



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

This application is for a state waste discharge permit as required by Chapter 90.48 RCW and Chapter 173-216 WAC. Permit applications provide Ecology with information on pollutants in the waste stream, materials that may enter the waste stream, the flow characteristics of the discharge, and the site characteristics at the point of discharge.

Ecology may request additional information to clarify the conditions of this discharge. The applicant should reference information previously submitted to Ecology that applies to this application in the appropriate section.

SECTION A. GENERAL INFORMATION

- 1. Applicant name: Tree Top, Inc.-Selah Operations
- 2. Facility name: Wastewater Treatment Facilities
(if different from applicant)
- 3. Applicant mail address: 220 E SECOND AVE / PO BOX 248
Street
SELAH, WA 98942-0248
City/State Zip
- 4. Facility location address: 1500 HARRISON ROAD
(if different from above) Street
SELAH, WA 98942
City/State Zip
- 5. UBI No. 3920009
56
- 6. Latitude/longitude of the processing facility as decimal degrees (NAD83/WGS84):
46.6519453 / 120.527521

FOR ECOLOGY USE ONLY	Check One	New/Renewal <input type="checkbox"/>	Modification <input type="checkbox"/>
Date application received		Application/Permit no.	
Date application accepted		Date fee paid	

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

Glen Sagdal
Name

Northern Plants Wastewater Manager
Title

509-449-3054
Telephone number

509-698-1526
Fax number

8. Check One:

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

Does this application request a greater amount of wastewater discharge, a greater amount of pollutant discharge, or a discharge of different pollutants than specified in the last permit application for this facility? YES NO

For permit renewals, the current permit is an attachment, by reference, to this application.

Permit modification

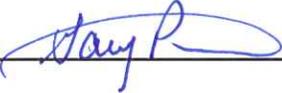
Existing unpermitted discharge

Proposed discharge

Anticipated date of discharge: _____

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and/or imprisonment for knowing violations.

Signature*



Date

1/26/12

Vice President of Operations
Title

Gary Price

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

Date

Title or function at the facility

Printed name

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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: Fruit, primarily apples and pears, is processed into a variety of juices, applesauce, dehydrated fruit, and fresh-packed slices. SIC codes: 2033, 2034, 2037, 2086. NAICS codes: 311421, 311423, 311411, 312111.

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- List raw materials and products:

Type	RAW MATERIALS	Quantity
<i>Potatoes (Example)</i>		<i>20 million tons per year</i>
Apples, pears, concentrated juices, sweeteners, vitamin C, flavorings		Quantities are highly variable. Typical raw fruit quantities are ~100,000-200,000 tons/year
Type	PRODUCTS	Quantity
<i>French fries (Example)</i>		<i>10 million pounds per year</i>
Single-strength fruit juices, concentrated juices, applesauce, non-fruit beverages, dehydrated fruit products, fresh apple slices		~\$300,000,000 annual sales (entire company)

SECTION C. PLANT OPERATIONAL CHARACTERISTICS

1. For each process listed in B.1 that generates wastewater, list the process, assign the waste stream a name and ID #, and describe whether it is a batch or continuous flow.

Process	Waste Stream Name	Waste Stream ID#	Batch (B) or Continuous (C) Process
<i>Receiving raw potatoes (Example)</i>	<i>Mud Water</i>	<i>1</i>	<i>C</i>
Fruit processing	Process wastewater	1	C
Precipitation; snowmelt	Storm water runoff	2	B
Cooling	Non-contact cooling water	3	C

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

3. What is the highest daily discharge flow from the processing facility: 966,000 gallons per day
(11/03/2008)
(Specify the time period for the value given)

What is the highest daily discharge flow to the sprayfields/infiltration basin: inches/acre/month OR
2.376 million gallons per day
(10/04/2006)
(Specify the time period for the value given)

What is the highest average monthly discharge flow (daily flows averaged over a month) from the processing facility: 738,000 gallons/day?
(November, 2008)
(Specify the time period for the value given)

What is the highest average monthly discharge flow to the sprayfields: inches/acre/month OR
1.472 Million gallons per day
(October, 2006)
(Specify the time period for the value given)

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

See attached C.4.

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5. If production processes are subject to seasonal variations, provide the following information. List discharge for each waste stream in gallons or million gallons per month. The combined value for each month should equal the estimated total monthly flow. Please indicate the proper unit by checking one of the following boxes:

gallons per day gallons per month million gallons per month

Waste Stream ID#	MONTHS											
	J	F	M	A	M	J	J	A	S	O	N	D
Selah Plant	11.91	12.68	14.34	14.68	14.07	11.60	11.66	7.25	13.71	15.89	13.80	12.10
Ross/Fresh Plants	2.94	2.00	2.34	2.29	2.09	2.03	1.92	1.80	2.31	3.05	2.73	2.43
Non-contact & cooling	0.58	0.63	0.41	0	0	0	0	0	0	0	0.61	0.48
Stormwater	0.57	0.39	0.34	0.26	0.25	0.30	0.11	0.18	0.18	0.26	0.51	0.67
Estimated total gallons	16.00	15.70	17.43	17.23	16.41	13.93	13.69	9.23	16.20	19.20	17.65	15.68

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

93,534 square feet; 56,990,000 million gallons

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

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept.	Oct	Nov	Dec
Estimated gallons per acre per day	0	0	1211	5005	7524	8123	10313	8238	5538	1826	0	0

8. How many hours a day do
How many days a week do
How many weeks per year

water facilities: 24

water facilities: 7

water facilities: 52

9. List all incidental materials that are used or stored on site (list only those with quantities of solids and solvent-based materials and estimate the quantity of each material). For each material, provide a data sheet for each material (see attachment C.7.)

s that are used or stored on site in significant quantities for solids). For each material, provide a data sheet for each material (see attachment C.7.)

See attachment C.7.

*TREE TOP
SELAL Application
Feb 21, 2012
Please replace pages 5
with this Revised
sheet. Submitted
by Glen Sagdala.
Needs DATE Stamp
Thanks
JIM L.*

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Materials/Quantity Stored: See attached C.7.1

- | | | Yes | No |
|-----|--|-------------------------------------|-------------------------------------|
| 10. | Some types of facilities are required to have spill or waste control plans. Does this facility have: | | |
| a. | A spill prevention, control, and countermeasure plan (40 CFR 112)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b. | An Oil Spill Contingency Plan (chapter 173-182 WAC)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c. | An emergency response plan (per WAC 173-303-350)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d. | A runoff, spillage, or leak control plan (per WAC 173-216-110(f))? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e. | Any spill or pollution prevention plan required by local, state or federal authorities? If yes specify: <u>Spill control plan required by discharge permit</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| f. | A solid waste control plan? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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SECTION E. WASTEWATER INFORMATION

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

Intake: Raw wastewater is metered at the Selah Plant and the Ross Plant with magnetic flow meters

Effluent Treated wastewater is metered with a magnetic flow meter as it is pumped to the sprayfield for irrigation

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 samples, 24 hour composites

