

Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type, i.e., 12 characters/inch).

FORM 1 GENERAL	 DEPARTMENT OF ECOLOGY State of Washington	U.S. ENVIRONMENTAL PROTECTION AGENCY/ECOLOGY GENERAL INFORMATION <i>Consolidated Permits Program</i> (Read the "General Instructions" before starting.)	1. Current permit I.D. WA-000243-7	T/A	C
				14	15
					D

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit a NPDES permit application forms to Ecology. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

	MARK "X"				MARK "X"		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Is this facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D. Is this proposal facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
G. Do you or will you inject at this facility any produced water other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

III. NAME OF FACILITY

C	1	TREE TOP – SELAH WASTEWATER FACILITIES
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IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)			
C	2	SAGDAL, GLEN NORTHERN PLANTS WASTEWATER MGR	509	449	3054

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX			
C	3	P O BOX 248	
B. CITY OR TOWN		C. STATE	D. ZIP CODE
C	4	SELAH	WA 98942-0248

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
C	5	1500 HARRISON ROAD			
B. COUNTY NAME					
YAKIMA					
C. CITY OR TOWN			D. STATE	E. ZIP CODE	F. COUNTY CODE
C	6	SELAH	WA	98942	
D. LATITUDE/LONGITUDE (NAD 83 DATUM)					
7	LATITUDE AS DECIMAL DEGREES – N46.670833				
LONGITUDE AS DECIMAL DEGREES – W120.501944					

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CONTINUED FROM THE FRONT

VII. SIC, NAICS CODES (in order of priority) AND UBI NUMBER Place additional on an attachment.

SIC FIRST				SIC. SECOND			
C 7	2086	(specify) Bottled & canned soft drinks	7 7	2034	(specify) Dried & dehydrated fruits		
EQUIVALENT NAICS FIRST				EQUIVALENT NAICS SECOND			
C 7	311423	(specify) Dried & dehydrated fruits & Vegetables	7 7	312111	(specify) Soft drink manufacturing		

UBI NUMBER -392000956

VIII. OPERATOR INFORMATION

A. NAME			B. Is the name listed in Item VIII-A also the owner?		
C 8	Tree Top, Inc.			<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other," specify.)				D. PHONE (area code & no.)			
F = FEDERAL	M = PUBLIC (other than federal or state)	P	(specify)	C A	509	697	7251
S = STATE	O = OTHER (specify)						
P = PRIVATE							

E. STREET OR PO BOX
P O Box 248

F. CITY OR TOWN		G. STATE	H. ZIP CODE	IX. INDIAN LAND	
C B	Selah	WA	98942-0248	Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)				D. PSD (Air Emissions from Proposed Sources)			
C 9	T N	I	WA-000243-7	C 9	T P	8	
B. UIC (Underground Injection of Fluids)				E. OTHER (specify)			
C 9	T U	I		C 9	T	8	(Specify)
C. RCRA (Hazardous Wastes)				E. OTHER (specify)			
C 9	T R	I		C 9	T	8	(Specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

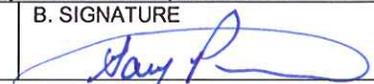
XII. NATURE OF BUSINESS (provide a brief description)

Fruit processing, primarily apples and pears.

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XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print) Gary Price - V.P. of Operations	B. SIGNATURE 	C. DATE SIGNED 11/28/11
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Form
2E
NPDES



Facilities Which Do Not Discharge Process Wastewater

I. Receiving Water

For this outfall, list the latitude and longitude, and name of the receiving water(s)

Outfall Number (list)	Latitude			Longitude			Receiving Water (name)
	Deg	Min	Sec	Deg	Min	Sec	
001	46	38	57	120	31	29	Selah Ditch

II. Discharge Date (If a new discharger, the date you expect to begin discharging)

III. Type of Waste

A. Check the box(es) indicating the general type(s) of wastes discharged.

Sanitary Wastes
 Restaurant or Cafeteria Wastes
 Noncontact Cooling Water
 Other Nonprocess Wastewater (Identify)

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

N/A

IV. Effluent Characteristics

A. Existing Sources - Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority (see instructions).

B. New Dischargers - Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values (see instructions).

Pollutant or Parameter	(1) Maximum Daily Value (including units)		(2) Average Daily Value (last year) (include units)		(3) Number of Measurements Taken (last year)	(4) Source of Estimate (if new discharger)
	Mass	Concentration	Mass	Concentration		
	Biochemical Oxygen Demand (BOD)					
Total Suspended Solids (TSS)						
Fecal Coliform (if believed present or if sanitary waste is discharged)						
Total Residual Chlorine (if chlorine is used)						
Oil and Grease						
*Chemical oxygen demand (COD)						
*Total organic carbon (TOC)		9.5 PPM		1.08 PPM	73	
Ammonia (as N)						
Discharge Flow	Value 0.068 MGD		0.020 MGD		75	
pH (give range)	Value 8.51					
Temperature (Winter)		°C		°C		
Temperature (Summer)		°C		°C		

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*If noncontact cooling water is discharged

V. Expect for leaks or spills, will the discharge described in this form be intermittent or seasonal?

If yes, briefly describe the frequency of flow and duration.



Yes



No

Flow will be by batch throughout 24 hr period - 7 days per week - November 1st through March 31st.

VI. Treatment System (Describe briefly any treatment system(s) used or to be used)

N/A. No treatment is provided.

VII. Other Information (Optional)

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional Sheets, if necessary.

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VIII. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designated 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.

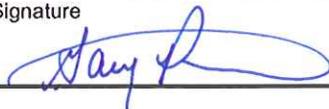
A. Name of Official Title

Gary Price V.P. of Operations

B. Phone No. (area code & no.)

(509) 697-7251

C. Signature



D. Date Signed

1/26/12