



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:

Z Y K Enterprises

2. Facility name:
(if different from applicant)

3. Applicant mail address:

17658 W. Snoqualmie River Rd. NE
Street
Duvall, WA 98019
City/State Zip

4. Facility location address:
(if different from above)

5. UBI No.

60145816

Sometimes called a registration, tax, "C," or resale number, the Unified Business Identifier (UBI) number is a nine-digit number used to identify persons engaging in business activities. The number is assigned when a person completes a [Master Business Application](#) to register with or obtain a license from state agencies. The Departments of Revenue, Licensing, Employment Security, Labor and Industries, and the Corporations Division of the Secretary of State are among the state agencies participating in the UBI program.

6. Latitude/longitude of the processing facility as decimal degrees (NAD83/WGS84):

47°45' 21" N / 121°59' 18" W

FOR ECOLOGY USE ONLY

Check One

New/Renewal ☒

Modification ☐

Date application received

Application/Permit no.

ST0003974

Date application accepted

Date fee paid



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

Name ZERESHAN QAZI Title PRESIDENT
Telephone number 206-235-5451 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*

6/20/16
Date

PRESIDENT
Title

ZERESHAN QAZI
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

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:

slaughter of USDA inspected bovine and cutting or grinding of raw meat.

S.I.C. Division "D", manufacturing, Industry group 201: Meat Products
NAICS 31161

- List raw materials and products:

Type	RAW MATERIALS	Quantity
Potatoes (Example)		20 million tons per year
veal		
Lamb		
goat		
Type	PRODUCTS	Quantity
French fries (Example)		10 million pounds per year

SECTION C. PLANT OPERATIONAL CHARACTERISTICS

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

Process	Waste Stream Name	Waste Stream ID#	Batch (B) or Continuous (C) Process
Receiving raw potatoes (Example)	Mud Water	1	C
slaughter	Blood	A	C
processing	WASH WATER	B	C
welfare Facilities	Bathrooms	C	B

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: 30000 gallons per Month
(Specify the time period for the value given)
- What is the highest daily discharge flow to the sprayfields/infiltration basin: inches/acre/month OR gallons per day 1200
(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: 1200 gallons/day?
(Specify the time period for the value given)
- What is the highest average monthly discharge flow to the sprayfields: inches/acre/month OR gallons per day 30000
(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.)

by:

Search results

Selected parcel(s)

- ☒ New selection
- ☐ Add to selection

Selected parcels: 1

	Parcel number	Address
<input checked="" type="checkbox"/>	1226069007	17651 WEST SNOQUALMIE RIVER RD NE 98019