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.**

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X	Parameter	Measurement Values			Number of Analyses	Analytical Methods 19 th edition or EPA
		Minimum	Maximum	Average		
	BOD (5 day)	30	980	181	232	SM 5210 B
	COD	30	3980	1725	171	SM 5220 D
	Total suspended solids	60	3280	1238	141	SM 2540 D
	Fixed Dissolved Solids					SM 2540 E
	Total dissolved solids					SM 2540 C
	Conductivity (micromhos/cm)					SM 2510 B
	Ammonia-N as N	0.07	42.0	4.94	50	SM 4500-NH ₃ C
	pH	4.90	9.63	7.60	1066	SM 4500-H
	Fecal coliform (organisms/100 mL)					SM 9221 E or 9222
	Total coliform (organisms/100 mL)					SM 9221 B or 9222
	Dissolved oxygen	0.1	19.9	2.97	1066	SM 4500-O C/G
	Nitrate + nitrite-N as N	0.10	48.70	1.38	46	SM 4500-NO ₃ E
	Total kjeldahl N as N	0.3	105	50.87	49	SM 4500-N _{org} C/E/I
	Ortho-phosphate-P as P					SM 4500-P E/F
	Total-phosphorous-P as P					SM 4500-P E/P/I
	Total Oil & grease					EPA 1664A
	NWTPH - Dx					Ecology NWTPH D
	NWTPH - Gx					Ecology NWTPH G
	Calcium					EPA 200.7
	Chloride	5.3	174	50.1	90	SM 4500-Cl C
	Fluoride					SM 4500-F E
	Magnesium					EPA 200.7
	Potassium					EPA 200.7
	Sodium					EPA 200.7
	Sulfate					SM 4500-SO ₄ C/I
	Alkalinity as CaCO ₃					SM 2320 B

ECY-040-179 (rev. 5/2011)

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X	Parameter	Measurement Values			Number of Analyses	Analytical Methods 19 th edition or EPA
		Minimum	Maximum	Average		
	Arsenic(total)					EPA 200.8
	Barium (total)					EPA 200.8
	Cadmium (total)					EPA 200.8
	Chromium (total)					EPA 200.8
	Copper (total)					EPA 200.8
	Iron (total)					EPA 200.7
	Lead (total)					EPA 200.8
	Manganese (total)					EPA 200.8
	Mercury (total) pg/L					EPA 1631E
	Molybdenum(total)					EPA 200.8
	Nickel(total)					EPA 200.8
	Selenium (total)					EPA 200.8
	Silver (total)					EPA 200.8
	Zinc (total)					EPA 200.8

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

Quantitation Level (QL) also known as Minimum Level of Quantitation (ML) – The lowest level at which the entire analytical system signal and acceptable calibration point for the analyte. It is equivalent to the concentration of the lowest calibration standard, assuming method-specified sample weights, volumes, and cleanup procedures. The QL is calculated by multiplying the MDL by 3.18 and rounding number nearest to $(1, 2, \text{ or } 5) \times 10^n$, where n is an integer. (64 FR 30417).

ALSO GIVEN AS:

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

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

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

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

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6. Are any other pesticides, herbicides, or fungicides used at this facility? YES NO
If yes, specify the material and quantity used.

7. Are there other pollutants that you know of or believe to be present? YES NO

If yes, specify the pollutants and their concentration if known
(attach laboratory analyses if available).

DON'T KNOW

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SECTION F. GROUND WATER INFORMATION

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

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

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

Latitude: 46.67901295828131

Longitude: -120.49713492393493

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

Parameter	Units	Range of Measurements	Number of Analyses	Analytical Method	Detection Limit
BOD (5 day)	mg/L				
COD	mg/L				
Total organic carbon	mg/L				
Total dissolved solids	mg/L	246-438	45	SM2540C	
Dissolved Fixed Solids	mg/L				
pH	Standard units	7.0-8.3	45		
Conductivity	(micromhos/cm)	396-732	45	SM2510 B	
Alkalinity	mg/L as CaCO ₃				
Total hardness	mg/L				
Fecal coliform	organisms/100mL	0-2.72	45	SM9222 D	
Total coliform	organisms/100mL				
Dissolved oxygen	mg/L				
Ammonia-N	mg/L				
Nitrate + nitrite-N, nitrate as N	mg/L	0-3.6	45	EPA300.0	.05 ppm
Total kjeldahl N as N	mg/L				
Ortho-phosphate-P as P	mg/L				
Total-phosphate-P as P	mg/L				
Total Oil and Grease	mg/L				
Total petroleum hydrocarbon	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Calcium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Chloride	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Fluoride	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Magnesium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Potassium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Sodium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Sulfate	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Barium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Cadmium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Chromium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Copper	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Iron	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l	0-0	45	EPA200.7	
Lead	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Manganese	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				

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Parameter	Units	Range of Measurements	Number of Analyses	Analytical Method	Detection Limit
Mercury	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Selenium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Silver	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Zinc	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Depth to water level (to the nearest .01 feet)		8.7-12.7	45		

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

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

Well ID # MW-3 (*example MW-1*)

Latitude: 46.66495182493577

Longitude: -120.50481140613556

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

Parameter	Units	Range of Measurements	Number of Analyses	Analytical Method	Detection Limit
BOD (5 day)	mg/L				
COD	mg/L				
Total organic carbon	mg/L				
Total dissolved solids	mg/L	202-404	45	SM2540C	
Dissolved Fixed Solids	mg/L				
pH	Standard units	6.8-7.9	45		
Conductivity	(micromhos/cm)	394-741	45	SM2510 B	
Alkalinity	mg/L as CaCO ₃				
Total hardness	mg/L				
Fecal coliform	organisms/100mL	0-5	45	SM9222 D	
Total coliform	organisms/100mL				
Dissolved oxygen	mg/L				
Ammonia-N	mg/L				
Nitrate + nitrite-N, nitrate as N	mg/L	0.38-5.72	45	EPA300.0	.05 ppm
Total kjeldahl N as N	mg/L				
Ortho-phosphate-P as P	mg/L				
Total-phosphate-P as P	mg/L				
Total Oil and Grease	mg/L				
Total petroleum hydrocarbon	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Calcium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Chloride	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Fluoride	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Magnesium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Potassium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Sodium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Sulfate	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Barium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Cadmium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Chromium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Copper	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Iron	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l	0-0.2	45	EPA200.7	
Lead	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Manganese	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				

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Parameter	Units	Range of Measurements	Number of Analyses	Analytical Method	Detection Limit
Mercury	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Selenium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Silver	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Zinc	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Depth to water level (to the nearest .01 feet)		5.0-13.8	45		

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SECTION F. GROUND WATER INFORMATION

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

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

Well ID # MW-4 (*example MW-1*)

