO. 163	272	12
SUPER B KLEEN NO. 310	1,811	3
ULTRASOLV NO. 580	210	1
HYDRISOAK NO. 180	105	0.1
STERILEX DIS	118	0.2
STERILEX ACT	141	0.2
APOLLO NO. 327	266	2
GREASE-X NO. 367	246	0.3
ISOPROPYL ALCOHOL, 70% BY VOLUME	253	1
MULTIQUAT NO. 455	289	0.1
Oil & Grease	2,650	Varies
Solvent (parts cleaner)	40	-



## Safety Data Sheet

Material Name: SAFETY-KLEEN PREMIUM SOLVENT (VIRGIN AND RECYCLED)

SDS ID: 82658

### Section 1 - PRODUCT AND COMPANY IDENTIFICATION

**Material Name**

SAFETY-KLEEN PREMIUM SOLVENT (VIRGIN AND RECYCLED)

**Synonyms**

Safety-Kleen Premium Gold Solvent; Safety-Kleen Continued Use Product Solvent (CUP); High Flash Degreasing Solvent; Parts Washer Solvent; Petroleum Distillates; Petroleum Naphtha; Naphtha, Solvent; Mineral Spirits

**Product Use**

Cleaning and degreasing metal parts. If this product is used in combination with other products, refer to the Safety Data Sheets for those products.

**Restrictions on Use**

None known.

**MANUFACTURER**

Safety-Kleen Systems, Inc.  
2600 North Central Expressway  
Suite 200  
Richardson, TX 75080  
www.safety-kleen.com  
Phone: 1-800-669-5740  
Emergency Phone #: 1-800-468-1760

**IN CANADA: SUPPLIER**

Safety-Kleen Canada, Inc.  
25 Regan Road  
Brampton, Ontario, Canada L1A 1B2

Phone: 1-800-669-5740

Emergency # 1-800-468-1760

**Issue Date**

September 30, 2016

**Supersedes Issue Date**

June 28, 2016

**Original Issue Date**

January 26, 1995

### Section 2 - HAZARDS IDENTIFICATION

**Classification in accordance with paragraph (d) of 29 CFR 1910.1200.**

Flammable Liquids - Category 4

Aspiration Hazard - Category 1

Specific Target Organ Toxicity - Single Exposure - Category 3 (central nervous system)

**GHS Label Elements**

**Symbol(s)**



**Signal Word**

Danger

## Safety Data Sheet

Material Name: SAFETY-KLEEN PREMIUM SOLVENT (VIRGIN AND RECYCLED)

SDS ID: 82658

### Hazard Statement(s)

Combustible liquid.  
May be fatal if swallowed and enters airways.  
May cause drowsiness or dizziness.

### Precautionary Statement(s)

#### Prevention

Keep away from heat, sparks, open flame, and hot surfaces - No smoking. Use only outdoors or in a well-ventilated area. Wear protective gloves and eye protection/face protection. Avoid breathing vapor or mist.

#### Response

In case of fire: Use Class B/C or Class A/B/C fire extinguisher, carbon dioxide, regular foam, dry chemical, water spray, or water fog for extinction. IF INHALED: Remove person to fresh air and keep at rest in a position comfortable for breathing. Call a POISON CENTER or doctor if you feel unwell. IF SWALLOWED: Immediately call a POISON CENTER/doctor. Do NOT induce vomiting.

#### Storage

Store in a well-ventilated place. Keep container tightly closed. Keep cool. Store locked up.

#### Disposal

Dispose of contents/container in accordance with local/regional/national/international regulations.

#### Other Hazards

None known.

### Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

CAS	Component Name	Percent
64742-47-8	Petroleum distillates, hydrotreated light	100

### Section 4 - FIRST AID MEASURES

#### Inhalation

IF INHALED: Remove person to fresh air and keep at rest in a position comfortable for breathing. Call a POISON CENTER or doctor/physician if you feel unwell.

#### Skin

IF ON SKIN: Wash with plenty of soap and water. Remove contaminated clothing and wash it before reuse. Get medical attention if irritation develops or persists.

#### Eyes

IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Get medical attention if irritation develops or persists.

#### Ingestion

Aspiration hazard. IF SWALLOWED: Do NOT induce vomiting. If vomiting occurs, keep head lower than hips to help prevent aspiration. Immediately call a POISON CENTER or doctor/physician.

#### Most Important Symptoms/Effects

##### Acute

May be fatal if swallowed and enters airways. May cause drowsiness or dizziness.

##### Delayed

May cause damage to central nervous system.

#### Indication of any immediate medical attention and special treatment needed

IF exposed: Immediately call a POISON CENTER or doctor/physician. Treat symptomatically and supportively. Treatment may vary with condition of victim and specifics of incident. Call 1-800-468-1760 for additional information.

