



STATE OF WASHINGTON  
DEPARTMENT OF ECOLOGY

PO Box 47600 • Olympia, WA 98504-7600 • 360-407-6000  
711 for Washington Relay Service • Persons with a speech disability can call 877-833-6341

May 23, 2018

Mr. Karl Schumacher  
WestRock CP, LLC  
801 Portland Avenue  
Tacoma, WA 98421

**Re: Class II Wastewater Inspection Report for NPDES Permit No. WA0000850**

Dear Mr. Schumacher:

Thank you for your assistance during the Class II Wastewater Inspection at WestRock CP, LLC on April 10, 2018. The mill was found to be in overall compliance with the terms and conditions of the NPDES permit. This report does not require a response.

Please find enclosed a copy of the inspection report. If you have any questions concerning this letter, please contact me at (360) 407-6954 or [robert.carruthers@ecy.wa.gov](mailto:robert.carruthers@ecy.wa.gov).

Sincerely,

A handwritten signature in cursive script that reads "Robert Carruthers".

Robert Carruthers, P.E.  
Industrial Section  
Waste 2 Resources Program

Enclosure







United States Environmental Protection Agency  
Washington, D C 20460

Form Approved  
OMB No. 2040-0057  
Approval Expires 10-31-95

## Water Compliance Inspection Report

### Section A: National Data System Coding (i.e., PCS)

Transaction Code 1 N	NPDES 2 5	yr/mo/day 3 W A 0 0 0 0 8 5 0 11	Inspection Type 12 1 8 0 4 1 0 17	Inspector 18 S	Fac Type 19 S	20 2	
Remarks 21 U N A N N O U N C E D C L A S S 2 ..... 66							
Inspection Work Days 67    4 69	Facility Self-Monitoring Evaluation Rating 70 4	BI 71 N	QA 72 N	Reserved 73 _ 74			75 _ _ _ _ _ 80

### Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) WestRock, LLC 801 Portland Ave. Tacoma, WA 98421	Entry Time/Date ~1344 - 4/10/18	Permit Effective Date 5/1/2014
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Karl Schumacher - Environmental Manager O: 253-596-0296   C: 253 254 4136	Exit Time/Date ~1520 - 4/10/18	Permit Expiration Date 4/30/2019
Name, Address of Responsible Official/Title/Phone and Fax Number. Steven Devlin, General Manager P.O. Box 2133, Tacoma, WA 98401 (253)572-0208	Other Facility Data	
Contacted [ ] Yes [X] No		

### Section C: Areas Evaluated During Inspection (Check only those areas evaluated)

<input type="checkbox"/> Permit	<input type="checkbox"/> Flow Measurement	<input checked="" type="checkbox"/> Operations & Maintenance	<input type="checkbox"/> CSO/SSO (Sewer Overflow)
<input type="checkbox"/> Records/Reports	<input checked="" type="checkbox"/> Self-Monitoring Program	<input checked="" type="checkbox"/> Sludge Handling/Disposal	<input type="checkbox"/> Pollution Prevention
<input checked="" type="checkbox"/> Facility Site Review	<input type="checkbox"/> Compliance Schedules	<input type="checkbox"/> Pretreatment	<input type="checkbox"/> Multimedia
<input checked="" type="checkbox"/> Effluent/Receiving Waters	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Storm Water	<input type="checkbox"/> Other:

### Section D: Summary of Findings/Comments (Attach additional sheets of narrative and checklists as necessary)

The inspection included overview of lab operations, sample collection, and visual inspection of treatment system units. In general, housekeeping was in good condition. No permit limit exceedances or issues at large were noted during the inspection and the Permittee was found to be in compliance with the terms and conditions of the permit.

Name(s) and Signature(s) of Inspector(s)	Date
Robert Carruthers 	5-15-18
Signature of Management Q A Reviewer	Date
	5/18/18

EPA Form 3560-3 (Rev. 9-94) Previous editions are obsolete.

