

## Application for Coverage or Modification of Coverage for the Fresh Fruit Packing General Permit

2014 Renewal

### INSTRUCTIONS FOR COMPLETING THIS APPLICATION

This application is for coverage under the Washington State Department of Ecology - Fresh Fruit Packing General Permit, which was reissued on July 2, 2009 in accordance with provisions of chapter 90.48 RCW and chapter 173-226 WAC. Please follow these instructions when completing this application.

- All questions must be answered completely
- This form must either be typed or printed in ink
- Identify all chemical additives by manufacturer and brand name
- If there is not enough room to completely answer a question, additional sheets may be attached
- For additional information, contact Cory Hixon by phone at (509) 454-7298 or by email [chix461@ecy.wa.gov](mailto:chix461@ecy.wa.gov)
- Submit completed applications to: Washington State Department of Ecology - Central Regional Office - 15 W. Yakima Ave, suite 200 - Yakima, WA 98902 - Attention: Cory Hixon

### CERTIFICATION STATEMENT AND SIGNATURES

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision. The information submitted is, to the best of my knowledge, 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.

*Bill Evans*

Signature\*

Bill Evans

01-02-2014

Date Signed

President

Name (printed)

Title

\*Application must be signed as follows - Corporations: by a principal executive officer of at least vice-president level; Partnership: by a general partner; Sole Proprietorship: by the proprietor. If these titles do not apply within your organization, the application is to be signed by the person who makes budget decisions for this facility.

### FOR OFFICE USE ONLY

Evans Fruit

Company Name

1/6/2014

Date Received

Cowiche City Road Plant

Facility Name

1/28/2014

Date Accepted

WAG 43-5106

Permit Number

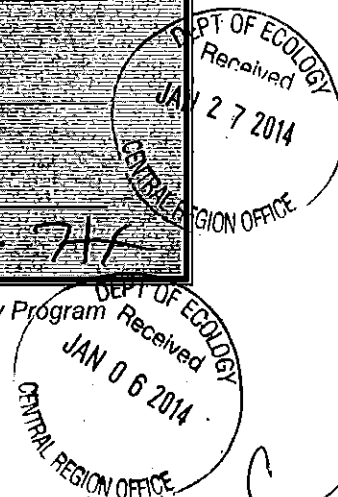
Cory Hixon

Accepted By

C. P. H.

To ask about the availability of this document in a version for the visually impaired, call the Water Quality Program at 509-457-7105 (voice) or 711 or 1800-833-6388 (TTY)

POSTMARKED 1/2/14  
Not late



**SECTION A - GENERAL INFORMATION****1. COMPANY NAME:** Evans Fruit Company, Inc.**2. FACILITY NAME:**

(if different from company name) Evans Fruit Company - Cowiche City Road Plant

**3. PERMIT NUMBER:** WAG 43-5106

(NOTE - new applicants will not have a permit number until application is approved)

**4. ADDRESSES:****Mailing****Facility Location**

Street/PO Box: PO Box 70

Street: 200 Cowiche City Road

City/State/Zip: Cowiche, WA 98923

City/State/Zip: Cowiche, WA 98923

**5. FACILITY LATITUDE AND LONGITUDE COORDINATES:**

(in decimal format only)

N

W

**6. FACILITY CONTACT:**

(person responsible for wastewater management at facility)

Name/Title: Steven Arnold

Phone/Fax: 509-678-4127, 509-673-2556

Email: stevea@evansfruitco.com

**7. FACILITY OWNERSHIP INFORMATION:**

Is this facility leased to or from another company or individual?

YES ☐ NO ☒

If yes, complete the following information - if no, skip to question 9

LEASED TO ☐: OR LEASED FROM ☐:

Name (company or individual):

Mailing address:

City/State/Zip:

Contact person:

Phone/Email:

**8. Will the company or individual listed in question #7 be responsible for permit compliance and fees?** YES ☐ NO ☐**9. CONSULTANTS:****Laboratory for wastewater analysis**

Company: Cascade Analytical

Contact name:

Phone: 1-800-545-4206

**Cooling system consultant**

Company: Doubl-Kold

Contact name: Mark Desgrosillier

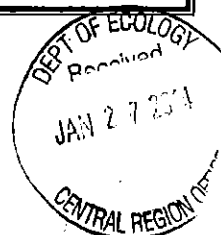
Phone: 509-248-9588

**Other consultant or engineer**

Company:

Contact name:

Phone:



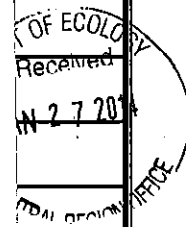
## SECTION B - IDENTIFICATION OF WASTEWATER DISCHARGES

List all of the wastewater discharges and their Treatment/Disposal Methods (TDMs) from this facility. Discharges from the same source having substantially different characteristics should be treated as separate discharges. For example, packing apples and pears on the same line would be considered two separate discharges if a pear float enhancer is used.

For each discharge identify the following:

- Wastewater source (i.e., drencher, pear float tank, apple packing line, Non-Contact Cooling Water {NCCW})
- Treatment/Disposal Method (TDM) used for each wastewater source. Choose only from the following:
  - Lined evaporative lagoon
  - Dust Abatement
  - Land application
  - Publicly-Owned Treatment Works (POTW)
  - Percolation system
  - Surface water
- Chemical additives for each discharge if any are used (i.e., chlorine-based, pear float enhancer, Penbotec®, Scholar®, etc.)