Taxpayer name

Address

Appraised value

Lot area

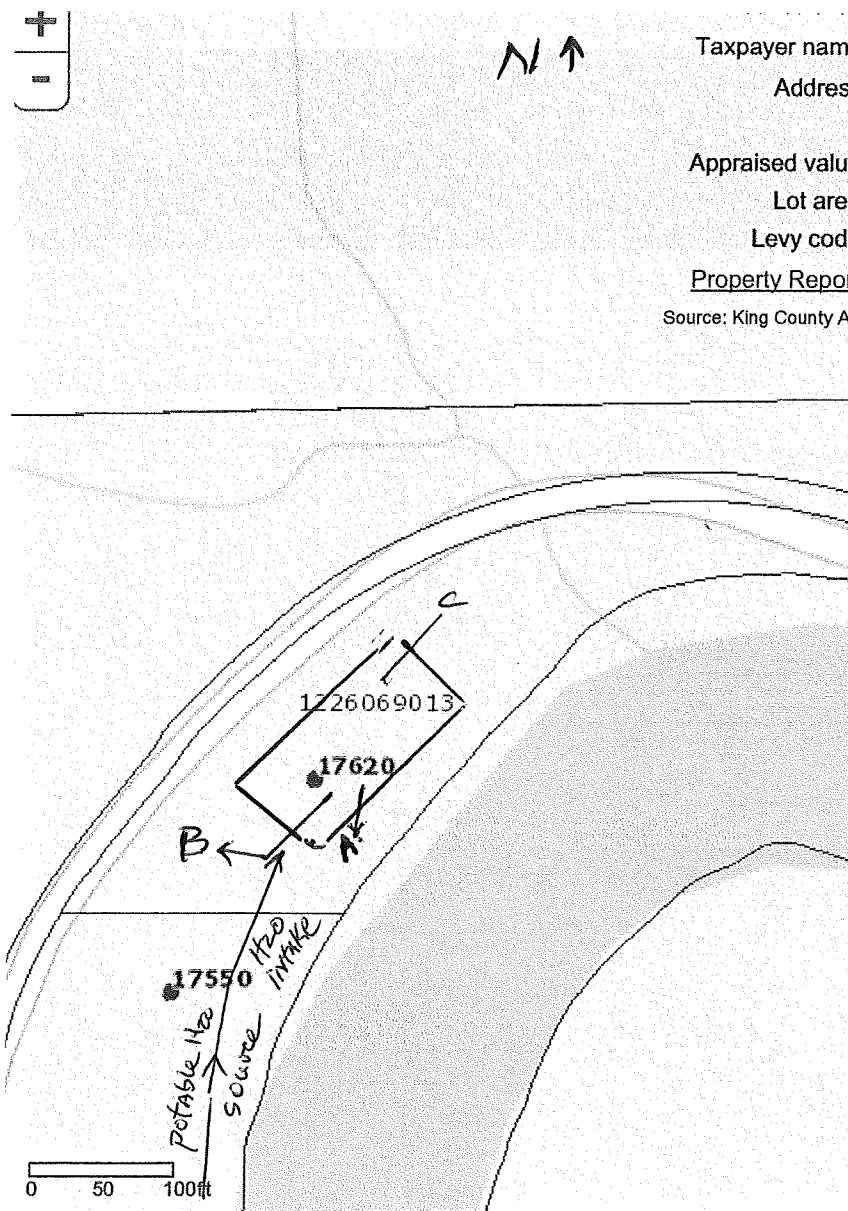
Levy code

[Property Report](#)

Source: King County As

ATTACHMENT
"C2"

Map layers



A = Blood storage TANKS
B = processing WASTE WATER DRAIN field.
C = welfare Facilities WASTE WATER "

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

☐ gallons per day ☒ gallons per month ☐ million gallons per month

Waste Stream ID#	MONTHS											
	J	F	M	A	M	J	J	A	S	O	N	D
#1 (Example)	1000	1000	1000	1000	6000	2000	2000	2000	1000	1000	5000	4000
Estimated total gallons												

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

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												

8. How many hours a day does this facility typically operate? 8
 How many days a week does this facility typically operate? 5
 How many weeks per year does this facility typically operate? 52
9. List all incidental materials such as oil, paint, grease, solvents, and cleaners that are used or stored on site (list only those with quantities greater than 10 gallons for liquids and 50 pound quantities for solids). For solvents and solvent-based cleaners, include a copy of the material safety data sheet for each material and estimate the quantity used. *Use additional sheets, if necessary and label as attachment C.7.)*

Materials/Quantity Stored:

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

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SECTION E. WASTEWATER INFORMATION

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

Intake: metered

Effluent Not measured, what comes in goes out.

2. Describe the collection method for the samples analyzed below. (i.e., grab, 24-hour composite). Applicants must collect (not composites) for analysis of pH, temperature, cyanide, total phenols, residual chlorine, oil and grease, fecal coliform coli, and Enterococci (previously known as fecal streptococcus at § 122.26 (d)(2)(iii)(A)(3)), or volatile organics.

grab From ground water monitoring well.

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 may require additional testing.)

4. Provide measurements or range of measurements for treated wastewater prior to discharge to the POTW for the parameter in the left column. If you obtain the application from the internet, contact Ecology's regional office to see if testing for parameters is permissible. All analyses (except pH) must be conducted by a laboratory registered or accredited by Ecology 216-125). If this is an application for permit renewal, provide data for the last year for those parameters that are routine parameters measured only for this application, place the values under "Maximum." Report the values with units as specified 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 unless Ecology approves an alternate method or the method used produces measurable results in the sample and EPA has EPA approved method in 40 CFR Part 136. If the Permittee uses an alternative method as allowed above, it must report DL, and QL on the discharge monitoring report or in the required report.