## Safety Data Sheet

Material Name: SAFETY-KLEEN PREMIUM SOLVENT (VIRGIN AND RECYCLED)

SDS ID: 82658

### Section 5 - FIRE FIGHTING MEASURES

#### Extinguishing Media

##### Suitable Extinguishing Media

Media to use includes Class B/C or Class A/B/C fire extinguisher, carbon dioxide, regular dry chemical, foam, water spray, and water fog.

##### Unsuitable Extinguishing Media

Do not use high-pressure water streams.

#### Special Hazards Arising from the Chemical

Combustible liquid and vapor. The vapor is heavier than air. Vapors or gases may ignite at distant ignition sources and flash back. Do not allow run-off from fire-fighting to enter drains or water courses. Closed containers may rupture violently when heated. Empty containers may retain product residue including flammable/explosive vapors. Take precautionary measures against static discharge: May cause fire or explosion.

#### Hazardous Combustion Products

Decomposition and combustion materials may be toxic. Burning may produce carbon monoxide and other organic compounds.

#### Advice for firefighters

Wear full protective firefighting gear including self-contained breathing apparatus (SCBA) for protection against possible exposure.

#### Fire Fighting Measures

Keep away from ignition sources - No smoking. Keep unnecessary people away, isolate hazard area and deny entry. Move container from fire area if it can be done without risk. Cool containers with water spray until well after the fire is out. Fight fire from maximum distance or use unmanned hose holders or monitor nozzles. For massive fire, use unmanned hose holders or monitor nozzles; if this is impossible withdraw from area and let fire burn. Withdraw immediately in case of rising sound from venting safety device or any discoloration of tanks due to fire. Stay away from the ends of tanks. For tank, rail car or tank truck, evacuation radius: 800 meters (1/2 mile). Stay upwind and keep out of low areas. Dike for later disposal.

### Section 6 - ACCIDENTAL RELEASE MEASURES

#### Personal Precautions, Protective Equipment and Emergency Procedures

Wear personal protective clothing and equipment, see Section 8.

#### Methods and Materials for Containment and Cleaning Up

Remove all sources of ignition. Do not touch or walk through spilled material. Stop leak if safe to do so. Wear personal protective clothing and equipment. Appropriate engineering controls: Keep unnecessary people away, isolate hazard area and deny entry. Ventilate the area. Avoid breathing vapor or mist. Use foam on spills to minimize vapors. Keep out of water supplies and sewers. Absorb with earth, sand or other non-combustible material and transfer to container. Use non-sparking tools. Large spills: Reduce vapors with water spray. Dike for later disposal.

#### Environmental Precautions

Avoid release to the environment.

### Section 7 - HANDLING AND STORAGE

#### Precautions for Safe Handling

Keep away from heat, sparks and flame. Use personal protective equipment as required. When transferring product, trucks and tank cars should be grounded and bonded. Do not breathe vapor or mist. Use only outdoors or in a well-ventilated area. Avoid contact with eyes, skin and clothing. Do not eat, drink or smoke when using this product.

## Safety Data Sheet

Material Name: SAFETY-KLEEN PREMIUM SOLVENT (VIRGIN AND RECYCLED)

SDS ID: 82658

### Conditions for Safe Storage, Including any Incompatibilities

Store in a well-ventilated place. Keep container tightly closed. Keep cool. Store locked up. Keep away from heat and ignition sources. Do not cut, puncture, or weld on or near this container. Empty containers may contain product residue.

### Incompatible Materials

Avoid acids, alkalis, oxidizing agents, reducing agents, halogens.

## Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

### Component Exposure Limits

Petroleum distillates, hydrotreated light	64742-47-8
ACGIH:	100 ppm TWA (related to Stoddard solvent )
NIOSH:	350 mg/m <sup>3</sup> TWA (related to Stoddard solvent )
	1800 mg/m <sup>3</sup> Ceiling (15 minutes )
OSHA (US):	500 ppm TWA ; 2900 mg/m <sup>3</sup> TWA (Related to Stoddard solvent )
	100 ppm TWA (Related to Stoddard solvent ) ; 525 mg/m <sup>3</sup> TWA (OSHA (Vacated) )

### ACGIH - Threshold Limit Values - Biological Exposure Indices (BEI)

There are no biological limit values for any of this product's components.

### Engineering Controls

Provide general ventilation needed to maintain concentration of vapor or mist below applicable exposure limits. Where adequate general ventilation is unavailable, use process enclosures, local exhaust ventilation, or other engineering controls to control airborne levels below applicable exposure limits.

### Individual Protection Measures, such as Personal Protective Equipment

#### Eye/face protection

Wear safety glasses. Additional protection like goggles, face shields, or respirators may be needed dependent upon anticipated use and concentrations of mists or vapors. Eye wash fountain and emergency showers are recommended. Contact lens use is not recommended.

#### Respiratory Protection

Use NIOSH-certified P- or R- series particulate filter and organic vapor cartridges when concentration of vapor or mist exceeds applicable exposure limits. Protection provided by air purifying respirators is limited. Do not use N-rated respirators. Selection and use of respiratory protective equipment should be in accordance in the USA with OSHA General Industry Standard 29 CFR 1910.134; or in Canada with CSA Standard Z94.4.