Wastewater Discharge ID Number:	Descriptions of Wastewater Discharges		
	WASTEWATER SOURCE	CHEMICAL ADDITIVES	TDM
001	Apple Packing Line	Chlorine-Based Fungicides	POTW, Lined Evaporative Lagoon
002	NCCW	POSCA Tower Treatment	Lined Evaporative Lagoon
003	Drencher	Penbotec, DPA, TBZ	Lined Evaporative Lagoon, Dust Abatement
004	Rinse Line	No Chemicals	POTW
005	001 - Apple packing line to POTW 002 - NCCW to Lined Lagoon 003 - Drencher to Dust Abatement 004 - Rinse Line to POTW 005 - Apple packing Line to Lined Lagoon 006 - Drencher to Lined Lagoon		
006			
007			
008			
009			
010			
011			
012			
013			
014			



## SECTION C – WASTEWATER SOURCES

Check "yes" for all operations generating a wastewater discharge at this facility. Complete a separate line in the following tables for each appropriate discharge identified in Section B.

**Maximum gallons per day (gal/day)** = Maximum gallons discharged in a 24-hour period

**Total gallons per year (gal/year)** = Total gallons discharged in a 12-month period

### 1. DRENCHING

Will drenching be done at this facility?

YES ☒ NO ☐

If yes, complete one line in the following table for each drencher or combination of drenchers as identified in Section B.

ID Number (Section B)	Drencher Type (truck or bin)	Discharge Volume		For Each Chemical Additive, Identify: ➤ Manufacturer's Name ➤ Brand Name ➤ Maximum Use Concentration
		Maximum gal/day	Maximum gal/year	
003	Truck	4000	Variable Per Season	PACE International, Penbotec, 500ppm

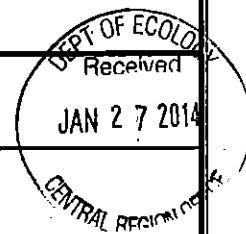
### 2. PRE-SIZING

Will pre-sizing be done at this facility?

YES ☐ NO ☒

If yes, complete one line in the following table for each pre-size line discharge as identified in Section B.

ID Number (Section B)	Discharge Volume		For Each Chemical Additive, Identify: ➤ Manufacturer's Name ➤ Brand Name ➤ Maximum Use Concentration
	Maximum gal/day	Maximum gal/year	



### 3. PACKING

Will packing be done at this facility?

YES ☒ NO ☐

If yes, complete one line in the following table for each packing line discharge as identified in Section B.

ID Number (Section B)	Discharge Volume		For Each Chemical Additive, Identify: ➤ Manufacturer's Name ➤ Brand Name ➤ Maximum Use Concentration
	Maximum gal/day	Maximum gal/year	
001	1166	350,000	DECCO-APL-KLEEN 246, PACE-Acidex-Duo, PACE-Drench Phos, PACE-Foam-Cide, Accu Tab SI
004	50 Most Recycled	12,500	N/A

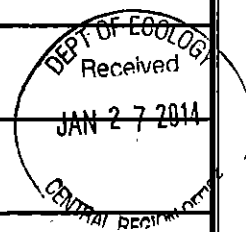
### 4. STORING

Will storing (CA or regular) be done at this facility?

YES ☒ NO ☐

If yes, complete one line in the following table for each Non-Contact Cooling Water (NCCW) discharge identified in Section B.

ID Number (Section B)	Storage Type (CA or regular)	Discharge Volume		For Each Chemical Additive, Identify: ➤ Manufacturer's Name ➤ Brand Name ➤ Maximum Use Concentration
		Maximum gal/day	Maximum gal/year	
002	Regular & CA		4000 Gallons per year at tank flush.	CH20 POSCA Tower Treatment, 5ppm



## 5. HYDROCOOLING

Will hydrocooling be done at this facility?

YES ☐ NO ☒

If yes, complete one line in the following table for each hydrocooler discharge identified in Section B.

ID Number (Section B)	Fruit Type Being Cooled (i.e., pears and/or cherries)	Discharge Volume		For Each Chemical Additive, Identify: ➤ Manufacturer's Name ➤ Brand Name ➤ Maximum Use Concentration
		Maximum gal/day	Maximum gal/year	

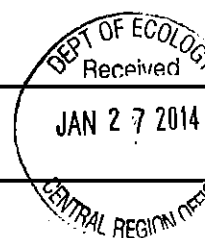
## 6. OTHER WASTEWATER DISCHARGES

Are there any other wastewater discharges not already specified in Section C being generated at this facility?

YES ☐ NO ☒

If yes, complete one line in the following table for each additional discharge identified in Section B.

ID Number (Section B)	Wastewater Source	Discharge Volume		For Each Chemical Additive, Identify: ➤ Manufacturer's Name ➤ Brand Name ➤ Maximum Use Concentration
		Maximum gal/day	Maximum gal/year	



## SECTION D – TREATMENT/DISPOSAL METHODS (TDMS)

In the following tables describe each TDM used at this facility (listed in Section B).