407 -  
6948

Sections F thru L: Complete on all inspections, as appropriate. N/A = Not Applicable		PERMIT NO. WA 000085-0
<b>SECTION F - Facility and Permit Background</b>		
ADDRESS OF PERMITTEE IF DIFFERENT FROM FACILITY <i>(Including City, County and ZIP code)</i>	DATE OF LAST PREVIOUS INVESTIGATION BY EPA/STATE 2/22/17 for Class II: 9/19/17 for Class I	
	FINDINGS In Compliance	
<b>SECTION G - Records and Reports</b>		
RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <i>(Further explanation attached _____)</i>		
DETAILS:		
(a) ADEQUATE RECORDS MAINTAINED OF:		
(i) SAMPLING DATE, TIME, EXACT LOCATION	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
(ii) ANALYSES DATES, TIMES	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
(iii) INDIVIDUAL PERFORMING ANALYSIS	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
(iv) ANALYTICAL METHODS/TECHNIQUES USED	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
(v) ANALYTICAL RESULTS <i>(e.g., consistent with self-monitoring report data)</i>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
(b) MONITORING RECORDS <i>(e.g., flow, pH, D.O., etc.)</i> MAINTAINED FOR A MINIMUM OF THREE YEARS INCLUDING ALL ORIGINAL STRIP CHART RECORDINGS <i>(e.g., continuous monitoring instrumentation, calibration and maintenance records)</i> .	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
(c) LAB EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS KEPT.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
(d) FACILITY OPERATING RECORDS KEPT INCLUDING OPERATING LOGS FOR EACH TREATMENT UNIT.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
(e) QUALITY ASSURANCE RECORDS KEPT.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
(f) RECORDS MAINTAINED OF MAJOR CONTRIBUTING INDUSTRIES <i>(and their compliance status)</i> USING PUBLICLY OWNED TREATMENT WORKS.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
<b>SECTION H - Permit Verification</b>		
INSPECTION OBSERVATIONS VERIFY THE PERMIT. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <i>(Further explanation attached _____)</i>		
DETAILS:		
(a) CORRECT NAME AND MAILING ADDRESS OF PERMITTEE.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
(b) FACILITY IS AS DESCRIBED IN PERMIT.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
(c) PRINCIPAL PRODUCT(S) AND PRODUCTION RATES CONFORM WITH THOSE SET FORTH IN PERMIT APPLICATION.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
(d) TREATMENT PROCESSES ARE AS DESCRIBED IN PERMIT APPLICATION.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
(e) NOTIFICATION GIVEN TO EPA/STATE OF NEW, DIFFERENT OR INCREASED DISCHARGES.	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
(f) ACCURATE RECORDS OF RAW WATER VOLUME MAINTAINED.	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
(g) NUMBER AND LOCATION OF DISCHARGE POINTS ARE AS DESCRIBED IN PERMIT.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
(h) CORRECT NAME AND LOCATION OF RECEIVING WATERS.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
(i) ALL DISCHARGES ARE PERMITTED.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
<b>SECTION I - Operation and Maintenance</b>		
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <i>(Further explanation attached _____)</i>		
DETAILS:		
(a) STANDBY POWER OR OTHER EQUIVALENT PROVISIONS PROVIDED.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
(b) ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE.	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
(c) REPORTS ON ALTERNATIVES SOURCE OF POWER SENT TO EPA/STATE AS REQUIRED BY PERMIT.	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
(d) SLUDGES AND SOLIDS ADEQUATELY DISPOSED.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
(e) ALL TREATMENT UNITS IN SERVICE.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
(f) CONSULTING ENGINEER RETAINED OR AVAILABLE FOR CONSULTATION ON OPERATION AND MAINTENANCE PROBLEMS.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
(g) QUALIFIED OPERATING STAFF PROVIDED.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
(h) ESTABLISHED PROCEDURES AVAILABLE FOR TRAINING NEW OPERATORS.	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
(i) FILES MAINTAINED ON SPARE PARTS INVENTORY, MAJOR EQUIPMENT SPECIFICATIONS, AND PARTS AND EQUIPMENT SUPPLIERS.	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
(j) INSTRUCTIONS FILES KEPT FOR OPERATION AND MAINTENANCE OF EACH ITEM OF MAJOR EQUIPMENT.	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
(k) OPERATION AND MAINTENANCE MANUAL MAINTAINED.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
(l) SPCC PLAN AVAILABLE.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
(m) REGULATORY AGENCY NOTIFIED OF BY PASSING. <i>(Dates _____)</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
(n) ANY BY-PASSING SINCE LAST INSPECTION.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
(o) ANY HYDRAULIC AND/OR ORGANIC OVERLOADS EXPERIENCED.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A