#### Glove Recommendations

Wear appropriate chemical resistant gloves. In case of skin contact: neoprene, nitrile, as well as similar materials in protection gloves; do not use natural rubber.

#### Protective Materials

Personal protective equipment should be selected based upon the conditions under which this material is used. A hazard assessment of the work area for PPE requirements should be conducted by a qualified professional pursuant to regulatory requirements. The following PPE should be considered the minimum required: Safety glasses, gloves, and lab coat or apron.

## Safety Data Sheet

**Material Name: SAFETY-KLEEN PREMIUM SOLVENT (VIRGIN AND RECYCLED)**

**SDS ID: 82658**

### Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

<b>Appearance</b>	Clear liquid	<b>Physical State</b>	Liquid
<b>Odor</b>	Mild ,hydrocarbon odor	<b>Color</b>	Colorless to pale yellow
<b>Odor Threshold</b>	30 ppm (based on Stoddard Solvent )	<b>pH</b>	Not applicable
<b>Melting Point</b>	-45 F (-43 C )	<b>Boiling Point</b>	350 F (177 C )
<b>Boiling Point Range</b>	Not available	<b>Freezing point</b>	Not available
<b>Evaporation Rate</b>	<0.1 (butyl acetate = 1)	<b>Flammability (solid, gas)</b>	Not available
<b>Autoignition Temperature</b>	480 F (249 C )(minimum)	<b>Flash Point</b>	148 F (64 C )
<b>Lower Explosive Limit</b>	0.7 VOL%	<b>Decomposition temperature</b>	Not available
<b>Upper Explosive Limit</b>	5 VOL%	<b>Vapor Pressure</b>	0.2 mm Hg (at 68 F )
<b>Vapor Density (air=1)</b>	5 (air = 1) (approximately)	<b>Specific Gravity (water=1)</b>	0.77 - 0.82 (at 60 F )
<b>Water Solubility</b>	Insoluble	<b>Partition coefficient: n-octanol/water</b>	Not available
<b>Viscosity</b>	Not available	<b>Solubility (Other)</b>	Not available
<b>Density</b>	6.4 - 6.7 lb/US gal	<b>VOC</b>	100 WT%; 6.4 to 6.7 LB/US gal; 770 to 800 g/l; As per 40 CFR Part 51.100(s); VOC Vapor Pressure: <1.0 mmHg @ 20°C; Product may or may not be considered photochemically reactive (100% by weight); Consult your state or local air district regulations for location specific information.
<b>Molecular Weight</b>	Not available		
<b>Other Information</b>	No additional information is available.		

### Section 10 - STABILITY AND REACTIVITY

**Reactivity**

No reactivity hazard is expected.

**Chemical Stability**

Stable at normal temperatures and pressure.

**Possibility of Hazardous Reactions**

Will not polymerize under normal temperature and pressure conditions.

**Conditions to Avoid**

Avoid heat, flames, sparks and other sources of ignition. Avoid contact with incompatible materials.

## Safety Data Sheet

Material Name: SAFETY-KLEEN PREMIUM SOLVENT (VIRGIN AND RECYCLED)

SDS ID: 82658

### Incompatible Materials

Avoid acids, alkalies, oxidizing agents, reducing agents, halogens.

### Hazardous decomposition products

Not applicable under normal conditions of use and storage. Reference to other sections: Section 5.

### Thermal decomposition products

Burning may produce carbon monoxide and other organic compounds.

## Section 11 - TOXICOLOGICAL INFORMATION

### Information on Likely Routes of Exposure

#### Inhalation

May cause respiratory irritation, nausea, loss of appetite, headache, drowsiness, dizziness, disorientation, tremors, lung damage, convulsions, coma.

#### Skin Contact

May cause skin irritation.

#### Eye Contact

No information on significant adverse effects.

#### Ingestion

May cause drowsiness or dizziness, headache, loss of coordination, aspiration hazard.

### Acute and Chronic Toxicity

#### Component Analysis - LD50/LC50

The components of this material have been reviewed in various sources and the following selected endpoints are published:

##### Petroleum distillates, hydrotreated light (64742-47-8)

Oral LD50 Rat >5000 mg/kg

Dermal LD50 Rabbit >2000 mg/kg

Inhalation LC50 Rat >5.2 mg/L 4 h

#### Immediate Effects

May cause central nervous system depression. Aspiration may result in lung damage, respiratory tract irritation, May cause skin irritation.

#### Delayed Effects

May cause damage to central nervous system.

#### Irritation/Corrosivity Data

May cause respiratory tract irritation and skin irritation.

#### Respiratory Sensitization

No information available for the product.

#### Dermal Sensitization

No information available for the product.

#### Component Carcinogenicity

None of this product's components are listed by ACGIH, IARC, OSHA, NIOSH, or NTP.

#### Germ Cell Mutagenicity

No information available for the product.

#### Tumorigenic Data

No data available

#### Reproductive Toxicity

No information available for the product.