X	Parameter	Measurement Values			Number of Analyses	Analytical Method Std. Methods 19 th , 20 th edition or EPA	Lin
		Minimum	Maximum	Average			
	BOD (5 day)					SM 5210 B	
	COD					SM 5220 D	
	Total suspended solids					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					SM 4500-NH ₃ C	
	pH					SM 4500-H	0.1
	Fecal coliform (organisms/100 mL)					SM 9221 E or 9222 D	
	Total coliform (organisms/100 mL)					SM 9221 B or 9222 B	
	Dissolved oxygen					SM 4500-O C/G	
	Nitrate + nitrite-N as N					SM 4500-NO ₃ E	
	Total kjeldahl N as N					SM 4500-N _{org} C/E/FG	
	Ortho-phosphate-P as P					SM 4500-P E/F	
	Total-phosphorous-P as P					SM 4500-P E/P/F	
	Total Oil & grease					EPA 1664A	
	NWTPH - Dx					Ecology NWTPH Dx	
	NWTPH - Gx					Ecology NWTPH Gx	
	Calcium					EPA 200.7	
	Chloride					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/D	
	Alkalinity as CaCO ₃					SM 2320 B	/5.1

X	Parameter	Measurement Values			Number of Analyses	Analytical Method Std. Methods 19 th , 20 th edition or EPA	Limit
		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 reported with a 99% confidence that the analyte concentration is greater than zero as determined by the procedure given in 40 CFR part 136, Appendix B.

Quantitation Level (QL) also known as Minimum Level of Quantitation (ML) – The lowest level at which the entire analytical system must give a signal and acceptable calibration point for the analyte. It is equivalent to the concentration of the lowest calibration standard, assuming that the laboratory method-specified sample weights, volumes, and cleanup procedures. The QL is calculated by multiplying the MDL by 3.18 and rounding the result 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) achieves the objective intended purpose. (Report of the Federal Advisory Committee on Detection and Quantitation Approaches and Uses in Clean Water Act Programs Submitted to the US Environmental Protection Agency December 2007).

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

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

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 # _____

Well ID # _____ (example MW-1)

(example AABI23)

Latitude: 47° 45' 21" N

Longitude: 120° 12' 59" W

Well Elevation (to the nearest 0.01 feet) 60' ^{Above sea level} Check the appropriate box; the elevation measurement is relative to: the NAVD88 standard ☐ mean sea level ☒

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

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

SECTION D. WATER CONSUMPTION AND WATER LOSS

1. Potable water source(s):

- ☒ Public system (Specify name) Paul Zylstra well
☐ Private well ☐ Surface water (Specify name of water body) _____

a. Water right permit number: G1-22109CWRIS

b. Legal description of water source:

NW Quarter 12, Section, 26 TWN, 6 R

2. Potable water use

a. Indicate total water use: Gallons per day (average) _____

Gallons per day (maximum) _____

b. Is water metered? ☒ YES ☐ NO

3. Supplemental Irrigation water source(s):

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

a. Water right permit number: _____

b. Legal description of water source:

NW qtr.
King Co. parcel # 122606-9037
_____12 S, _____12 S, Section, 26 TWN, 6 R

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)			
Latitude	Longitude	Acreage	Owner
47°45'21" N	121°59'18" W	2.25	
Legal Description (section/township/range)			
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.

EXISTING permit being renewed.

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:
- Location and name of internal and adjacent streets.
 - Surface water drainage systems within ¼ mile of the site.
 - All wells within 1 mile of the site.
 - Wastewater discharge points.
 - Land uses and zoning adjacent to the wastewater application site.
 - 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.

See
ATTACHMENT
#1

Source: WA. STATE Discharge permit ST-3974 report,
dated 2004.

BACKGROUND INFORMATION

DESCRIPTION OF THE FACILITY

HISTORY

The Lampaert Meats facility is located in the Snoqualmie River Valley. The valley is an alluvial flood plain and the land is used for agriculture. The general drainage from the site is to the west.

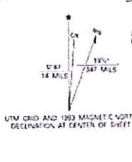
The slaughter and processing building is located approximately thirty feet west of the Snoqualmie River. The bank of the river extends steeply downward approximately fifteen to twenty feet, before meeting the river. The plant is located on a raised area approximately ten feet above the normal level of the river. The area is well drained, except during severe flooding situations.