	PERMIT NO. WA 000085-0
<b>SECTION J - Compliance Schedules</b>	
PERMITTEE IS MEETING COMPLIANCE SCHEDULE. <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A (Further explanation attached _____)	
CHECK APPROPRIATE PHASE(S):	
<input type="checkbox"/> (a) THE PERMITTEE HAS OBTAINED THE NECESSARY APPROVALS FROM THE APPROPRIATE AUTHORITIES TO BEGIN CONSTRUCTION. <input type="checkbox"/> (b) PROPER ARRANGEMENT HAS BEEN MADE FOR FINANCING ( <i>mortgage commitments, grants, etc.</i> ). <input type="checkbox"/> (c) CONTRACTS FOR ENGINEERING SERVICES HAVE BEEN EXECUTED. <input type="checkbox"/> (d) DESIGN PLANS AND SPECIFICATIONS HAVE BEEN COMPLETED. <input type="checkbox"/> (e) CONSTRUCTION HAS COMMENCED. <input type="checkbox"/> (f) CONSTRUCTION AND/OR EQUIPMENT ACQUISITION IS ON SCHEDULE. <input type="checkbox"/> (g) CONSTRUCTION HAS BEEN COMPLETED. <input type="checkbox"/> (h) START-UP HAS COMMENCED. <input type="checkbox"/> (i) THE PERMITTEE HAS REQUESTED AN EXTENSION OF TIME.	
<b>SECTION K - Self-Monitoring Program</b>	
Part 1 - Flow measurement (Further explanation attached _____)	
PERMITTEE FLOW MEASUREMENT MEETS THE REQUIREMENTS AND INTENT OF THE PERMIT. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A DETAILS:	
(a) PRIMARY MEASURING DEVICE PROPERLY INSTALLED. <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A TYPE OF DEVICE: <input type="checkbox"/> WEIR <input type="checkbox"/> PARSHALL FLUME <input type="checkbox"/> MAGMETER <input type="checkbox"/> VENTURI METER <input checked="" type="checkbox"/> OTHER: (Specify water usage _____)	
(b) CALIBRATION FREQUENCY ADEQUATE. (Date of last calibration) UNOX sea water flow on 6/5/2015 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(c) PRIMARY FLOW MEASURING DEVICE PROPERLY OPERATED AND MAINTAINED. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(d) SECONDARY INSTRUMENTS ( <i>totalizers, recorders, etc.</i> ) PROPERLY OPERATED AND MAINTAINED. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(e) FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGES OF FLOW RATES. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Part 2 - Sampling (Further explanation attached _____)	
PERMITTEE SAMPLING MEETS THE REQUIREMENTS AND INTENT OF THE PERMIT. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A DETAILS:	
(a) LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(b) PARAMETERS AND SAMPLING FREQUENCY AGREE WITH PERMIT. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(c) PERMITTEE IS USING METHOD OF SAMPLE COLLECTION REQUIRED BY PERMIT. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A IF NO, <input type="checkbox"/> GRAB <input type="checkbox"/> MANUAL COMPOSITE <input type="checkbox"/> AUTOMATIC COMPOSITE    FREQUENCY _____	
(d) SAMPLE COLLECTION PROCEDURES ARE ADEQUATE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(i) SAMPLES REFRIGERATED DURING COMPOSITING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(ii) PROPER PRESERVATION TECHNIQUES USED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(iii) FLOW PROPORTIONED SAMPLES OBTAINED WHERE REQUIRED BY PERMIT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(iv) SAMPLE HOLDING TIMES PRIOR TO ANALYSES IN CONFORMANCE WITH 40 CFR 136.3 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(e) MONITORING AND ANALYSES BEING PERFORMED MORE FREQUENTLY THAN REQUIRED BY PERMIT. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
(f) IF (e) IF YES, RESULTS ARE REPORTED IN PERMITTEE'S SELF-MONITORING REPORT. <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
Part 3 - Laboratory (Further explanation attached _____)	
PERMITTEE LABORATORY PROCEDURES MEETS THE REQUIREMENTS AND INTENT OF THE PERMIT. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A DETAILS:	
(a) EPA APPROVED ANALYTICAL TESTING PROCEDURES USED. (40 CFR 136.6) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(b) IF ALTERNATE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED. <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
(c) PARAMETERS OTHER THAN THOSE REQUIRED BY THE PERMIT ARE ANALYZED. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
(d) SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(e) QUALITY CONTROL PROCEDURES USED. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(f) DUPLICATE SAMPLES ARE ANALYZED. <u>100</u> % OF TIME secondary TSS and BOD <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(g) SPIKED SAMPLES ARE USED. <u>100</u> % OF TIME for BOD <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
(h) COMMERCIAL LABORATORY USED. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(i) COMMERCIAL LABORATORY STATE CERTIFIED. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
LAB NAME Spectra Labs in Tacoma for chloroform and COD, COD also done in-house, Weyerhaeuser Lab in Federal Way for AOX, Vista Analytical Lab in El Dorado Hills, CA for dioxin and ALS in Kelso for chlorophenolics and priority pollutants. LAB ADDRESS _____	