#### Specific Target Organ Toxicity - Single Exposure

May cause central nervous system depression.

#### Specific Target Organ Toxicity - Repeated Exposure

May cause damage to central nervous system.

#### Aspiration hazard

May be fatal if swallowed and enters airways. May cause lung damage.

## Safety Data Sheet

**Material Name: SAFETY-KLEEN PREMIUM SOLVENT (VIRGIN AND RECYCLED)**

**SDS ID: 82658**

### **Medical Conditions Aggravated by Exposure**

Individuals with pre-existing respiratory tract (nose, throat, and lungs), central nervous system, kidneys, and eye and/or skin disorders may have increased susceptibility to the effects of exposure.

## **Section 12 - ECOLOGICAL INFORMATION**

### **Component Analysis - Aquatic Toxicity**

According to the California Code of Regulations, a toxicity to aquatic life, specifically fish, is determined using an acute 96 hour bioassay. A material is non-hazardous if the LC50 is >500 mg/L. This product passed the bioassay and is considered non-hazardous.

### **Persistence and Degradability**

No information available for the product.

### **Bioaccumulative Potential**

This material is believed not to bioaccumulate.

### **Mobility**

Expected to have high mobility in soil.

### **Other Toxicity**

No additional information is available.

## **Section 13 - DISPOSAL CONSIDERATIONS**

### **Disposal Methods**

Dispose of in accordance with all applicable federal, state and local regulations. Regulations may also apply to empty containers. The responsibility for proper waste disposal lies with the owner of the waste. Contact Safety-Kleen regarding proper recycling or disposal. This product, if discarded, is not expected to be a characteristic or listed hazardous waste. Processing, use, or contamination by the user may change the waste code(s) applicable to the disposal of this product.

### **Component Waste Numbers**

The U.S. EPA has not published waste numbers for this product's components

## **Section 14 - TRANSPORT INFORMATION**

### **US DOT Information:**

**Non-Bulk Packages (less than or equal to 119 gallons):** Not regulated. Shipping Name: Cleaning compounds (Petroleum naphtha) (Not US DOT regulated)

### **Bulk Packages**

**Shipping Name:** COMBUSTIBLE LIQUID, N.O.S., (Petroleum naphtha)

**Hazard Class:** 3 **UN/NA #:** NA1993 **Packing Group:** III **Required Label(s):** 3

### **IATA Information:**

**UN#:** Not regulated as a dangerous good

### **TDG Information:**

**UN#:** Not regulated as a dangerous good

### **Additional information**

Emergency Response Guide Number: 128: Reference: North American Emergency Response Guide Book.



## Safety Data Sheet

Material Name: SAFETY-KLEEN PREMIUM SOLVENT (VIRGIN AND RECYCLED)

SDS ID: 82658

### Section 15 - REGULATORY INFORMATION

#### U.S. Federal Regulations

None of this products components are listed under SARA Sections 302/304 (40 CFR 355 Appendix A), SARA Section 313 (40 CFR 372.65), CERCLA (40 CFR 302.4), TSCA 12(b), or require an OSHA process safety plan.

#### SARA Section 311/312 (40 CFR 370 Subparts B and C)

**Acute Health:** yes **Chronic Health:** yes **Fire:** yes **Pressure:** no **Reactivity:** no

#### U.S. State Regulations

None of this product's components are listed on the state lists from MA, MN, NJ or PA

**WARNING!** This product can expose you to chemicals including benzene, dichlorobenzene, ethylbenzene, and naphthalene which are known to the State of California to cause cancer and benzene and toluene which are known to the State of California to cause birth defects or other reproductive harm. For more information go to [www.P65Warnings.gov](http://www.P65Warnings.gov).

#### Canada Regulations

This product has been classified in accordance with the criteria of the Controlled Products Regulations (CPR) and the SDS contains all of the information required by the CPR.

#### Canadian WHMIS Ingredient Disclosure List (IDL)

The components of this product are either not listed on the IDL or are present below the threshold limit listed on the IDL.

#### WHMIS Classification

B3; D2B

#### Component Analysis - Inventory

Petroleum distillates, hydrotreated light (64742-47-8)

US	CA
Yes	DSL

#### U.S. Inventory (TSCA)

TSCA: All the components of this substance are listed on or are exempt from the inventory.

### Section 16 - OTHER INFORMATION

#### NFPA Ratings

Health: 1 Fire: 2 Reactivity: 0

Hazard Scale: 0 = Minimal 1 = Slight 2 = Moderate 3 = Serious 4 = Severe

#### Summary of Changes

Revision to meet Canadian WHMIS 2015. Clarification of language in Section 8, Protective Equipment.