USDA soil survey maps have mapped the soils in the area of the Lampaert Meats facility, as a member of the Pilchuck series. Soils of the Pilchuck series are characterized as excessively well drained soils. A representative soil profile is composed of dark-gray fine sand and loamy fine sand to a depth of about 38 inches. Below this layer is a dark-gray to black gravelly sand that extends to a depth of 60 inches or more.

ATTACHMENT G4 AND G5.



Produced by the United States Geological Survey
Control by USGS and NOS/NOAA
Compiled from aerial photographs taken 1962. Revised from aerial
photographs taken 1969 and other sources. Field checked 1969
Map index 1969
100' North American Datum (NAD 27). Projection and
1000-foot ticks. Washington Coordinate System, north zone
Lambert Conformal Conic
Blue 1000-meter Universal Transverse Mercator ticks, zone 10
North American Datum of 1983 (NAD 83) is shown by dashed
corner ticks. The values of the ticks between NAD 27 and NAD 83
for 7.5 minute intersections are given in USGS Bulletin 1876
Red line indicates areas in which only landmark buildings are shown



CONTOUR INTERVAL 20 FEET
SUPPLEMENTARY CONTOUR INTERVAL 10 FEET
NATIONAL GEODETIC VERTICAL DATUM OF 1989
THIS MAP COMPLES WITH NATIONAL MAP ACCURACY STANDARDS
FOR SALE BY U.S. GEOLOGICAL SURVEY
DENVER, COLORADO 80226, OR RESTON, VIRGINIA 22092
A color photograph transparency MAPS AND SYMBOLS IS AVAILABLE ON REQUEST

ROAD CLASSIFICATION
Primary highway
hard surface
Secondary highway
hard surface
Unimproved road
Interstate Route
U.S. Route
State Route
Light duty road, hard or
improved surface
Unimproved road
Interstate Route
U.S. Route
State Route
MONROE, WASH.
47121-08-17-024
1993

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. ST-0003974

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)*:
☐ Sanitary sewer
 - ☒ Directly to surface waters of Washington State *(e.g., river, lake, creek, estuary, ocean)*.
Specify waterbody name Snoqualmie River
 - ☒ 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 _____

5. Material handling/management practices

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

- | | |
|---|--|
| <input type="checkbox"/> <input type="checkbox"/> Solvents | <input type="checkbox"/> <input type="checkbox"/> Hazardous wastes |
| <input type="checkbox"/> <input type="checkbox"/> Scrap metal | <input type="checkbox"/> <input type="checkbox"/> Acids or alkalies |
| <input type="checkbox"/> <input type="checkbox"/> Petroleum or petrochemical products | <input type="checkbox"/> <input type="checkbox"/> Paints/coatings |
| <input type="checkbox"/> <input type="checkbox"/> Plating products | <input type="checkbox"/> <input type="checkbox"/> Woodtreating products |
| <input type="checkbox"/> <input type="checkbox"/> Pesticides | <input type="checkbox"/> <input type="checkbox"/> Other <i>(please list)</i> : _____ |

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

- | | |
|---|--|
| <input type="checkbox"/> <input type="checkbox"/> Oil/water separator | <input type="checkbox"/> <input type="checkbox"/> Detention facilities |
| <input type="checkbox"/> <input type="checkbox"/> Containment | <input type="checkbox"/> <input type="checkbox"/> Infiltration basins |
| <input type="checkbox"/> <input type="checkbox"/> Spill prevention | <input type="checkbox"/> <input type="checkbox"/> Operational BMPs |
| <input type="checkbox"/> <input type="checkbox"/> Surface leachate collection | <input type="checkbox"/> <input type="checkbox"/> Vegetation management |
| <input type="checkbox"/> <input type="checkbox"/> Overhead coverage | <input type="checkbox"/> <input type="checkbox"/> Other <i>(please list)</i> : _____ |

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.

2/18/2016

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.

- Non-Animal Solid Waste p/u by Waste Management, Dumpster
inedible animal by-products p/u by Darling-Deleware
contained in plastic barrels, held in refrigerated sealed room.

- Blood p/u by

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

- Livestock held in pens with concrete floors & curbs
- carcasses held in refrigerated cooler with impervious floors & walls
- inedible animal by-products held in separate refrigerated cooler.