Latitude: 46.66502177156265

Longitude: -120.51109850406647

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

Parameter	Units	Range of Measurements	Number of Analyses	Analytical Method	Detection Limit
BOD (5 day)	mg/L				
COD	mg/L				
Total organic carbon	mg/L				
Total dissolved solids	mg/L	414-836	45	SM2540C	
Dissolved Fixed Solids	mg/L				
pH	Standard units	6.7-7.7	45		
Conductivity	(micromhos/cm)	730-1239	45	SM2510 B	
Alkalinity	mg/L as CaCO ₃				
Total hardness	mg/L				
Fecal coliform	organisms/100mL	0-330	45	SM9222 D	
Total coliform	organisms/100mL				
Dissolved oxygen	mg/L				
Ammonia-N	mg/L				
Nitrate + nitrite-N, nitrate as N	mg/L	0.1-3.4	45	EPA300.0	.05 ppm
Total kjeldahl N as N	mg/L				
Ortho-phosphate-P as P	mg/L				
Total-phosphate-P as P	mg/L				
Total Oil and Grease	mg/L				
Total petroleum hydrocarbon	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Calcium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Chloride	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Fluoride	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Magnesium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Potassium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Sodium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Sulfate	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Barium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Cadmium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Chromium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Copper	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Iron	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l	0-0.2	45	EPA200.7	
Lead	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Manganese	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				

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Parameter	Units	Range of Measurements	Number of Analyses	Analytical Method	Detection Limit
Mercury	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Selenium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Silver	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Zinc	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Depth to water level (to the nearest .01 feet)		7.4-13.1	45		

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SECTION F. GROUND WATER INFORMATION

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

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

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

Latitude: 46.675928656402164

Longitude: -120.49704372882843

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

Parameter	Units	Range of Measurements	Number of Analyses	Analytical Method	Detection Limit
BOD (5 day)	mg/L				
COD	mg/L				
Total organic carbon	mg/L				
Total dissolved solids	mg/L	140-992	45	SM2540C	
Dissolved Fixed Solids	mg/L				
pH	Standard units	7.1-8.3	45		
Conductivity	(micromhos/cm)	456-712	45	SM2510 B	
Alkalinity	mg/L as CaCO ₃				
Total hardness	mg/L				
Fecal coliform	organisms/100mL	0-2	45	SM9222 D	
Total coliform	organisms/100mL				
Dissolved oxygen	mg/L				
Ammonia-N	mg/L				
Nitrate + nitrite-N, nitrate as N	mg/L	0-2	45	EPA300.0	.05 ppm
Total kjeldahl N as N	mg/L				
Ortho-phosphate-P as P	mg/L				
Total-phosphate-P as P	mg/L				
Total Oil and Grease	mg/L				
Total petroleum hydrocarbon	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Calcium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Chloride	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Fluoride	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Magnesium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Potassium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Sodium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Sulfate	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Barium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Cadmium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Chromium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Copper	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Iron	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l	0-1.5	45	EPA200.7	
Lead	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Manganese	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				

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Parameter	Units	Range of Measurements	Number of Analyses	Analytical Method	Detection Limit
Mercury	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Selenium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Silver	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Zinc	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Depth to water level (to the nearest .01 feet)		5.7-9.5	45		

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SECTION F. GROUND WATER INFORMATION

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

Ecology Well Tag ID # _____
(example AAB123)

Well ID # WW-2 (example MW-1)

Latitude: 46.6683533350224

Longitude: -120.50340056419372

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

Parameter	Units	Range of Measurements	Number of Analyses	Analytical Method	Detection Limit
BOD (5 day)	mg/L				
COD	mg/L				
Total organic carbon	mg/L				
Total dissolved solids	mg/L	21-664	45	SM2540C	
Dissolved Fixed Solids	mg/L				
pH	Standard units	6.88-8.1	45		
Conductivity	(micromhos/cm)	115-398	45	SM2510 B	
Alkalinity	mg/L as CaCO ₃				
Total hardness	mg/L				
Fecal coliform	organisms/100mL	0-2	45	SM9222 D	
Total coliform	organisms/100mL				
Dissolved oxygen	mg/L				
Ammonia-N	mg/L				
Nitrate + nitrite-N, nitrate as N	mg/L	0.07-1.95	45	EPA300.0	.05 ppm
Total kjeldahl N as N	mg/L				
Ortho-phosphate-P as P	mg/L				
Total-phosphate-P as P	mg/L				
Total Oil and Grease	mg/L				
Total petroleum hydrocarbon	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Calcium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Chloride	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Fluoride	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Magnesium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Potassium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Sodium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Sulfate	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Barium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Cadmium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Chromium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Copper	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Iron	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l	0-1.8	45	EPA200.7	
Lead	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Manganese	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				

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Parameter	Units	Range of Measurements	Number of Analyses	Analytical Method	Detection Limit
Mercury	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Selenium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Silver	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Zinc	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Depth to water level (to the nearest .01 feet)		6.0-11.1	45		

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SECTION F. GROUND WATER INFORMATION

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

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

Well ID # WW-3 (*example MW-1*)

Latitude: 46.668357016194434

Longitude: -120.5033951997757

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

Parameter	Units	Range of Measurements	Number of Analyses	Analytical Method	Detection Limit
BOD (5 day)	mg/L				
COD	mg/L				
Total organic carbon	mg/L				
Total dissolved solids	mg/L	230-473	45	SM2540C	
Dissolved Fixed Solids	mg/L				
pH	Standard units	6.8-7.7	45		
Conductivity	(micromhos/cm)	418-827	45	SM2510 B	
Alkalinity	mg/L as CaCO ₃				
Total hardness	mg/L				
Fecal coliform	organisms/100mL	0-17.0	45	SM9222 D	
Total coliform	organisms/100mL				
Dissolved oxygen	mg/L				
Ammonia-N	mg/L				
Nitrate + nitrite-N, nitrate as N	mg/L	0.42-3.5	45	EPA300.0	.05 ppm
Total kjeldahl N as N	mg/L				
Ortho-phosphate-P as P	mg/L				
Total-phosphate-P as P	mg/L				
Total Oil and Grease	mg/L				
Total petroleum hydrocarbon	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Calcium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Chloride	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Fluoride	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Magnesium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Potassium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Sodium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Sulfate	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Barium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Cadmium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Chromium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Copper	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Iron	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l	0-0.1	45	EPA200.7	
Lead	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Manganese	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				

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Parameter	Units	Range of Measurements	Number of Analyses	Analytical Method	Detection Limit
Mercury	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Selenium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Silver	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Zinc	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Depth to water level (to the nearest .01 feet)		7.3-13.1	45		

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SECTION F. GROUND WATER INFORMATION

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

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

Well ID # WW-4 (*example MW-1*)

Latitude: 46.669060115454

Longitude: -120.50844848155975

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

Parameter	Units	Range of Measurements	Number of Analyses	Analytical Method	Detection Limit
BOD (5 day)	mg/L				
COD	mg/L				
Total organic carbon	mg/L				
Total dissolved solids	mg/L	127-742	45	SM2540C	
Dissolved Fixed Solids	mg/L				
pH	Standard units	6.54-7.90	45		
Conductivity	(micromhos/cm)	492-915	45	SM2510 B	
Alkalinity	mg/L as CaCO ₃				
Total hardness	mg/L				
Fecal coliform	organisms/100mL	0-11.3	45	SM9222 D	
Total coliform	organisms/100mL				
Dissolved oxygen	mg/L				
Ammonia-N	mg/L				
Nitrate + nitrite-N, nitrate as N	mg/L	0-11.4	59	EPA300.0	.05 ppm
Total kjeldahl N as N	mg/L				
Ortho-phosphate-P as P	mg/L				
Total-phosphate-P as P	mg/L				
Total Oil and Grease	mg/L				
Total petroleum hydrocarbon	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Calcium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Chloride	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Fluoride	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Magnesium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Potassium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Sodium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Sulfate	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Barium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Cadmium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Chromium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Copper	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Iron	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l	0-0.2	45	EPA200.7	
Lead	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Manganese	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				