#### Key / Legend

ACGIH - American Conference of Governmental Industrial Hygienists; BOD - Biochemical Oxygen Demand; C - Celsius; CA - Canada; CA/MA/MN/NJ/PA - California/Massachusetts/Minnesota/New Jersey/Pennsylvania\*; CAS - Chemical Abstracts Service; CFR - Code of Federal Regulations (US); CERCLA - Comprehensive Environmental Response, Compensation, and Liability Act; CLP - Classification, Labelling, and Packaging; CPR - Controlled Products Regulations; DOT - Department of Transportation; DSL - Domestic Substances List; EPA - Environmental Protection Agency; F - Fahrenheit; IDL - Ingredient Disclosure List; IDLH - Immediately Dangerous to Life and Health; IMDG - International Maritime Dangerous Goods; LEL - Lower Explosive Limit; LLV - Level Limit Value; LOLI - List Of Lists™ - ChemADVISOR's Regulatory Database; MAK - Maximum Concentration Value in the Workplace; MEL - Maximum Exposure Limits; NDSL - Non-Domestic Substance List (Canada); NFPA - National Fire Protection Agency; NIOSH - National Institute for Occupational Safety and Health; NJTSR - New Jersey Trade Secret Registry; NTP - National Toxicology Program; OSHA - Occupational Safety and

## Safety Data Sheet

**Material Name: SAFETY-KLEEN PREMIUM SOLVENT (VIRGIN AND RECYCLED)**

**SDS ID: 82658**

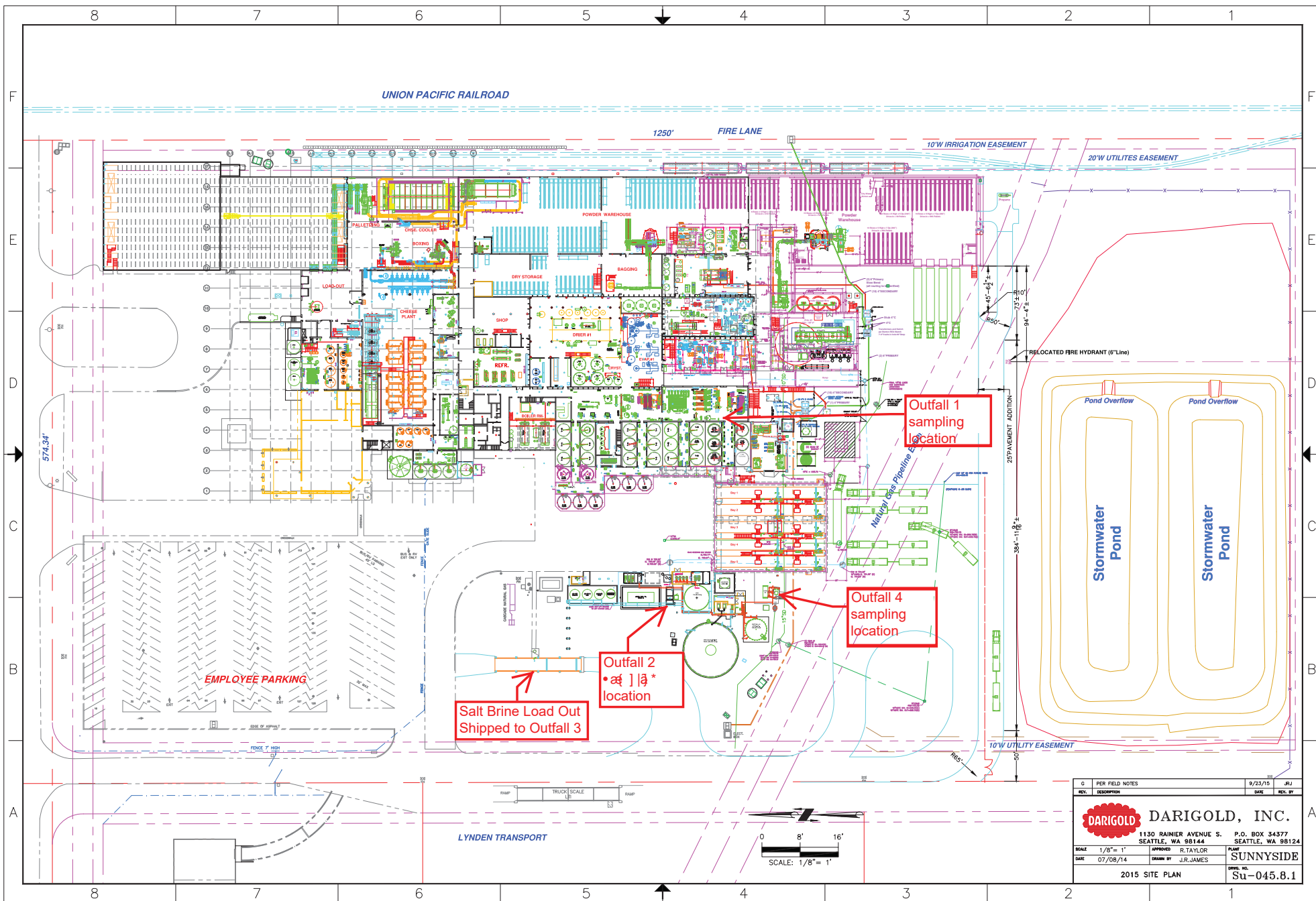
Health Administration; PEL- Permissible Exposure Limit; RCRA - Resource Conservation and Recovery Act; SARA - Superfund Amendments and Reauthorization Act; STEL - Short-term Exposure Limit; TDG - Transportation of Dangerous Goods; TLV - Threshold Limit Value; TSCA - Toxic Substances Control Act; TWA - Time Weighted Average; UEL - Upper Explosive Limit; UN/NA - United Nations /North American; US - United States; WHMIS - Workplace Hazardous Materials Information System (Canada).