### 1. LINED EVAPORATIVE LAGOONS

Lined evaporative lagoons are imperviously lined and engineered structures that rely upon evaporation and/or sprinkler systems (land application) for water removal. Lined lagoons also include pre-manufactured, aboveground fiberglass or metal tanks. Lagoon geomembrane liners constructed after July 1, 2004, but before July 1, 2009 must meet or exceed the performance specifications of a 40 mil HDPE liner. Lagoon geomembrane liners constructed after July 1, 2009 must meet or exceed the performance specifications of a 60 mil HDPE liner. For the purposes of this general permit, clay liners are not acceptable.


Will a lined evaporative lagoon(s) be used at this facility?

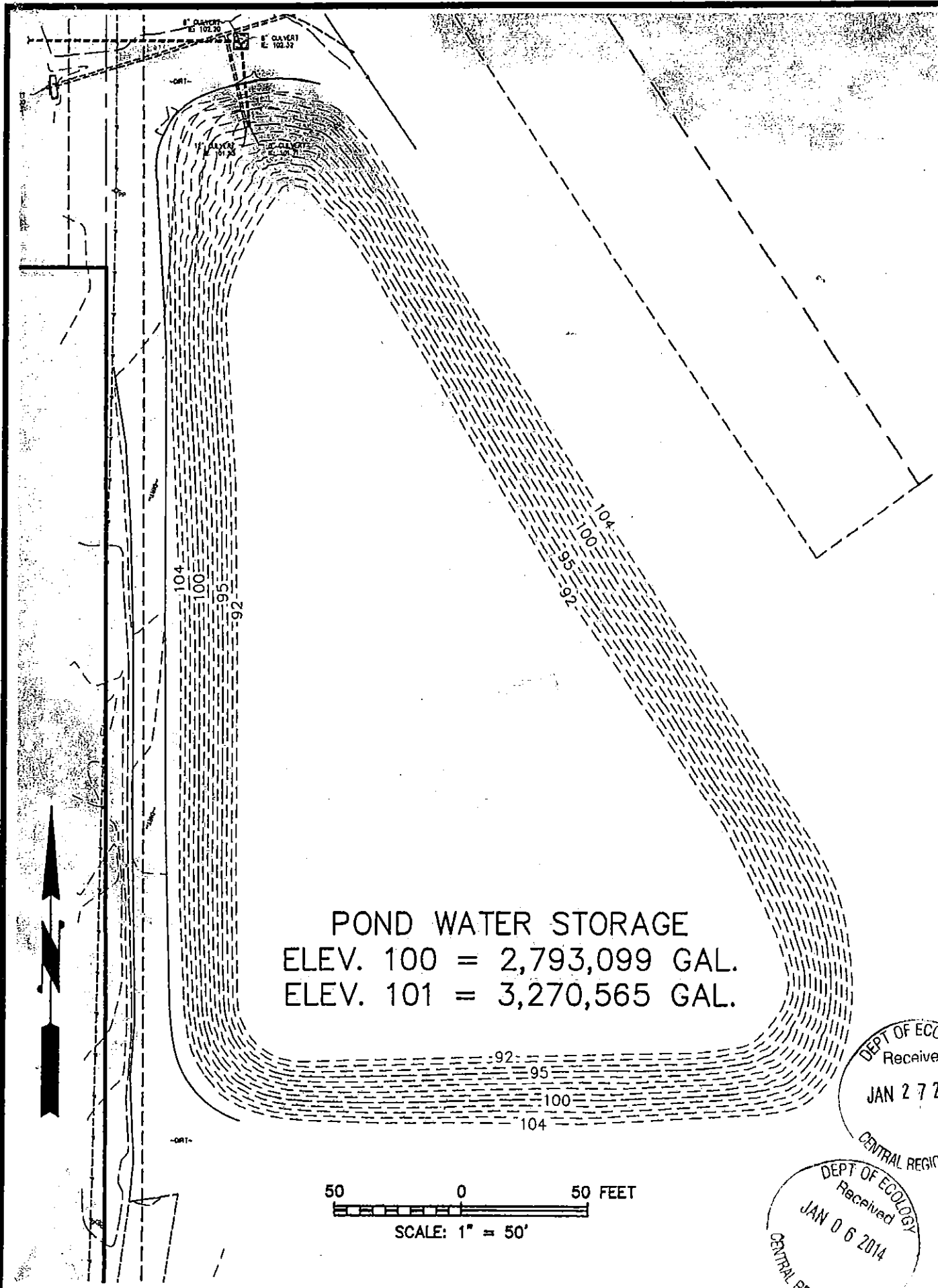
YES ☒ NO ☐

If yes, complete a column in the table below for each lagoon.

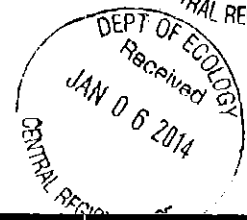
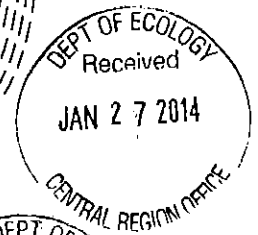
**Available depth** = Total lagoon depth – 2 feet freeboard