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Parameter	Units	Range of Measurements	Number of Analyses	Analytical Method	Detection Limit
Mercury	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Selenium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Silver	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Zinc	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Depth to water level (to the nearest .01 feet)		4.5-9.8			

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SECTION G. SITE ASSESSMENT

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

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

Legal Description (section/township/range) See attachment C.7.2 – Legal description			
Latitude	Longitude	Acreage	Owner
46.670833	120.501944	325	Tree Top, Inc.
Legal Description (section/township/range) Section			
Latitude	Longitude	Acreage	Owner
Legal Description (section/township/range)			
Latitude	Longitude	Acreage	Owner
Legal Description (section/township/range)			
Latitude	Longitude	Acreage	Owner

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

N/A

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

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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. WAR000566

If no, have you applied for coverage under the Washington State Industrial Stormwater NPDES general permit? YES NO

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

2. Describe the size of the stormwater collection area.
- a. Unpaved area _____ sq.ft.
 - b. Paved area _____ sq.ft.
 - c. Other collection areas (roofs) _____ sq.ft.
3. Does your facility's stormwater discharge to: *(Check all that apply)*
- Storm sewer system; name of storm sewer system *(operator)*: Tree Top, Inc.
 - Sanitary sewer
 - Directly to surface waters of Washington State *(e.g., river, lake, creek, estuary, ocean)*.
Specify waterbody name _____
 - Indirectly to surface waters of Washington State *(i.e., flows over adjacent properties first)*.
 - Directly to ground waters of Washington State via:
 - Dry well
 - Drainfield
 - Other _____
4. Areas with industrial activities at facility: *(check all that apply)*
- Manufacturing building
 - Material handling
 - Material storage
 - Hazardous waste treatment, storage, or disposal *(refers to RCRA, Subtitle C facilities only)*
 - Waste treatment, storage, or disposal
 - Application or disposal of wastewaters
 - Storage and maintenance of material handling equipment
 - Vehicle maintenance
 - Areas where significant materials remain
 - Access roads and rail lines for shipping and receiving
 - Other _____

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5. Material handling/management practices

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

- Solvents
- Hazardous wastes
- Scrap metal
- Acids or alkalies
- Petroleum or petrochemical products
- Paints/coatings
- Plating products
- Woodtreating products
- Pesticides
- Other *(please list)*: Fruit is stored outdoors in bins and bulk trailers

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

- | | |
|--|--|
| <input type="checkbox"/> Oil/water separator | <input type="checkbox"/> Detention facilities |
| <input checked="" type="checkbox"/> Containment | <input type="checkbox"/> Infiltration basins |
| <input checked="" type="checkbox"/> Spill prevention | <input checked="" type="checkbox"/> Operational BMPs |
| <input type="checkbox"/> Surface leachate collection | <input type="checkbox"/> Vegetation management |
| <input type="checkbox"/> Overhead coverage | <input checked="" type="checkbox"/> Other <i>(please list)</i> : A significant volume of stormwater is discharged to treatment as process wastewater |

6. Attach a map showing stormwater drainage/collection areas, disposal areas and discharge points. This may be a hand drawn map if no other site map is available. Label this as attachment H.8.

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SECTION I. OTHER INFORMATION

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

Used oil. Used oil is recycled by Emerald Recycling.

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

Raw material storage areas: Selah Plant receiving, Ross Plant receiving, Southern Field bin storage, and (intermittently) bulk trailer parking south of Naches Avenue and east of the railroad.

Summary of attachments that may be required for this application:

(Please check those attachments that are included)

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

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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.



Tree Top, Inc.
Technical Services
111 S Railroad Avenue
P.O. Box 248
Selah, WA 98942-0248
T: 509.697.7251
F: 509.698.1446
www.treetop.com

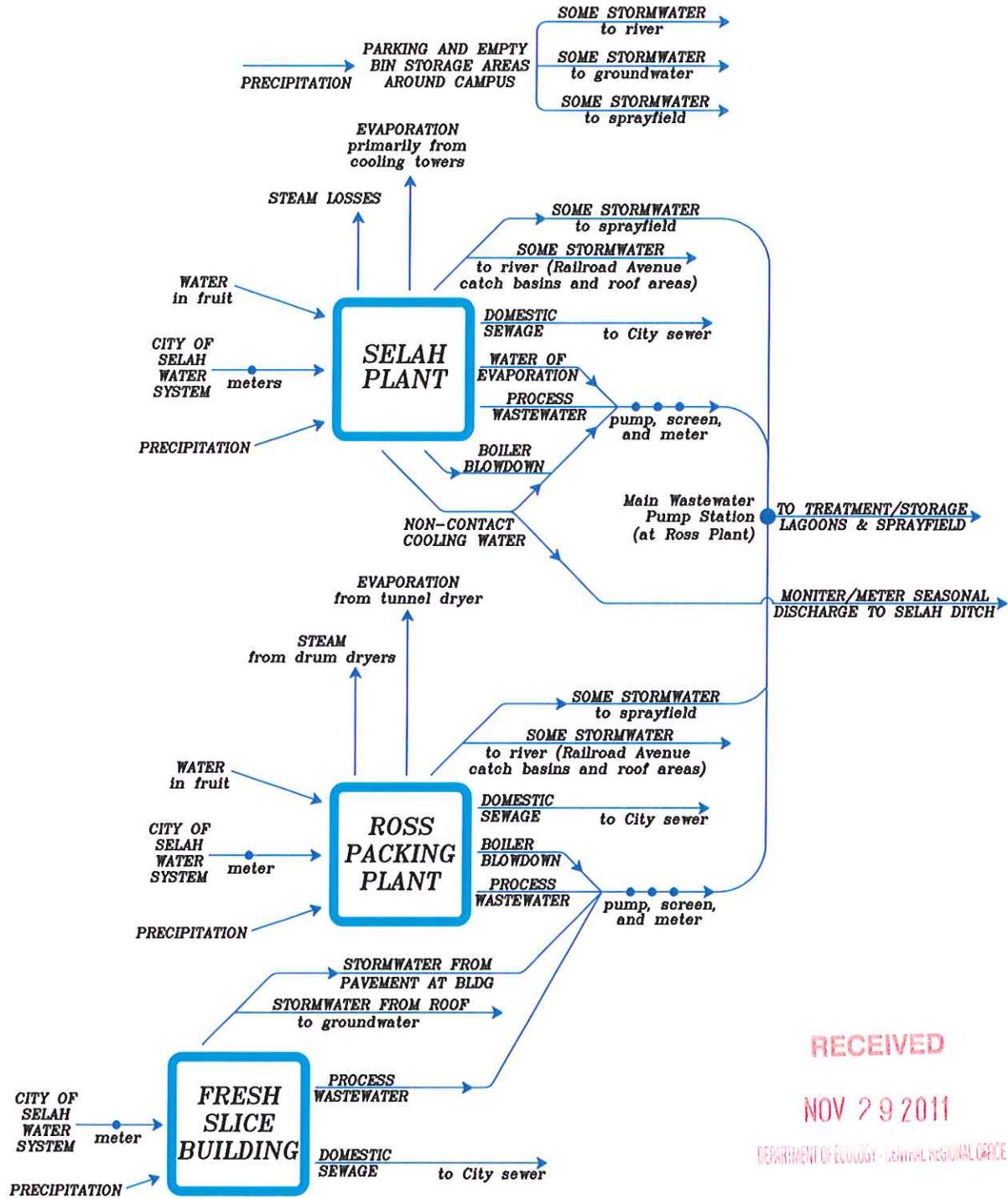
Attachment C.2.

