

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

<b>FORM 1 GENERAL</b>	 <b>EPA</b> DEPARTMENT OF <b>ECOLOGY</b> State of Washington	U.S. ENVIRONMENTAL PROTECTION AGENCY/ECOLOGY <b>GENERAL INFORMATION</b> Consolidated Permits Program (Read the "General Instructions" before starting.)	<b>1. Current permit I.D.</b> WA 0041084		T/A	C
				14	15	
				D	D	

**II. POLLUTANT CHARACTERISTICS**

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

	MARK "X"				MARK "X"		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a <b>publicly owned treatment works</b> which results in a <b>discharge</b> 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 <b>concentrated animal feeding operation</b> or <b>aquatic animal production facility</b> which results in a <b>discharge</b> 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 <b>discharges</b> to waters of the U.S. other than those described in A or B above? (FORM 2C)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D. Is this proposal facility (other than those described in A or B above) which will result in a <b>discharge</b> to waters of the U.S.? (FORM 2D)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Does or will this facility treat, store, or dispose of <b>hazardous wastes</b> ? (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 <b>stationary source</b> 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 <b>stationary source</b> 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	<b>Heat Pump System, Silver Cloud Inn</b>
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**IV. FACILITY CONTACT**

C 2	A. NAME & TITLE (last, first, & title) <b>Emmett Boyle, Director of Assets</b> <b>Silver Cloud Inns and Hotels</b> <b>103 118<sup>th</sup> Ave SE. Ste 300</b> <b>Bellevue, WA. 98005</b>	B. PHONE (area code & no.) <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20%; text-align: center;">425</td> <td style="border: 1px solid black; width: 20%; text-align: center;">637</td> <td style="border: 1px solid black; width: 60%; text-align: center;">9800</td> </tr> </table>	425	637	9800
425	637	9800			

**V. FACILITY MAILING ADDRESS**

C 3	A. STREET OR P.O. BOX 2317 North Ruston Way Tacoma, WA 98402		
C 4	B. CITY OR TOWN <b>Tacoma</b>	C. STATE <b>WA</b>	D. ZIP CODE <b>98402</b>

**VI. FACILITY LOCATION**

C 5	A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER <b>2317 North Ruston way</b>				
C 6	B. COUNTY NAME <b>Pierce</b>				
C 7	C. CITY OR TOWN <b>Tacoma</b>	D. STATE <b>WA</b>	E. ZIP CODE <b>98402</b>	F. COUNTY CODE	
7	D. LATITUDE/LONGITUDE (NAD 83 DATUM)				
7	LATITUDE AS DECIMAL DEGREES - N4 47" 16.35"				
7	LONGITUDE AS DECIMAL DEGREES - W112°28.02"				

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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		(specify)	7		(specify)	7	
7		<b>0711-01</b>	7			7	
EQUIVALENT NAICS FIRST				EQUIVALENT NAICS SECOND			
C		(specify)	7		(specify)	7	
7			7			7	

UBI NUMBER -

**VIII. OPERATOR INFORMATION**

A. NAME						B. Is the name listed in Item VIII-A also the owner? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
C	<b>Same as owner</b>								
8									
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)	O	(specify)	C		425	637	9800	
S = STATE	O = OTHER (specify)		<b>Private Hotel Owner</b>	A					
P = PRIVATE									
E. STREET OR PO BOX									
<b>Same as owner</b>									
F. CITY OR TOWN			G. STATE	H. ZIP CODE		IX. INDIAN LAND			
C	<b>See owner</b>			<b>See</b>	<b>See owner</b>		Is the facility located on Indian lands?		
B				<b>owner</b>			<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	T	I		C	T	B	
9	N			9	P		
B. UIC (Underground Injection of Fluids)				E. OTHER (specify)			
C	T	I		C	T	B	
9	U			9			
C. RCRA (Hazardous Wastes)				E. OTHER (specify)			
C	T	I		C	T	B	
9	R			9			

**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)

**The business is a hotel. This discharge is to support a heat pump to heat and cool the hotel. It uses Puget Sound water for that purpose and returns that water to Puget Sound. There are no additives, and no treatment.**

**The hotel provides parking and breakfast for guests. It is served by the City of Tacoma wastewater treatment plant and has no sanitary wastewater discharge.**

**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
Emmett Boyle Director of Assets		2/4/13



B. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item III-A. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

C. Except for storm runoff, leaks, or spills, will any of the discharges described in Item III-A be intermittent or seasonal?  
 Yes (complete the following table)       No (go to Item IV)

Outfall Number	1. Frequency		2. Flow		c. Duration (in days)
	a. Days Per Week (specify average)	b. Months Per Year (specify average)	a. Maximum Daily Flow Rate (in mgd)	b. Maximum Total Volume (specify with units)	

**IV. Production**

If there is an applicable production-based effluent guideline or NSPS, for each outfall list the estimated level of production (projection of actual production level, not designed), expressed in the terms and units used in the applicable effluent guideline or NSPS, for each of the first 3 years of operation. If production is likely to vary, you may also submit alternative estimates (attach a separate sheet).