	PERMIT NO. WA 000085-0
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SECTION L - Effluent/Receiving Water Observations (Further explanation attached _____)							
OUTFALL NO.	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	VISIBLE FLOAT SOL	COLOR	OTHER
No issues seen	No issues seen	No issues seen	No issues seen	No issues seen	No issues seen	No issues seen	No issues seen

(Sections M and N: Complete as appropriate for sampling inspections)

**SECTION M - Sampling Inspection Procedures and Observations** (Further explanation attached \_\_\_\_\_)

☒ GRAB SAMPLES OBTAINED  
☒ COMPOSITE OBTAINED  
☒ FLOW PROPORTIONED SAMPLE  
☒ AUTOMATIC SAMPLER USED  
☒ SAMPLE SPLIT WITH PERMITTEE  
☒ CHAIN OF CUSTODY EMPLOYED  
☒ SAMPLE OBTAINED FROM FACILITY SAMPLING DEVICE

COMPOSITING FREQUENCY \_\_\_\_\_ PRESERVATION **Yes**

SAMPLE REFRIGERATED DURING COMPOSITING: ☒ YES   ☐ NO

SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE **Yes**

**SECTION N - Analytical Results** (Attach report if necessary)

Parameter	Ecology Result	Permit Limit - max daily
BOD <sub>5</sub> composite	22 mg/L - 3102 lb/D <sup>1</sup>	16,305 lb/D
BOD <sub>5</sub> grab	32 mg/L - 4593 lb/D <sup>2</sup>	16,305 lb/D
TSS composite	25 mg/L - 3526 lb/D <sup>1</sup>	28,561 lb/D
TSS grab	28 mg/L - 4019 lb/D <sup>2</sup>	28,561 lb/D
pH grab	7	5.0 ≤ pH ≤ 9.0
Turbidity Composite	21 NTU <sup>1</sup>	--

<sup>1</sup> based on daily flow of 16.9 MGD measured by WestRock for 4/9/18

<sup>2</sup> based on daily flow of 17.2 MGD measured by WestRock for 4/10/19