### **Other Information**

#### **Disclaimer:**

Supplier gives no warranty whatsoever, including the warranties of merchantability or of fitness for a particular purpose. Any product purchased is sold on the assumption the purchaser shall determine the quality and suitability of the product. Supplier expressly disclaims any and all liability for incidental, consequential or any other damages arising out of the use or misuse of this product. No information provided shall be deemed to be a recommendation to use any product in conflict with any existing patent rights.

**Attachment for  
Section  
F.1:  
Site Map with  
Sampling Locations**



REV.	DESCRIPTION	DATE	REV. BY
0	PER FIELD NOTES	9/23/15	JRJ
1	1130 RAINIER AVENUE S. SEATTLE, WA 98144	P.O. BOX 34377 SEATTLE, WA 98124	
2	1/8" = 1'	APPROVED R. TAYLOR	PLANT
3	07/08/14	DRAWN BY J.R. JAMES	SUNNYSIDE
2015 SITE PLAN		DRWG. NO.	Su-045.8.1

Attachment for  
Section  
E.4:  
Analytical Data  
Outfall 2, 3, & 4



**LabTest**

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

**Darigold**

<b>Date Collected: 04/29/25</b>		
<b>Lab/Sample No: 23025596</b>		<b>County: YAKIMA</b>
<b>Sample Location: OF002</b>		
		<b>Date Received: 04/29/25</b>
		<b>Date Reported: 05/23/25</b>
		<b>Sample Collected By: Giles Hamilton</b>
<b>Send Report To:</b>		<b>SAMPLE COMMENTS      Matrix: WW</b>
<b>Darigold-Loc. #102</b> <b>Attn: Chris Babcock</b> <b>400 Alexander Rd</b> <b>Sunnyside, WA 98944</b>		<b>Darigold Sunnyside</b>

Darigold									
DOH#	Analytes	Results	Units	MRL	Trigger	MCL	Method	Analyzed	Analyst
	Fecal Coliform	>2419	CFU/100mL				SM 9222 D	04/29/25	DBA
	Total Coliform	>2419	MPN/100mL				SM 9222 B	04/29/25	DBA
	BOD	1928	mg/L				SM 5210 B	04/30/25	GLS
	COD	3074	mg/L				SM 5220 D	04/30/25	GLS
	TSS	860	mg/L				SM 2540 D	05/08/25	GEH
	FDS	1248	mg/L				SM 2540 E	05/08/25	GEH
	TDS	1695	mg/L				SM 2540 C	05/08/25	GEH
	Conductivity	813	mrehos/cm				SM 2510 B	04/30/25	GEH
	Ammonia	37.8	mg/L				SM 4500-Nh3 C	05/05/25	GEH
	pH	6.22	pH Units				SM 4500-H	05/01/25	GLS
	Dissolved Oxygen	1.86	mg/L				SM 4500-O C/G	05/01/25	GLS
	Nitrate	23.1	mg/L				SM 4500-No3E	04/30/25	GEH
	Nitrite	9.64	mg/L				SM 4500-No2 E	04/30/25	GEH
	TKN	42	mg/L				SM 4500-Norg	05/06/25	GEH
	Ortho Phosphate	27.9	mg/L				SM 4500-P	05/08/25	GEH
	Total Phosphate	73.1	mg/L				SM 4500-P	05/08/25	GEH
	Total Oil & Grease	298	mg/L				EPA 1664A	05/09/25	GEH
	NWTPH-Dx	ND	mg/L				NWTPH Dx	05/17/25	125
	NWTPH-Gx	ND	mg/L				NWTPH Gx	05/17/25	125
	Chloride	76.3	mg/L				SM 4500-Cl E	05/08/25	GEH
	Fluoride	0.21	mg/L				SM 4500-F E	05/08/25	GEH
	Sulfate	84	mg/L				SM 4500-So4	05/08/25	GEH

**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:** 

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

<b>Date Collected: 04/29/25</b>		
<b>Lab/Sample No: 23025596</b>		<b>County: YAKIMA</b>
<b>Sample Location: OF002</b>		
		<b>Date Received: 04/29/25</b>
		<b>Date Reported: 05/23/25</b>
		<b>Sample Collected By: Giles Hamilton</b>
<b>Send Report To:</b>		<b>SAMPLE COMMENTS      Matrix: WW</b>
<b>Darigold-Loc. #102</b> <b>Attn: Chris Babcock</b> <b>400 Alexander Rd</b> <b>Sunnyside, WA 98944</b>		<b>Darigold Sunnyside</b>