Year	a. Quantity Per Day	b. Units of Measure	c. Operation, Product, Material, etc (specify)



C. Use the space below to list any of the pollutants listed in Table 2D-3 of the instructions which you know or have reason to believe will be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it will be present.

1. Pollutant

2. Reason for Discharge

N/A

#### VI. Engineering Report on Wastewater Treatment

A. If there is any technical evaluation concerning your wastewater treatment, including engineering reports or pilot plant studies, check the appropriate box below.

Report Available       No Report

B. Provide the name and location of any existing plant(s) which, to the best of your knowledge, resembles this production facility with respect to production processes, wastewater constituents, or wastewater treatments.

Name

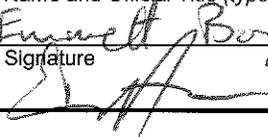
Location

**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 for the proposed facility. 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 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.

A. Name and Official Title (type or print) Emmett Boyle Director of Assets	B. Phone No. (425) 637-9800
C. Signature 	D. Date Signed 2/9/13





Notification letter from Washington State Department of Ecology	001	Heat Pump once through discharge water from Silver Cloud Hotel	Saltwater intake and discharge system to serve an existing heat pump serving a Tacoma hotel. Approximately 187 gpm withdrawn through the system and discharged at a delta T of 10 degrees C. Existing system not functioning properly and leaks onto beach. Project is to install a properly operating intake and discharge meeting WQ stds, using the same internal heat pump system that currently exists.	No firm compliance date	2013 installation
<p>B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction.</p> <p><input type="checkbox"/> MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAM IS ATTACHED</p>					





PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. SEE INSTRUCTIONS.

EPA I.D. NUMBER (copy from Item 1 of Form 1)

**V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)**

1. POLLUTANT	2. EFFLUENT						d. NO. OF ANALYSIS	3. UNITS (specify if blank)		4. INTAKE (optional)		
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)			a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Biochemical Oxygen Demand (BOD)												
b. Chemical Oxygen Demand (COD)												
c. Total Organic Carbon (TOC)												
d. Total Suspended Solids (TSS)												
e. Ammonia (as N)												
f. Flow	Value	186 gpm	Value	0.268mgd	Value	Maximum	Value		Value			
g. Temperature (winter)	Value	3.5	Value		Value	Minimum	Value	°C	Value	7.9		
h. Temperature (summer)	Value	18.2	Value		Value	Maximum	Value	°C	Value	12.7		
i. pH	Minimum ambient		Minimum		Maximum			STANDARD UNITS				

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitation guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'		3. EFFLUENT						4. UNITS (specify if blank)		5. INTAKE (optional)		
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			(1) CONCENTRATION	(2) MASS	
a. Bromide (2959-67-9)	<input type="checkbox"/>	<input type="checkbox"/>											
b. Chlorine Total Residual	<input type="checkbox"/>	<input type="checkbox"/>											
c. Color	<input type="checkbox"/>	<input type="checkbox"/>											
d. Fecal Coliform	<input type="checkbox"/>	<input type="checkbox"/>											
e. Fluoride (16984-48-8)	<input type="checkbox"/>	<input type="checkbox"/>											
f. Nitrate-Nitrite (as N)	<input type="checkbox"/>	<input type="checkbox"/>											