Summary of attachments that may be required for this application:

(Please check those attachments that are included)

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

If you need this document in a format for the visually impaired, call the Water Quality Program at 360-407-6600.
Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.

Am Test Inc.
13600 NE 126TH PL
Suite C
Kirkland, WA 98034
(425) 885-1664
www.amtestlab.com



Professional
Analytical
Services

ANALYSIS REPORT

ZYK Enterprises INC.
17658 W. Snoqualmie River Rd. N.E.
Duval, WA 98019
Attention: ZEESHAN QAZI
All results reported on an as received basis.

Date Received: 04/08/16
Date Reported: 4/15/16



AMTEST Identification Number 16-A005301
Client Identification GROUND WELL
Sampling Date 04/08/16, 10:50

Conventionals

PARAMETER	RESULT	UNITS	Q	D.L.	METHOD	ANALYST	DATE
Total Dissolved Solids	180	mg/l		1	SM 2540C	KF	04/15/16

Demand

PARAMETER	RESULT	UNITS	Q	D.L.	METHOD	ANALYST	DATE
BOD	7.9	mg/l		2	SM 5210B	JM	04/08/16

Nutrients

PARAMETER	RESULT	UNITS	Q	D.L.	METHOD	ANALYST	DATE
Ammonia Nitrogen	< 0.005	mg/l		0.005	EPA 350.1	JR	04/01/16

AMTEST Identification Number 16-A005302
Client Identification SUMP NEAR TANK
Sampling Date 04/08/16, 11:00

Microbiological

PARAMETER	RESULT	UNITS	Q	D.L.	METHOD	ANALYST	DATE / TIME
Total Coliform	80.	CFU/100 ml		1	SM 9222B	JM	04/08/16 15:30

Kathy Fugiel
President

Include Name/Location (if different)

NAME **ZYK ENTERPRISES INC.**
 ADDRESS **17658 W. Snoqualmie River Rd. N.E.**
Duvall, WA 98019

FACILITY
 LOCATION

DISCHARGE MONITORING REPORT(DMR)

ST-3974
 PERMIT NUMBER

002 & 003

DISCHARGE NUMBER

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 2010 01 01 TO 2010 03 31

DO NOT WRITE IN THESE SPACES
 completing this form.

Discharge Location
 Lat 47.7570 N
 Long 121.9841 W
 NO DISCHARGE

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				No. of Exceed- ances	Frequency of Analysis	Sample Type
	Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, PROCESS (SAMPLE POINT 002)	Sample Measurement			*****	*****	*****	***			
	Permit Requirement	3,000	GPD	*****	*****	*****	N/A			
BOD5 (SAMPLE POINT 002)	Sample Measurement	*****	***	*****	*****	*****	mg/L		DAILY	METER
	Permit Requirement	*****		*****	*****	REPORT	mg/L		4/YR	GRAB
AMMONIA NITROGEN (SAMPLE POINT 002)	Sample Measurement	*****	***	*****	*****	*****	mg/L			
	Permit Requirement	*****		*****	*****	REPORT	mg/L		4/YR	GRAB
TDS (SAMPLE POINT 002)	Sample Measurement	*****	***	*****	*****	*****	mg/L			
	Permit Requirement	*****		*****	*****	500	mg/L		4/YR	GRAB
TOTAL COLIFORM (SAMPLE POINT 003)	Sample Measurement	*****	***	*****	*****	*****	#/100 mL			
	Permit Requirement	*****		*****	1,000	*****	mg/L		4/YR	GRAB
TOTAL RESIDUAL CHLORINE (SAMPLE POINT 003)	Sample Measurement	*****	***	*****	*****	0.05	mg/L			
	Permit Requirement	*****		*****	*****	*****	#/100 mL		4/YR	GRAB
TOTAL COLIFORM (SAMPLE POINT 002)	Sample Measurement	*****	***	*****	*****	*****	mg/L			
	Permit Requirement	*****		*****	1	*****	mg/L		4/YR	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Teesha Cox	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.		TELEPHONE (425) 788-1128	DATE 2/20/2010
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 1st Quarter 2010		AREA CODE 788	NUMBER 1128

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 THIS FORM IS FOR USE WITH PERMIT ISSUED 2011.