Darigold									
DOH#	Analytes	Results	Units	MRL	Trigger	MCL	Method	Analyzed	Analyst
	Calcium	88.0	mg/L				SM 3111B	05/01/25	DBA
	Magnesium	15.5	mg/L				SM 3111B	05/01/25	DBA
	Potassium	228	mg/L				SM 3111B	05/01/25	DBA
	Sodium	682	mg/L				SM 3111B	05/01/25	DBA
	Arsenic	0.003	mg/L				EPA 200.8	04/30/25	DBA
	Barium	ND	mg/L				EPA 200.8	04/30/25	DBA
	Cadmium	ND	mg/L				EPA 200.8	04/30/25	DBA
	Chromium	0.013	mg/L				EPA 200.8	04/30/25	DBA
	Copper	0.029	mg/L				EPA 200.8	04/30/25	DBA
	Lead	ND	mg/L				EPA 200.8	04/30/25	DBA
	Mercury	ND	mg/L				EPA 1631E	04/30/25	DBA
	Molybdenum	0.003	mg/L				EPA 200.8	04/30/25	DBA
	Nickel	0.006	mg/L				EPA 200.8	04/30/25	DBA
	Selenium	0.006	mg/L				EPA 200.8	04/30/25	DBA
	Silver	ND	mg/L				EPA 200.8	04/30/25	DBA
	Zinc	ND	mg/L				EPA 200.8	05/01/25	DBA

**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:** 



**LabTest**

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

**Darigold**

<b>Date Collected: 04/29/25</b>		
<b>Lab/Sample No: 23025597</b>		<b>County: YAKIMA</b>
<b>Sample Location: OF003</b>		
		<b>Date Received: 04/29/25</b>
		<b>Date Reported: 05/23/25</b>
		<b>Sample Collected By: Giles Hamilton</b>
<b>Send Report To:</b>		<b>SAMPLE COMMENTS      Matrix: WW</b>
<b>Darigold-Loc. #102</b> <b>Attn: Chris Babcock</b> <b>400 Alexander Rd</b> <b>Sunnyside, WA 98944</b>		<b>Darigold Sunnyside</b>

Darigold									
DOH#	Analytes	Results	Units	MRL	Trigger	MCL	Method	Analyzed	Analyst
	Fecal Coliform	>2419	CFU/100mL				SM 9222 D	04/29/25	DBA
	Total Coliform	<1	MPN/100mL				SM 9222 B	04/29/25	DBA
	BOD	3104	mg/L				SM 5210 B	04/30/25	GLS
	COD	4973	mg/L				SM 5220 D	04/30/25	GLS
	TSS	1672	mg/L				SM 2540 D	05/08/25	GEH
	FDS	5995	mg/L				SM 2540 E	05/08/25	GEH
	TDS	7184	mg/L				SM 2540 C	05/08/25	GEH
	Conductivity	2294	mmicrohos/cm				SM 2510 B	04/30/25	GEH
	Ammonia	51.1	mg/L				SM 4500-Nh3 C	05/05/25	GEH
	pH	4.12	pH Units				SM 4500-H	05/01/25	GLS
	Dissolved Oxygen	0.93	mg/L				SM 4500-O C/G	05/01/25	GLS
	Nitrate	1.17	mg/L				SM 4500-No3E	04/30/25	GEH
	Nitrite	0.040	mg/L				SM 4500-No2 E	04/30/25	GEH
	TKN	69	mg/L				SM 4500-Norg	05/06/25	GEH
	Ortho Phosphate	28.3	mg/L				SM 4500-P	05/08/25	GEH
	Total Phosphate	65.4	mg/L				SM 4500-P	05/08/25	GEH
	Total Oil & Grease	78	mg/L				EPA 1664A	05/09/25	GEH
	NWTPH-Dx	ND	mg/L				NWTPH Dx	05/17/25	125
	NWTPH-Gx	ND	mg/L				NWTPH Gx	05/17/25	125
	Chloride	439	mg/L				SM 4500-Cl E	05/08/25	GEH
	Fluoride	0.09	mg/L				SM 4500-F E	05/08/25	GEH
	Sulfate	48.4	mg/L				SM 4500-So4	05/08/25	GEH

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

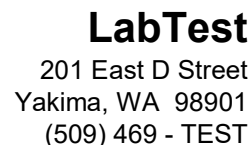
**Trigger:** DOH Drinking Water response level. Public Systems in excess of this level must take additional samples. Recommended range on packages.