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'		3. EFFLUENT				4. UNITS (specify if blank)			5. INTAKE (optional)				
	a. BE-LIEVE PRESENT	b. BE-LIEVE ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSIS	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRA-TION	(2) MASS	(1) CONCENTRATI-ON	(2) MASS	(1) CONCENTRATI-ON	(2) MASS						
g. Nitrogen, Total Organic (as N)	<input type="checkbox"/>	<input type="checkbox"/>												
h. Oil and Grease	<input type="checkbox"/>	<input type="checkbox"/>												
i. Phosphorus (as P), Total (7723-14-0)	<input type="checkbox"/>	<input type="checkbox"/>												
J. Radioactivity														
(1) Alpha, Total	<input type="checkbox"/>	<input type="checkbox"/>												
(2) Bets, Total	<input type="checkbox"/>	<input type="checkbox"/>												
(3) Radium, Total	<input type="checkbox"/>	<input type="checkbox"/>												
(4) Radium 226, Total	<input type="checkbox"/>	<input type="checkbox"/>												
k. Sulfate (as SO <sub>4</sub> ) (14808-79-8)	<input type="checkbox"/>	<input type="checkbox"/>												
l. Sulfide (as S)	<input type="checkbox"/>	<input type="checkbox"/>												
m. Sulfite (as SO <sub>3</sub> ) (74265-45-3)	<input type="checkbox"/>	<input type="checkbox"/>												
n. Surfactants	<input type="checkbox"/>	<input type="checkbox"/>												
o. Aluminum, Total (7429-90-5)	<input type="checkbox"/>	<input type="checkbox"/>												
p. Barium, Total (7440-39-3)	<input type="checkbox"/>	<input type="checkbox"/>												
q. Boron, Total (7440-42-8)	<input type="checkbox"/>	<input type="checkbox"/>												
r. Cobalt, Total (7440-48-4)	<input type="checkbox"/>	<input type="checkbox"/>												
s. Iron, Total (7439-89-4)	<input type="checkbox"/>	<input type="checkbox"/>												
t. Magnesium, Total (7439-95-4)	<input type="checkbox"/>	<input type="checkbox"/>												
u. Molybdenum, Total (7439-98-7)	<input type="checkbox"/>	<input type="checkbox"/>												
y. Manganese, Total (7439-96-5)	<input type="checkbox"/>	<input type="checkbox"/>												
w. Tin, Total (7440-31-5)	<input type="checkbox"/>	<input type="checkbox"/>												
x. Titanium, Total (7440-32-6)	<input type="checkbox"/>	<input type="checkbox"/>												

**CONTINUED FROM PAGE 3 OF FORM 2-C**

**PART C -** If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (secondary industries, nonprocess wastewater, outfalls, and non-required GC/MS fractions), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for each of these pollutants in concentrations of 10 ppb or greater. If you mark column 2c for acrolein, acrylonitrile, 2,4-dinitrophenol, or 2-methyl-4,6-dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (of 7 pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'			3. EFFLUENT				4. UNITS (specify if blank)			5. INTAKE (optional)	
	a. TESTING REQUIRED	b. BELIEVED PRE-SENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. LONG TERM AVERAGE VALUE	b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			
<b>METALS, CYANIDE, AND TOTAL PHENOLS</b>												
1M. Antimony, Total (7440-36-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
2M. Arsenic, Total (7440-38-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
3M. Beryllium, Total (7440-41-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
4M. Cadmium, Total (7440-43-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
5M. Chromium, Total (7440-47-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
6M. Copper, Total (7440-50-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
7M. Lead, Total (7439-92-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
8M. Mercury, Total (7439-97-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
9M. Nickel, Total (7440-02-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
10M. Selenium, Total (7782-49-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
11M. Silver, Total (7440-22-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
12M. Thallium, Total (7440-28-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
13M. Zinc, Total (7440-66-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
14M. Cyanide, Total (57-12-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
15M. Phenols, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
<b>DIOXIN</b>												
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1784-01-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									

DESCRIBE RESULTS

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1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'			3. EFFLUENT				4. UNITS (specify if blank)			5. INTAKE (optional)	
	a. TESTING REQUIRED	b. BELIEVED PRE-SENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. LONG TERM AVERAGE VALUE	b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS		(1) CONCENTRATION	(2) MASS
<b>GCMS - VOLATILE COMPOUNDS</b>												
1V. Acrolein (107-02-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
2V. Acrylonitrile (107-13-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
3V. Benzene (71-43-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
4V. Bis (Chloromethyl) Ether (502-88-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
5V. Bromoform (75-25-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
6V. Carbon Tetrachloride (68-23-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
7V. Chlorobenzene (106-80-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
8V. Chloroethane (124-48-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
9V. Chloroethane (75-00-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
10V. 2-Chloroethylvinyl Ether (116-75-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
11V. Chloroform (67-66-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
12V. Dichlorobromoethane (75-27-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
13V. Dichlorodifluoromethane (75-71-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
14V. 1,1-Dichloroethane (75-27-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
15V. 1,2-Dichloroethane (107-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
16V. 1,1-Dichloroethylene (7535-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
17V. 1,2-Dichloropropane (78-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
18V. 1,3-Dichloropropane (542-75-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
19V. Ethylbenzene (100-41-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
20V. Methyl Bromide (74-83-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
21V. Methyl Chloride (74-87-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									