**Usable volume** (cubic feet) = length (feet) X width (feet) X available depth (feet)

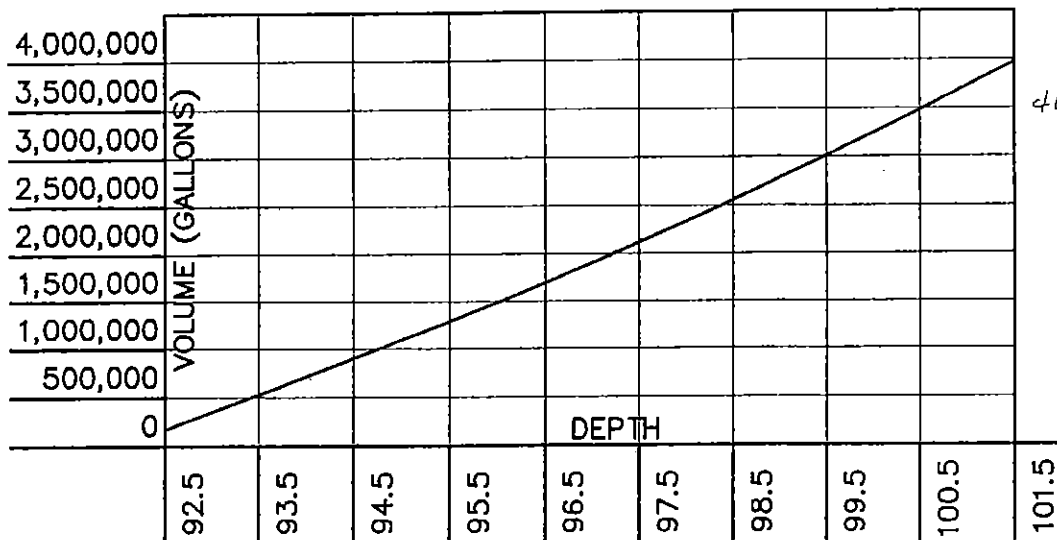
	Lagoon 1	Lagoon 2	Lagoon 3
<b>ID Number (Section B):</b>	001, 002, 003		
<b>Length of Lagoon:</b>	See Attached		
<b>Width of Lagoon:</b>	See Attached		
<b>Available Depth:</b>	See Attached		
<b>Usable Volume:</b>	See Attached		
<b>Type of Liner (i.e., HDPE):</b>	80 mil		
<b>Date of Last Liner Inspection:</b>	07/2013		
<b>Results of Last Liner Inspection:</b> (include any actions taken to correct any problems found - attach additional sheets if necessary)	No Problems Observed		



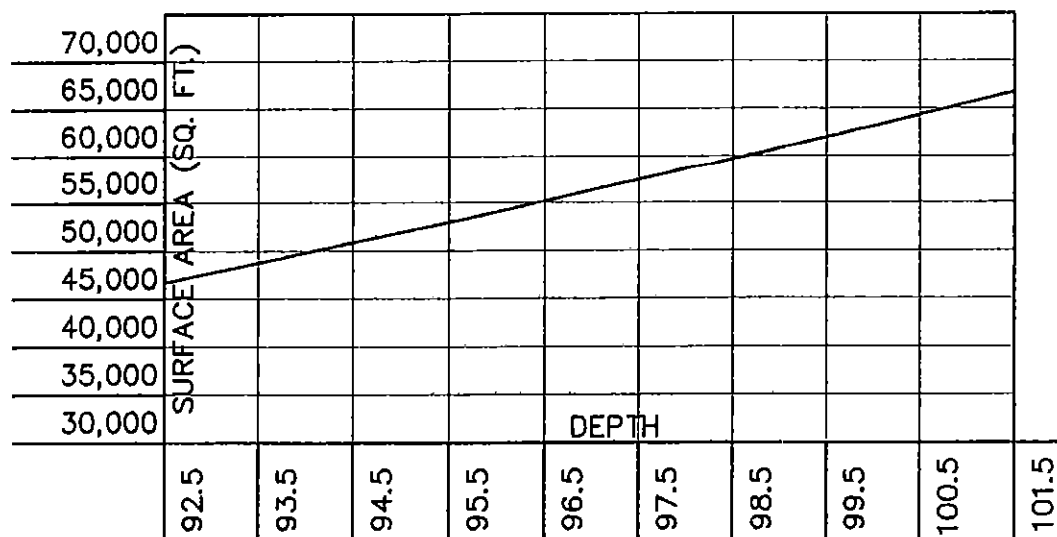
POND WATER STORAGE  
ELEV. 100 = 2,793,099 GAL.  
ELEV. 101 = 3,270,565 GAL.



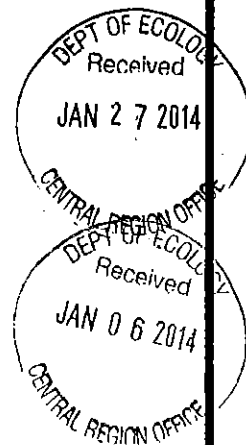




VOLUME VS. DEPTH



SURFACE AREA VS. DEPTH



**EVANS FRUIT COWICHIE  
VOLUMES & SURFACE AREAS  
FIGURE 1**

PLSA ENGINEERING & SURVEYING  
JOB NO. 11043  
FEBRUARY 7, 2012

## 2. DUST ABATEMENT

Dust abatement is the application of wastewater to unpaved bin storage lots and unpaved roads (orchard roads) for the purpose of dust suppression. Although most wastewater can be discharged via dust abatement, this TDM is intended primarily for the discharge of drencher wastewater and pear float tank wastewater containing a pear float enhancer.