**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:** 





Date Collected: 04/29/25		
Lab/Sample No: 23025597		County: YAKIMA
Sample Location: OF003		
		Date Received: 04/29/25
		Date Reported: 05/23/25
		Sample Collected By: Giles Hamilton
Send Report To:		SAMPLE COMMENTS      Matrix: WW
Darigold-Loc. #102 Attn: Chris Babcock 400 Alexander Rd Sunnyside, WA 98944		Darigold Sunnyside

[illegible]

Approved By: 



**LabTest**

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

**Darigold**

<b>Date Collected: 04/29/25</b>		
<b>Lab/Sample No: 23025598</b>		<b>County: YAKIMA</b>
<b>Sample Location: OF004</b>		
		<b>Date Received: 04/29/25</b>
		<b>Date Reported: 04/30/25</b>
		<b>Sample Collected By: Giles Hamilton</b>
<b>Send Report To:</b>		<b>SAMPLE COMMENTS      Matrix: WW</b>
<b>Darigold-Loc. #102</b> <b>Attn: Chris Babcock</b> <b>400 Alexander Rd</b> <b>Sunnyside, WA 98944</b>		<b>Darigold Sunnyside</b>

Darigold									
DOH#	Analytes	Results	Units	MRL	Trigger	MCL	Method	Analyzed	Analyst
	Fecal Coliform	>2419	CFU/100mL				SM 9222 D	04/29/25	DBA
	Total Coliform	>2419	MPN/100mL				SM 9222 B	04/29/25	DBA
	BOD	15	mg/L				SM 5210 B	04/30/25	GLS
	COD	23	mg/L				SM 5220 D	04/30/25	GLS
	TSS	64	mg/L				SM 2540 D	05/08/25	GEH
	FDS	143	mg/L				SM 2540 E	05/08/25	GEH
	TDS	372	mg/L				SM 2540 C	05/08/25	GEH
	Conductivity	298	mrehos/cm				SM 2510 B	04/30/25	GEH
	Ammonia	9.60	mg/L				SM 4500-Nh3 C	05/05/25	GEH
	pH	6.73	pH Units				SM 4500-H	05/01/25	GLS
	Dissolved Oxygen	6.33	mg/L				SM 4500-O C/G	05/01/25	GLS
	Nitrate	0.61	mg/L				SM 4500-No3E	04/30/25	GEH
	Nitrite	0.004	mg/L				SM 4500-No2 E	04/30/25	GEH
	TKN	11	mg/L				SM 4500-Norg	05/06/25	GEH
	Ortho Phosphate	2.41	mg/L				SM 4500-P	05/08/25	GEH
	Total Phosphate	9.65	mg/L				SM 4500-P	05/08/25	GEH
	Total Oil & Grease	ND	mg/L				EPA 1664A	05/09/25	GEH
	NWTPH-Dx	ND	mg/L				NWTPH Dx	05/17/25	125
	NWTPH-Gx	ND	mg/L				NWTPH Gx	05/17/25	125
	Chloride	23.8	mg/L				SM 4500-Cl E	05/08/25	GEH
	Fluoride	0.71	mg/L				SM 4500-F E	05/08/25	GEH
	Sulfate	18.9	mg/L				SM 4500-So4	05/08/25	GEH

**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: 

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

<b>Date Collected: 04/29/25</b>		
<b>Lab/Sample No: 23025598</b>		<b>County: YAKIMA</b>
<b>Sample Location: OF004</b>		
		<b>Date Received: 04/29/25</b>
		<b>Date Reported: 05/23/25</b>
		<b>Sample Collected By: Giles Hamilton</b>
<b>Send Report To:</b>		<b>SAMPLE COMMENTS      Matrix: WW</b>
<b>Darigold-Loc. #102</b> <b>Attn: Chris Babcock</b> <b>400 Alexander Rd</b> <b>Sunnyside, WA 98944</b>		<b>Darigold Sunnyside</b>

Darigold									
DOH#	Analytes	Results	Units	MRL	Trigger	MCL	Method	Analyzed	Analyst
	Calcium	8.90	mg/L				SM 3111B	05/01/25	DBA
	Magnesium	3.30	mg/L				SM 3111B	05/01/25	DBA
	Potassium	52.9	mg/L				SM 3111B	05/01/25	DBA
	Sodium	48.0	mg/L				SM 3111B	05/01/25	DBA
	Arsenic	ND	mg/L				EPA 200.8	04/30/25	DBA
	Barium	ND	mg/L				EPA 200.8	04/30/25	DBA
	Cadmium	ND	mg/L				EPA 200.8	04/30/25	DBA
	Chromium	ND	mg/L				EPA 200.8	04/30/25	DBA
	Copper	ND	mg/L				EPA 200.8	04/30/25	DBA
	Lead	ND	mg/L				EPA 200.8	04/30/25	DBA
	Mercury	ND	mg/L				EPA 1631E	04/30/25	DBA
	Molybdenum	ND	mg/L				EPA 200.8	04/30/25	DBA
	Nickel	ND	mg/L				EPA 200.8	04/30/25	DBA
	Selenium	ND	mg/L				EPA 200.8	04/30/25	DBA
	Silver	ND	mg/L				EPA 200.8	04/30/25	DBA
	Zinc	ND	mg/L				EPA 200.8	05/01/25	DBA

**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:** 

Outfall 3  
Attachment for  
Section J:

