

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

<b>FORM</b> <b>1</b> <b>GENERAL</b>	 DEPARTMENT OF <b>ECOLOGY</b> State of Washington	<b>U.S. ENVIRONMENTAL PROTECTION AGENCY/ECOLOGY</b> <b>GENERAL INFORMATION</b> <b>Consolidated Permits Program</b> <i>(Read the "General Instructions" before starting.)</i>	<b>1. Current permit I.D.</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>WA Unknown</b>          005 2060       </div>	T/A 14 C 15
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**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)  Does this facility operate a cooling water intake structure? (FORM 2C Supplemental)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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	Valley Processing Inc.
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**IV. FACILITY CONTACT**  

C 2	A. NAME & TITLE (last, first, & title) Collett, Tim / Maintenance Manager	B. PHONE (area code & no.) 509 837 8084
C 2	B. EMAIL ADDRESS tim@valleyprocessing.com	C. Does the facility have or can it obtain broadband internet access? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**V. FACILITY MAILING ADDRESS**  

C 3	A. STREET OR P.O. BOX PO Box 246	
C 4	B. CITY OR TOWN Sunnyside	C. STATE WA
		D. ZIP CODE 98944

**VI. FACILITY LOCATION**  

C 5	A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER 108 E. Blaine Ave.	
	B. COUNTY NAME Yakima	
C 6	C. CITY OR TOWN Sunnyside	D. STATE WA
7	D. LATITUDE/LONGITUDE (NAD 83 DATUM) LATITUDE AS DECIMAL DEGREES- N4 46.3272 LONGITUDE AS DECIMAL DEGREES - W1 -120.0181	E. ZIP CODE 98944
		F. COUNTY CODE

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 DEPARTMENT OF ECOLOGY  
 CENTRAL REGIONAL OFFICE



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

SIC FIRST			SIC. SECOND		
C 7	3902	(specify)	C 7	N/A	(specify)
EQUIVALENT NAICS FIRST			EQUIVALENT NAICS SECOND		
C 7	N/A	(specify)	C 7	N/A	(specify)

UBI NUMBER -

**VIII. OPERATOR INFORMATION**

A. NAME				B. Is the name listed in Item VIII-A also the owner? YES X NO			
C 8	Valley Processing, Inc.						
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	837	8084
S = STATE	O = OTHER (specify)						
P = PRIVATE							

E. STREET OR PO BOX			F. CITY OR TOWN			G. STATE		H. ZIP CODE		IX. INDIAN LAND	
PO Box 246			Sunnyside		WA		98944		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-0052060	C 9	T P	8	N/A
B. UIC (Underground Injection of Fluids)				E. OTHER (specify)			
C 9	T U	I	N/A	C 9	T	8	503001127
(Specify)				Stormwater			
C. RCRA (Hazardous Wastes)				E. OTHER (specify)			
C 9	T R	I	N/A	C 9	T	8	N/A
(Specify)				N/A			

**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)

Processing of fruit into juice, puree and concentrate.

**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)	B. SIGNATURE	C. DATE SIGNED
MaryAnn Bliesner/President		12-7-16

To ask about the availability of this document in a version for the visually impaired, call the Water Quality Program at 360-407-6600, Relay Service 711, or TTY 877-833-6341.



Please type or print in the unshaded areas only				EPA ID Number (Copy from Item 1 of Form 1)				Form Approved OMB No. 2040-0086 Approval expires 7-31-88			
Form <div style="font-size: 2em; font-weight: bold;">2E</div> NPDES		<div style="display: flex; align-items: center; justify-content: center;"> <div> <h2 style="margin: 0;">Facilities Which Do Not Discharge Process Wastewater</h2> </div> </div>									
<b>I. Receiving Water</b>											
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	19	42	-120	00	50	JD.33.4 Tributary to Sulphur Creek Wasteway				
<b>II. Discharge Date</b> (If a new discharger, the date you expect to begin discharging) <i>If we do use the well it will be in the months of August-November</i>											
<b>III. Type of Waste</b>											
A. Check the box(es) indicating the general type(s) of wastes discharged. <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Sanitary Wastes           <input type="checkbox"/> Restaurant or Cafeteria Wastes         </div> <div> <input checked="" type="checkbox"/> Noncontact Cooling Water           <input type="checkbox"/> Other Nonprocess Wastewater (Identify)         </div> </div>											
B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.  The well which supplies the Noncontact Cooling Water did not operate in 2015 or 2016, so no current data of which to go on.											
<b>IV. Effluent Characteristics</b>											
A. <b>Existing Sources</b> - Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority (see instructions). B. <b>New Dischargers</b> - 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)											
Ammonia (as N)											
Discharge Flow	Value N/A										
pH (give range)	Value N/A		N/A								
Temperature (Winter)	N/A °C		N/A °C								
Temperature (Summer)	N/A °C		N/A °C								
*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

*We only use the well when problems arise with the large concentrator and have to use the smaller one in plant 1*

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

**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.

**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

**MaryAnn Bliesner, President**

B. Phone No. (area code & no.)  
**(509) 837-8084**

C. Signature

*MaryAnn Bliesner*

D. Date Signed

*12/7/16*