A. Will there be any wastewater discharges to dust abatement at this facility?

YES ☒ NO ☐

If yes, complete one column in the table below for each separate dust abatement site.

**Site type** refers to the different types of application sites such as unpaved bin lots or unpaved orchard roads.

**Site location** refers to application sites at separate locations.

	Site 1	Site 2	Site 3
<b>ID Number (Section B)</b>	003	002,003	
<b>Site Type: (i.e., bin lot or orchard road)</b>	Bin Storage Lot	Bin Storage Lot, Un-Used Crop Land	
<b>Site Location: (briefly describe where the site is located)</b>	Approximately 300 yards west of Summiview Road on Sunset Way, North side of street.	Approximately 300 yards west of Summiview Road on Sunset Way, North side of street.  200 Feet west of Evaporative Lagoon.	
<b>Depth to Groundwater: (feet)</b>	10 Feet	15 Feet	
<b>Surface Area of Application Site: (acres)</b>	3Acres	12 Acres	
<b>Maximum Application Rate: (gallons/acre/day)</b>	333 gallon, 1 time per year	300 Gallon, 1 Time per year	

B. A Road Management Plan (RMP) must be developed for each dust abatement site. See *Special Condition S5.B.4* in the permit for more information. Has an RMP been completed for each dust abatement site?

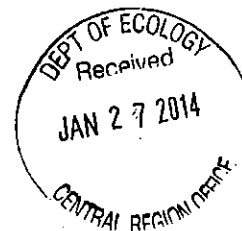
YES ☒ NO ☐ - if no, indicate when your facility will complete a RMP(s) \_\_\_\_\_

C. Is the dust abatement site(s) owned by your company?

YES ☒ NO ☐

If no, is there a signed and certified contract(s) or agreement(s) which authorizes the use of this land for the discharge of wastewater for the purposes of dust suppression?

YES ☐ NO ☐



### 3. PUBLICLY-OWNED TREATMENT WORKS (POTW)

A POTW is a municipal or regional wastewater treatment plant.

A. Will there be any wastewater discharges (other than sanitary) from this facility to a POTW?


YES ☒ NO ☐

If yes, complete the following table and have the relevant certifications signed by the appropriate authorities.

Name of POTW:	Cowiche Regional Sewer Plant
ID Numbers (Section B):	001, 004

#### B. POTW Certification

If wastewater other than sanitary wastewater is discharged or will be discharged to a POTW, the following certification must be signed by the proper POTW authority.

Name of POTW:	Cowiche Regional Sewer Plant
Address (Street/City/State/Zip):	P.O. Box 64, Cowiche, WA 98923
POTW Authority Name:	RYAN KING
POTW Authority Title:	WWTP OPERATOR
POTW Authority Signature:	
Date Signed:	1/23/14

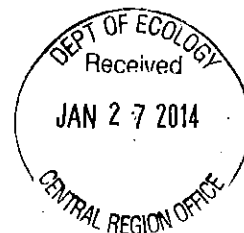
*Certification Statement for POTW authority - I have reviewed this application and based upon that review, I have determined that the POTW specified above has adequate hydraulic and treatment capacity to accept the flows from this facility as described in this application.*

#### C. Contributory Collection System Certification

A contributory collection system is a system that provides no treatment, but only collects wastewater and then discharges it into a separate wastewater treatment system. An example of such a system is the Union Gap Collection System that discharges to the Yakima Regional Wastewater Treatment System (Yakima POTW). If wastewater other than sanitary wastewater is discharged or will be discharged to a contributory collection system, the following certification must be signed by the proper contributory collection system authority.

Name of Contributory Collection System:	N/A
Address (Street/City/State/Zip):	
Collection System Authority Name:	
Collection System Authority Title:	
Collection System Authority Signature:	
Date Signed:	

*Certification Statement for collection system authority - I have reviewed this application and based upon that review, I have determined that the POTW specified above has adequate hydraulic and treatment capacity to accept the flows from this facility as described in this application.*



#### 4. LAND APPLICATION

Land application uses an engineered system for applying wastewater to a vegetated land surface. The applied wastewater is treated by the chemical, biological, and physical processes as it flows through the plant-soil matrix. The system consists of the land application site, a distribution system (i.e., sprinklers) for evenly distributing the wastewater, and a lined lagoon (or other Ecology-approved, self-contained storage system) for storing wastewater during periods when it cannot be land applied (i.e., frozen ground).

A. Will there be any wastewater discharges to a land application site at this facility?

YES ☒ NO ☐

If yes, complete one column in the table below for each land application site.

**Site type** refers to different types of application sites, such as irrigated cropland, irrigated orchard land, or un-irrigated non-cropland.

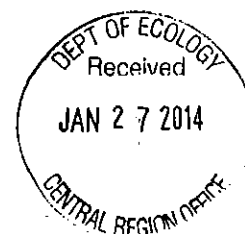
	Site 1	Site 2	Site 3
<b>ID Number (Section B):</b>	002, 003		
<b>Site Type:</b>	Un-used Crop Land		
<b>Site Location: (give a brief description of where the site is located)</b>	200 feet west of evaporative pond.		
<b>Depth to Groundwater (feet):</b>	15 Feet		
<b>Surface Area of Application Site (acres):</b>	12 Acres		
<b>Maximum Application Rate (gallons/acre/day):</b>	400 gallons, 2 times per year		

B. Is the land application site(s) owned by your company?

YES ☒ NO ☐

If no, is there a signed and certified contract(s) or agreement(s) which authorizes the use of this land for the discharge of wastewater?

YES ☐ NO ☐



## 5. PERCOLATION SYSTEM

A percolation system is an engineered system for the treatment of wastewater as it percolates through the soil matrix. The system is designed to account for hydraulic and nutrient loading rates, wet and dry cycles to maintain aerobic conditions, even wastewater distribution, and other relevant design parameters. Ecology will strictly review plans to discharge wastewater to percolation systems before permitting.

A. Will there be any wastewater discharges to a percolation system at this facility?

YES ☐ NO ☒

If yes, complete one column in the table below for each percolation system.

**The wet/dry cycle** refers to the function of the soil type, percolation rates, climate, and dosing cycles.

**Application days** = number of days per cycle that wastewater is discharged to the system.

**Percolation days** = number of days per cycle that it takes the applied wastewater to completely percolate into the ground.

**Dry days** = number of days the system stays dry before the next wastewater application.

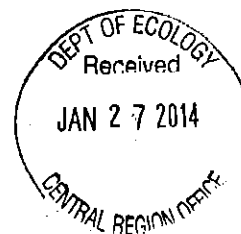
		System 1	System 2	System 3
ID Number (Section B):				
Depth to Groundwater (feet):				
Surface Area of System (acres):				
Maximum Application Rate (gallons/acre/day):				
Wet/Dry Cycle	Number of Application Days:			
	Number of Percolation Days:			
	Number of Drying Days:			

B. Is the percolation system(s) owned by your company?

YES ☐ NO ☐

If no, is there a signed and certified contract(s) or agreement(s) which authorizes the use of this percolation system(s) for the discharge of wastewater?

YES ☐ NO ☐



## 6. SURFACE WATER

Surface waters include but, are not limited to: lakes, rivers, ponds, streams, creeks, inland waters, wetlands, irrigation canals, return ditches or drains, stormwater and drainage ditches, and all other surface waters and watercourses within the jurisdiction of Washington State.

**NOTE** – discharges of process wastewater to surface waters require monthly Discharge Monitoring Reports (DMRs). Discharges of NCCW with chemical additives need to pass a WET test for acute toxicity within one year of receiving coverage under the permit or within three months of any changes in chemical additives. See permit *Special Condition S5.F.7* for more information regarding WET tests.

A. Will there be any wastewater discharges to surface waters at this facility?

YES ☐ NO ☒

If yes, complete one column in the table below for each discharge outfall.

		Outfall 1	Outfall 2	Outfall 3
ID Number (Section B):				
Name of Receiving Water Body:				
Maximum Discharge Rate (gallons/day):				
Latitude and Longitude Coordinates of Outfall (decimal format)	Latitude:	N	N	N
	Longitude:	W	W	W
Description of Outfall (i.e., submerged 6" pipe to river, open ditch to river, etc.):				

B. Are any of the above discharges to a collection system (i.e., municipal stormwater system, irrigation return canal, stormwater ditch, etc.) that eventually discharge to a surface water?

YES ☐ NO ☒

If yes, complete one column in the table below for each discharge.

		Outfall 1	Outfall 2	Outfall 3
ID Number (Section B):				
Name of Collection System:				
Owner of Collection System (i.e., City, County, Irrigation District, etc.):				
Description of Collection System (i.e., open stormwater ditch, closed pipe stormwater system, open irrigation return ditch, etc.):				
Approximate Distance Wastewater Travels in Collection System:				

C. Has the discharge(s) to a collection system been authorized via a signed and certified contract(s) or agreement(s)?

YES ☐ NO ☐



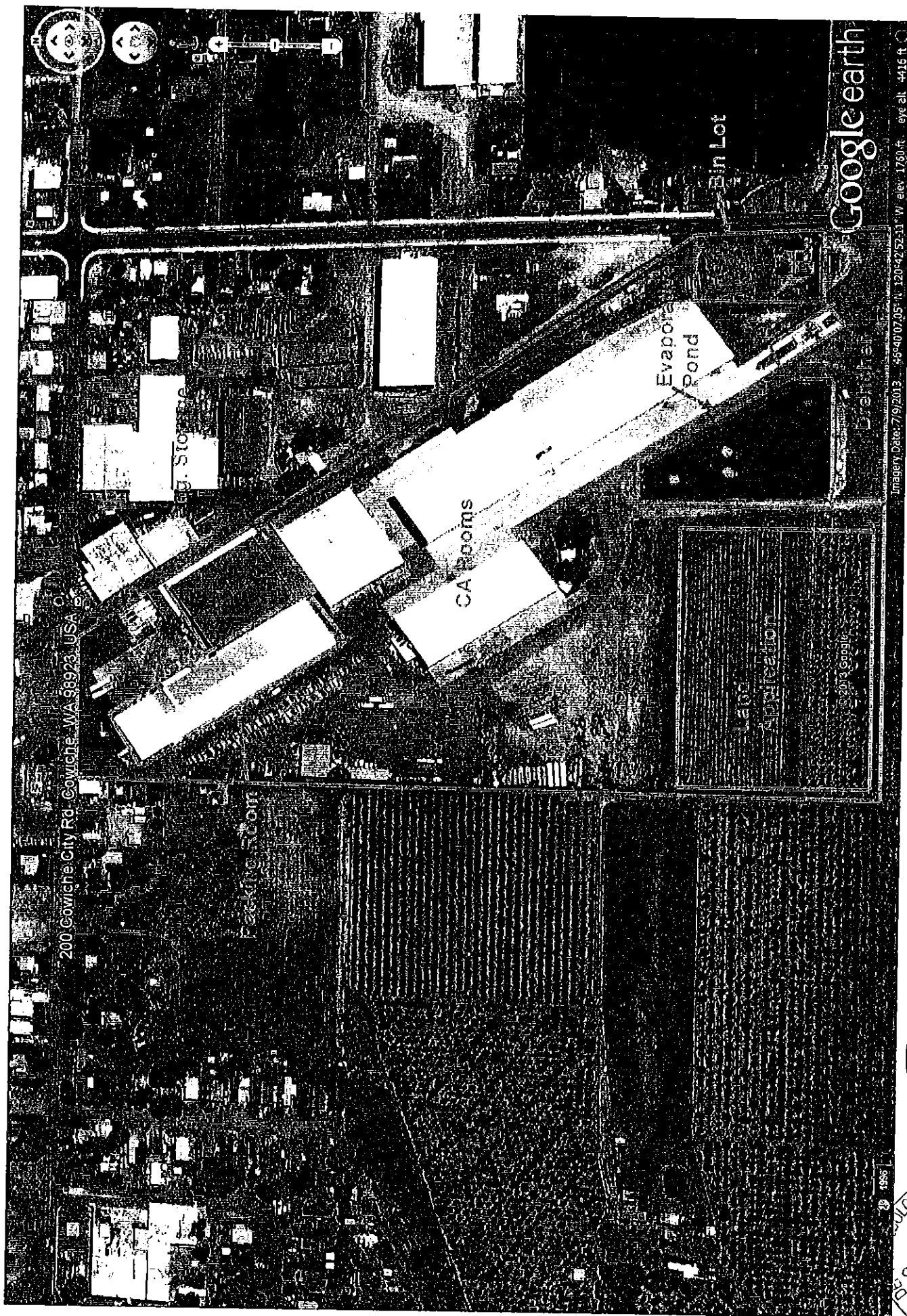
## SECTION E – FACILITY SITE SKETCH

In the space below or on an attached sheet, sketch a map of this facility. You may also attach a copy of an already existing map. It does not need to be exactly to scale, but should be as close as possible. Within the map, the following items must be labeled:

- All buildings located on property
- Wastewater sources (i.e., packing lines, drenchers, hydrocoolers, engine rooms with NCCW, etc.)
- TDMs (i.e., dust abatement sites such as bin lots, lined lagoons, land application sites, pipes to POTWs or surface waters, etc.) If this facility uses a TDM off-site (i.e., orchard road on the other side of town) sketch an additional map for that TDM site.
- Nearby roads, driveways, and parking lots
- Any nearby surface waters (i.e., creeks, rivers, lakes, irrigation canals and return ditches, etc.)

SEE ATTACHED MAP, NEXT PAGE





200 Cowiche City Rd. Cowiche, WA 98923, USA

Image Date: 7/9/2013 5:40:07 AM -120°42'52.31" W elev. 1780 ft. eye alt. 4416 ft

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Google Earth

Received

JAN 06 2014

CENTRAL REGION OFFICE

Received

JAN 27 2014

CENTRAL REGION OFFICE



**SECTION F – ADDITIONAL INFORMATION****1. ENVIRONMENTAL COMPLIANCE PLAN (ECP)**

Has an ECP containing the following four sections been completed for this facility?

- Treatment/Disposal Methods Operations Plan
- Solid Waste Management Plan
- Spill Prevention Plan
- Stormwater Pollution Prevention Plan

YES ☒ NO ☐

If yes, indicate when it was last reviewed and updated. 8/2013

If no, indicate when your facility will complete an ECP. \_\_\_\_\_

**2. PRODUCTION**

In the table below, give approximate annual production numbers.

	Annual Maximum	Annual Average (last 3 years)
Number of Bins Packed:	45,000	35,000
Number of Bins Stored:	123,021	35,000
Number of Bins Drenched:	45,000	35,000

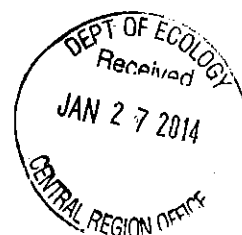
**3. USE OF OTHER FACILITIES TO PACK OR STORE**

Does this facility currently or have future plans to, rent storage space or packing lines to or from any other company?

YES ☐ NO ☒

If yes, complete the following table.

Rental Status (check one):	To <input type="checkbox"/> or From <input type="checkbox"/>	To <input type="checkbox"/> or From <input type="checkbox"/>	To <input type="checkbox"/> or From <input type="checkbox"/>
Type of Rental (check all that apply):	Storage <input type="checkbox"/> or Packing <input type="checkbox"/>	Storage <input type="checkbox"/> or Packing <input type="checkbox"/>	Storage <input type="checkbox"/> or Packing <input type="checkbox"/>
Company Name:			
Address:			
City/State/Zip:			
Phone/Email:			



#### 4. WATER CONSUMPTION

Indicate Water Source(s) (check all that apply):		Private well <input checked="" type="checkbox"/> Surface water <input type="checkbox"/> Public system <input type="checkbox"/> (specify)
Water Right Permit or Certification Number (if applicable):		
Is Water Metered?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Indicate Total Water Usage	Average gal/day:	12,500
	Maximum gal/day:	20,000

#### 5. RECYCLING

Is there any water recycling or reclamation processes currently in use that may affect any of the wastewater discharges identified in Section B?

YES ☒ NO ☐

If yes, complete the table below.

ID Number (Section B)	Description of Recycling or Reclamation Process	Date Implemented
004	High Pressure Rinse with water recycled	02/2003

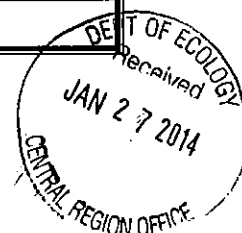
#### 6. SLUDGE/SOLID WASTE HANDLING

Will any sludge or other solid waste be generated at this facility? This includes but, is not limited to, culled fruit (non-juice), rotted fruit, leaves, and sludge from sedimentation basins or lined lagoons.

YES ☒ NO ☐

If yes, describe in the table below how they are disposed of.

Description of Solid Waste or Sludge (i.e., leaves, rotted fruit, culled fruit, etc.)	Description of How Solid Waste and/or Sludge is Disposed of (i.e., landfill, permitted composting facility, etc.)
Leaves, Rotted Fruit	Haul to Yakima Regional Landfill



## 7. HAULED DISCHARGES

A. Does this facility haul, or intend to haul, off-site any process wastes, sludge, or wastewater? This can include bin lots or orchard roads located off-site, landfills, and/or permitted composting facilities.

YES ☒ NO ☐

B. Will the hauling be done by an outside contract hauler?

YES ☒ NO ☐

If yes to either question, complete the table below.

	Hauled Discharge 1	Hauled Discharge 2
Who Will do the Hauling:	Self <input type="checkbox"/> Contractor <input checked="" type="checkbox"/>	Self <input type="checkbox"/> Contractor <input type="checkbox"/>
Type of Waste to be Hauled:	Leaves, Rotted Fruit	
Destination of waste material:	Yakima Regional Landfill	
Contracted Hauler Company Name:	Yakima Waste Systems	
Contact Name for Contracted Hauler:	Yakima County	
Street Address of Contracted Hauler - Including State/City/Zip:	2812 1/2 Terrace Heights Drive Yakima, WA 98901	
Phone Number:	509-248-4213	

## 8. DANGEROUS WASTES

Does this facility produce or store (on-site or off-site) any wastes that are designated as dangerous or extremely hazardous under the provisions of chapter 173-303 WAC, *Dangerous Waste Regulations*?

YES ☐ NO ☒

If yes, complete the following table.

Description of Waste(s)	Permit Number



## 9. STORED MATERIALS

List any materials (i.e., oils, solvents, lubricants, cleaners, chemical products, etc.) that are stored on-site in 55 gallon or larger containers. Materials in smaller containers should be listed if they have the potential to cause groundwater or surface water contamination.

[illegible]

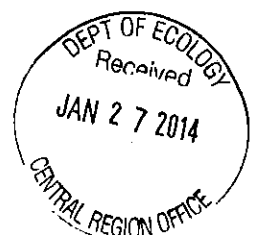
## 9. PRETREATMENT

Are any pretreatment processes used to improve wastewater quality operated at your facility?

YES ☒ NO ☐

If yes, list the ID number (Section B) for all the wastewater discharges which utilize the pretreatment processes listed in the table below.

ID Number (Section B)	Pretreatment Process
	Air Flotation
	Centrifuge
	Chemical Precipitation
	Chlorination
	Cyclone Screen/Filter
	Dechlorination
	Filtration
	Flow Equalization
	Grease or Oil Separation
	Grease Trap
	Grit Removal
	Ion Exchange
001	pH correction
	Ozonation
	Reverse Osmosis
001-004	Screens (Metal, Fabric, etc.)
	Sedimentation
	Septic Tank
	Solvent Separation
	Constructed Wetland (Lined)
	Rock or Reed Filter (Lined)
	Stormwater Diversion
	Bio-Treatment (Specify)
	Chemical Treatment (Specify)
	Physical Treatment (Specify)
	Other (Specify)
	Other (Specify)
	Other (Specify)
	Other (Specify)
	Other (Specify)
	Other (Specify)
	Other (Specify)
	Other (Specify)



# 10. SEASONAL WASTEWATER DISCHARGE VARIATIONS

Do any of the wastewater discharges listed in Section B, seasonally vary? In other words, are there any months that your wastewater discharges have reduced flows or zero discharge?

YES ☒ NO ☐

If yes, complete the following table by writing:

- "N" in each month that a particular waste stream is discharged at normal flows
- "R" in each month that a particular waste stream is substantially reduced (i.e., less than half of normal flow)
- "0" in each month when there is zero discharge

ID Number (Section B)	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
001	N	N	N	N	N	N	N	N	N	N	N	N
002	0	0	0	0	0	0	0	N	0	0	0	0
003	0	0	0	0	0	0	0	R	N	N	R	0
004	N	N	N	N	N	N	N	N	N	N	N	N
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