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Corporate Engineering Department
 P.O. Box 248 / 111 S. Railroad Ave.
 Selah, Washington 98942-0248
 Phone 509-697-7251
 FAX 509-698-1526

SELAH OPERATIONS
 DISCHARGE PERMIT RENEWAL
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 SOURCES AND DISCHARGES



Tree Top, Inc.
Technical Services
111 S Railroad Avenue
P.O. Box 248
Selah, WA 98942-0248
T: 509.697.7251
F: 509.698.1446
www.treetop.com

Attachment G.3.

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Exhibit A

File Number: 42721

Policy No. 48000410601401

PARCEL "A":

That portion of the Southeast 1/4 of Section 25, Township 14 North, Range 18, E.W.M., lying Easterly of the Easterly right of way line of the Northern Pacific (Burlington Northern) Railway; EXCEPTING any portion thereof lying within a strip of land 33 feet wide, being 16.5 feet on each side of the following described line:

Beginning at a point in the center of Taylor Ditch Waste Gate, said point bears South 62° East 152 feet distant from the Southwest corner of the Northeast 1/4 of the Southeast 1/4 of Section 25, Township 14 North, Range 18, E.W.M.;
thence running South 56° East 120 feet;
thence South 2.5° East 105 feet;
thence South 5° East 87 feet to the West line of Northern Pacific right of way;
thence South 27° East 227 feet to the center of the Northern Pacific Railway tract and culvert;
thence South 54° East 200 feet to the East line of the Northern Pacific right of way;
thence South 54° East 230 feet to the center of a slough and draw to Yakima River;

AND EXCEPT the South 25 feet thereof;

TOGETHER WITH an easement over and across the South 25 feet of that portion of the Southeast 1/4 of Section 25, Township 14 North, Range 18, E.W.M., lying Westerly of the Westerly right of way line of the Northern Pacific Railway Company (now Burlington Northern).

PARCEL "B":

The South 1/2 of the South 1/2 of Section 30, Township 14 North, Range 19, E.W.M., lying Westerly of the Yakima River.

Situated in Yakima County, State of Washington.

Exhibit A

All of Section 30, Township 14 North, Range 19, E.W.M., lying Westerly of the Yakima River, and Easterly of the Easterly right of way line of the Northern Pacific (Burlington Northern and Sante Fe) Railway;

EXCEPT all that portion of the South Half of Section 30, Township 14 North, Range 19, E.W.M., described as follows:

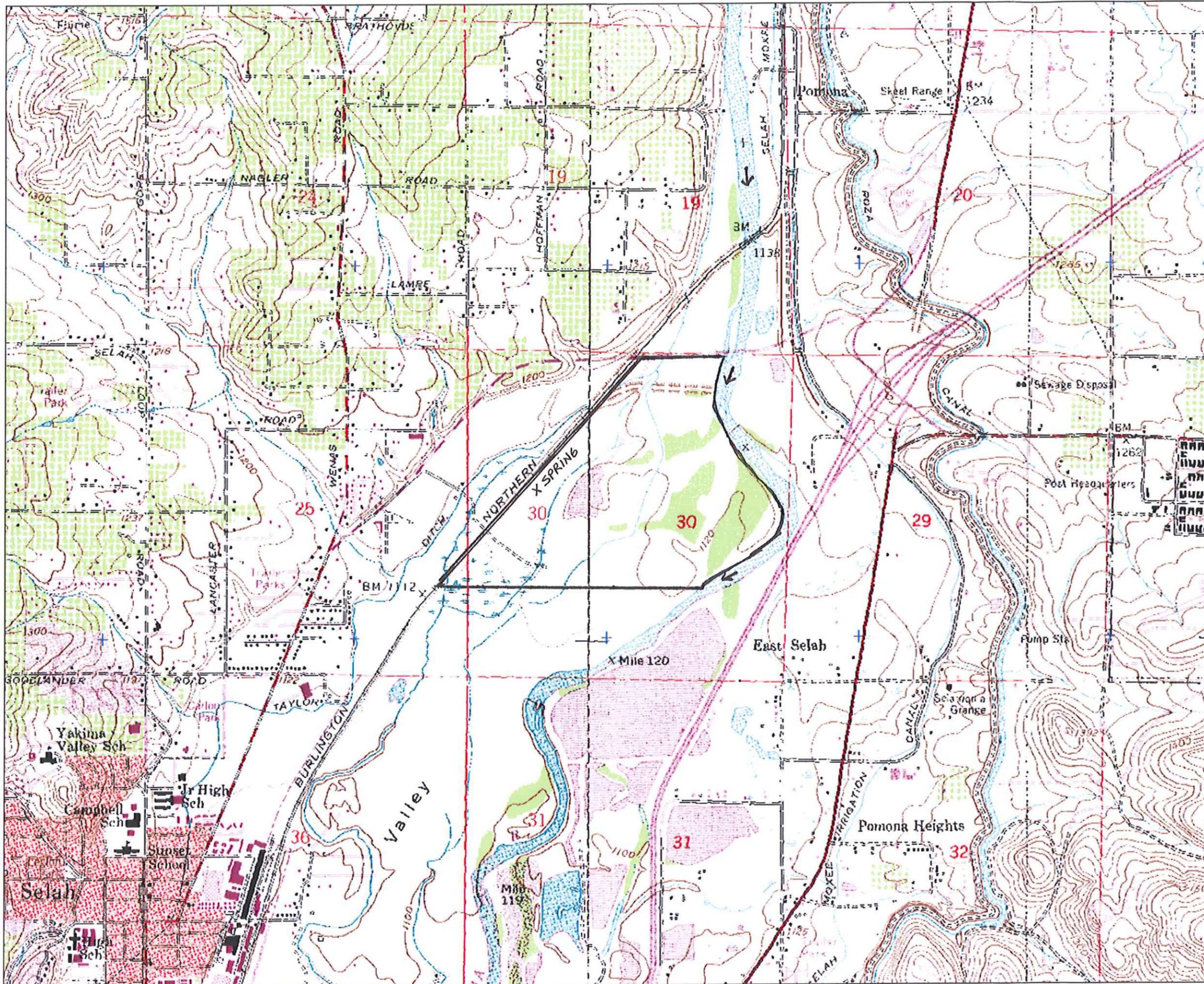
Beginning at a point on the South line of said Section, a distance of 773.7 feet West of the Southeast corner thereof, said point being the center line of the East channel of the Yakima River as the same existed September 11, 1962, and shown on survey by Remie N. Jaussaud;
thence following said center line North 4°16' West 168.4 feet;
thence North 12°23' West 348.3 feet;
thence North 23°27' West 264.2 feet;
thence North 18°11' West 327 feet;
thence North 42°15' West 452.6 feet to the center line of the West channel of the Yakima River as the same existed September 11, 1962, and shown by survey by Remie N. Jaussaud;
thence South 54°44' West along said center line to the South line of Section 30;
thence East along said South line to the point of beginning;

AND EXCEPT 150 foot wide strip conveyed to Northern Pacific Railway Company by deed recorded September 15, 1898, in Volume "Y" of Deeds, Page 464, records of Yakima County, Washington;

EXCEPT right of way for Harrison Road, conveyed to Yakima County by deed recorded under Auditor's File Number 2212653.

AND EXCEPT the South half of the South half of Section 30, Township 14 North, Range 19 E.W.M., lying Westerly of the Yakima River.

Situated in Yakima County, State of Washington.



Attachment
G.3
Topo Map



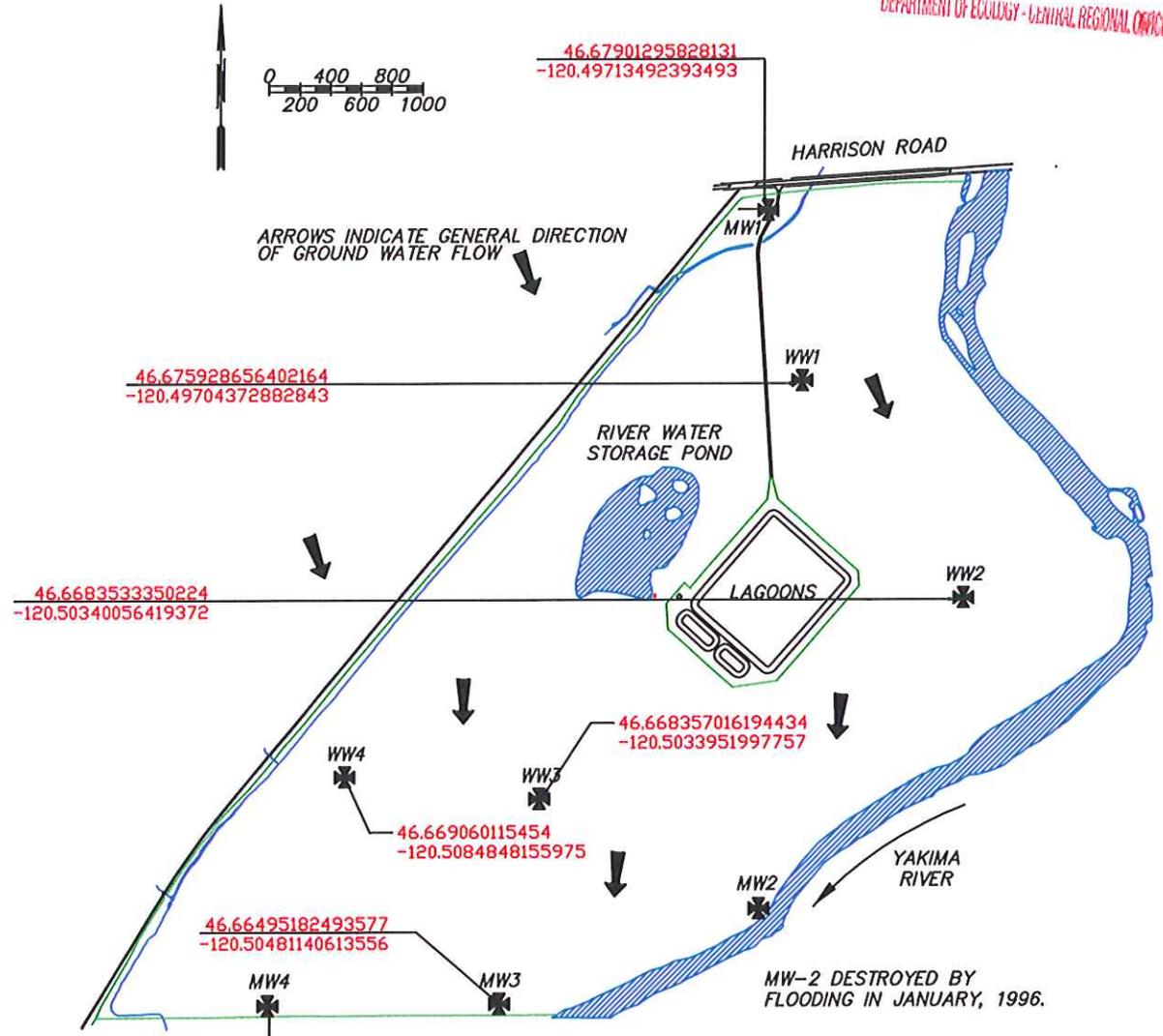
LAT. N46.6708
 LDN W120.5019
 TREE TOP INC.
 SELAH SPRAY
 FIELD

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 NOV 29 2011
 DEPARTMENT OF ECOLOGY TECHNICAL SERVICE

RECEIVED

JAN 26 2012

DEPARTMENT OF ECOLOGY - LENTHAL REGIONAL OFFICE



NOTES:

1. MW = INDICATES WELLS THAT ARE LOCATED OUTSIDE OF AREAS IRRIGATED WITH PROCESS WATER.
2. WW = WELLS WITHIN THE AREAS IRRIGATED WITH PROCESS WATER.
3. WW-2 DESTROYED BY FLOODING IN 1996.

Corporate Engineering Department
 P.O. Box 248 / 111 S. Railroad Avenue
 Selah, Washington 98942-0248
 Phone 509-697-7251
 FAX 509-697-0446

SELAH FACILITIES
WASTEWATER TREATMENT
MONITORING WELLS





Tree Top, Inc.
Technical Services
111 S Railroad Avenue
P.O. Box 248
Selah, WA 98942-0248
T: 509.697.7251
F: 509.698.1446
www.treetop.com

Attachment H.8.

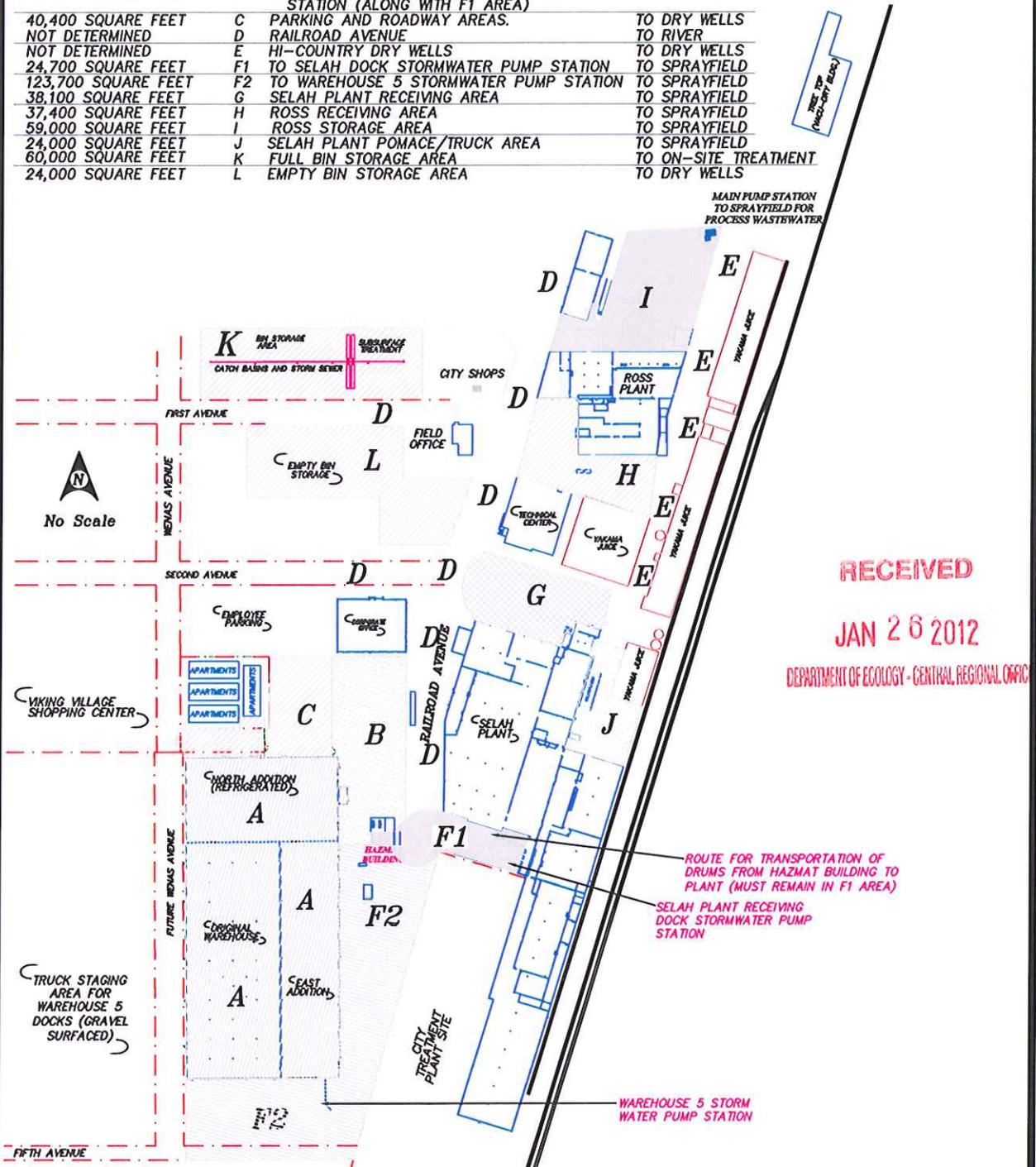
Attachment
H.8
Storm Water
Drainage

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JAN 26 2012
DEPARTMENT OF ECOSYSTEM & TERRITORIAL DEVELOPMENT OFFICE



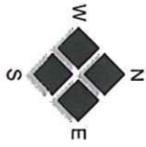
LEGEND

220,100 SQUARE FEET	A	WAREHOUSE ROOF: 5.05 ACRES TOTAL	TO RIVER
55,800 SQUARE FEET	B	PAVED AREA DRAINING TO DOCK PUMP STATION (ALONG WITH F1 AREA)	TO SPRAYFIELD
40,400 SQUARE FEET	C	PARKING AND ROADWAY AREAS.	TO DRY WELLS
NOT DETERMINED	D	RAILROAD AVENUE	TO RIVER
NOT DETERMINED	E	HI-COUNTRY DRY WELLS	TO DRY WELLS
24,700 SQUARE FEET	F1	TO SELAH DOCK STORMWATER PUMP STATION	TO SPRAYFIELD
123,700 SQUARE FEET	F2	TO WAREHOUSE 5 STORMWATER PUMP STATION	TO SPRAYFIELD
38,100 SQUARE FEET	G	SELAH PLANT RECEIVING AREA	TO SPRAYFIELD
37,400 SQUARE FEET	H	ROSS RECEIVING AREA	TO SPRAYFIELD
59,000 SQUARE FEET	I	ROSS STORAGE AREA	TO SPRAYFIELD
24,000 SQUARE FEET	J	SELAH PLANT POMACE/TRUCK AREA	TO SPRAYFIELD
60,000 SQUARE FEET	K	FULL BIN STORAGE AREA	TO ON-SITE TREATMENT
24,000 SQUARE FEET	L	EMPTY BIN STORAGE AREA	TO DRY WELLS



Corporate Engineering Department
 P.O. Box 248 / 111 S. Railroad Avenue
 Selah, Washington 98942-0248
 Phone 509-697-7251
 FAX 509-698-1526

SELAH OPERATIONS STORM WATER PLANNING DRAINAGE AREAS



WAREHOUSE #5 PUMP STATION

FORKLIFT SERVICE AREA

SELAH DOCK PUMP STATION

SAMPLING MANHOLE STORM WATER FILTER DRYWELL

ROSS PUMP STATION

PROCESS WASTEWATER TO SPRAYFIELD

RECEIVED

NOV 20 2011

DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE

- NOTES:
1. DISCHARGES OF STORM WATER TO GROUND WATER ARE NOT NUMBERED.
 2. DISCHARGES TO TREE TOP'S PROCESS WASTEWATER FACILITIES ARE NOT NUMBERED.
 3. ALL OF TREE TOP'S VEHICULAR SURFACES ARE PAVED, EXCEPT FOR THE GRAVEL LOT WEST OF WAREHOUSE 5.
 4. NO AREAS OF EXISTING OR POTENTIAL SOIL EROSION HAVE

LEGEND

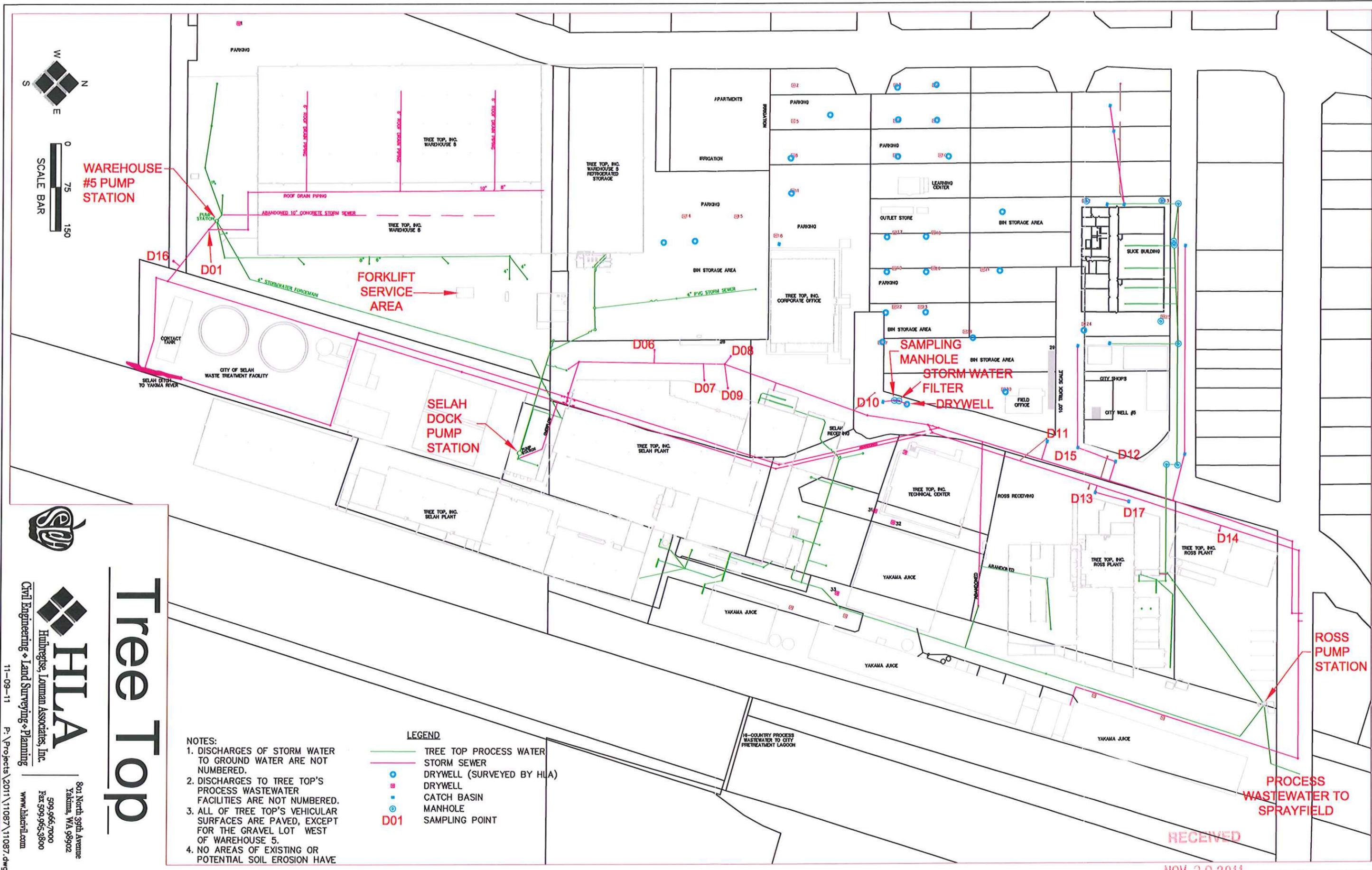
	TREE TOP PROCESS WATER
	STORM SEWER
	DRYWELL (SURVEYED BY HLA)
	DRYWELL
	CATCH BASIN
	MANHOLE
	SAMPLING POINT

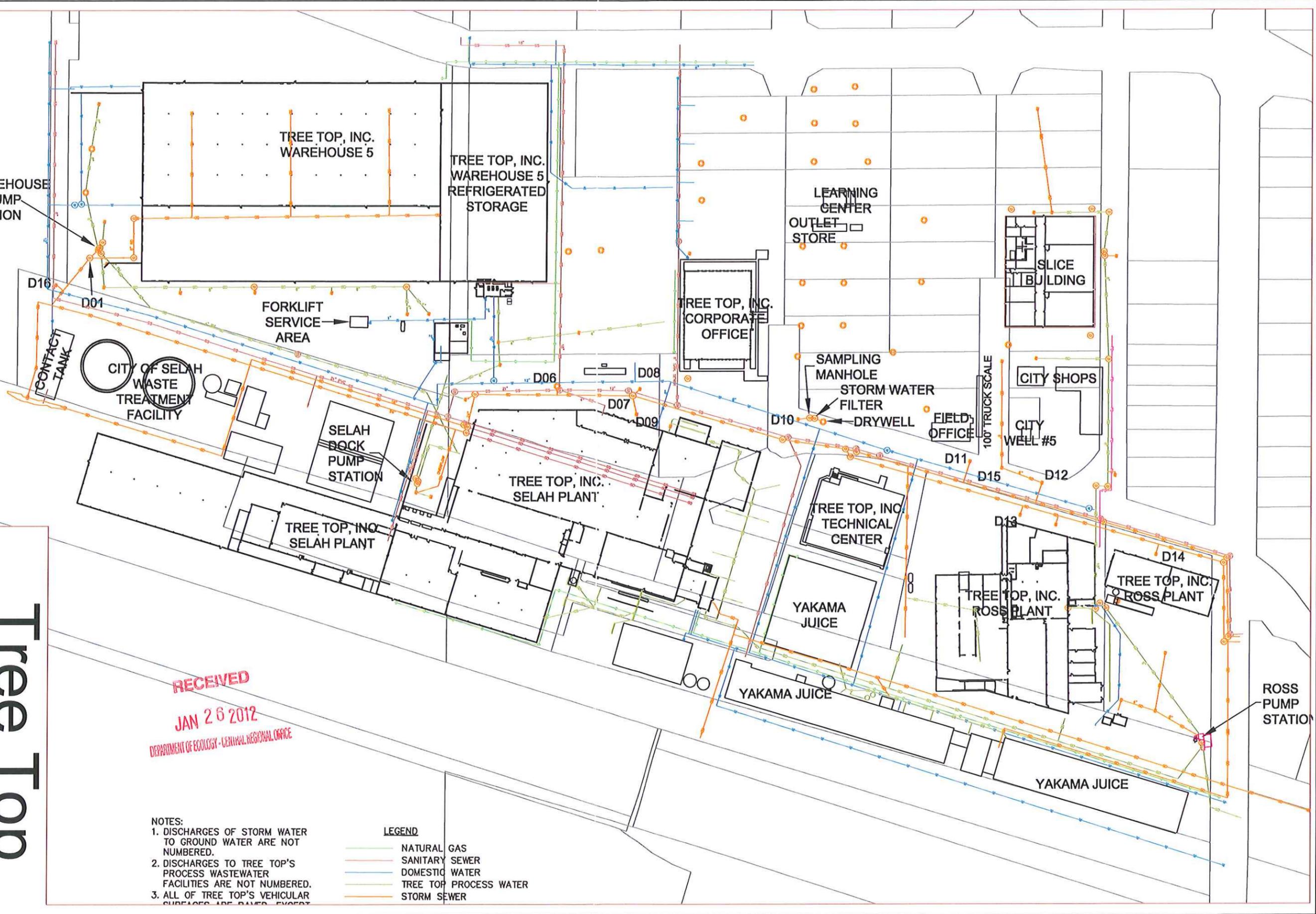
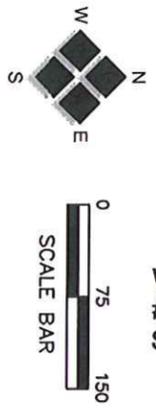


HLA
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Civil Engineering • Land Surveying • Planning

801 North 39th Avenue
Yakima, WA 98902
509.966.7000
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RECEIVED
 JAN 26 2012
 DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE

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 3. ALL OF TREE TOP'S VEHICULAR SURFACES ARE PAVED EXCEPT

LEGEND

	NATURAL GAS
	SANITARY SEWER
	DOMESTIC WATER
	TREE TOP PROCESS WATER
	STORM SEWER



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Tree Top

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