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1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'			3. EFFLUENT			4. UNITS (specify if blank)			5. INTAKE (optional)	
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION (2) MASS	b. NO. OF ANALYSES
<b>GCMS - VOLATILE COMPOUNDS (continued)</b>											
22 V. Methylene Chloride (75-09-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
23 V. 1,1,2,2-Tetrachloroethane (79-34-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
24 V. Trichloroethylene (127-18-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
25 V. Toluene (108-88-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
26 V. 1,2-Dichloroethane (156-60-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
27 V. 1,1,1-Trichloroethane (71-55-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
28 V. 1,1,2-Trichloroethane (79-00-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
29 V. Trichloroethylene (79-01-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
30 V. Trichlorofluoromethane (75-69-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
31 V. Vinyl Chloride (75-01-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<b>GCMS FRACTION - ACID COMPOUNDS</b>											
1A. 2-Chlorophenol (95-57-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
2A. 2,4-Dichlorophenol (120-83-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
3A. 2,4-Dimethylphenol (105-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
4A. 4-(6-Dinitro-2-naphthyl)phenol (534-52-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
5A. 2,4-Dinitrophenol (51-28-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
6A. 2-Nitrophenol (88-75-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
7A. 4-Nitrophenol (100-02-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
8A. p-Chloro-4-Cresol (69-50-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
9A. p-tert-Chlorophenol (87-86-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
10A. Phenol (108-95-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
11A. 2,4,6-Trichlorophenol (68-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

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1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'			3. EFFLUENT				4. UNITS (Specify if blank)		5. INTAKE (optional)	
	a. TESTING REQUIRED	b. BELIEVED PRE-SENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE	b. MAXIMUM 30 DAY VALUE (if available)	c. LONG TERM AVRG. VALUE (if available)	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE	b. NO. OF ANALYSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	
<b>GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS</b>											
1B. Acenaphthene (83-32-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
2B. Acenaphthylene (206-96-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
3B. Anthracene (120-127-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
4B. Benzidine (92-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
5B. Benzo (a) Anthracene (66-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
6B. Benzo (a) Pyrene (50-32-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
7B. 3,4-Benzofluoranthene (206-98-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
8B. Benzo (ghi) Perylene (191-24-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
9B. Benzo (k) Fluoranthene (207-08-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
10B. Bis (2-Chloroethoxy) Methane (111-91-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
11B. Bis (2-Chloroethyl) Ether (111-44-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
12B. Bis (2-Chloropropyl) Ether (108-60-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
13B. Bis (2-Ethylhexyl) Phthalate (117-81-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
14B. 4-Bromophenyl Phenyl Ether (101-85-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
16B. Butyl Benzyl Phthalate (65-68-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
16S. 2-Chloronaphthalene (91-58-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
17B. 4-Chlorophenyl Phenyl Ether (7005-72-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
18B. Chrysene (218-01-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
19B. Dibenzo (a,h) Anthracene (53-70-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
20B. 1,2-Dichlorobenzene (95-50-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
21B. 1,3-Dichlorobenzene (541-73-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

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EPA I.D. NUMBER (copy from item 1 of Form 1)

OUTFALL NUMBER

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'			3. EFFLUENT				4 if blank		5. INTAKE (optional)		b. NO. OF ANALYSE S
	a. TESTING REQUIRED	b. BELIEVED PRE-SENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		a. LONG TERM AVERAGE VALUE	(2) MASS	
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS		
<b>GC/MS - BASE/NEUTRAL COMPOUNDS (continued)</b>												
228. 1,4-Dichlorobenzene (106-46-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
238. 1,3-Dichlorobenzene (91-94-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
248. Diethyl Phthalate (84-66-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
258. Dimethyl Phthalate (131-11-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
268. Di-N-Ethyl Phthalate (84-74-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
278. 2,4-Dinitrotoluene (121-14-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
288. 2,6-Dinitrotoluene (806-20-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
298. Di-N-Octyl Phthalate (117-84-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
308. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
318. Fluoranthene (205-44-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
328. Fluorene (86-73-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
338. Hexachlorobenzene (118-74-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
348. Hexachlorobutadiene (87-88-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
358. Hexachlorocyclopentadiene (77-47-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
368. Hexachlorocyclohexane (67-72-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
378. Indeno (1,2,3-cd) Pyrene (188-39-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
388. Isophthalate (76-59-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
398. Naphthalene (9-20-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
408. Nitrobenzene (98-95-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
418. N-Nitrosodimethylamine (62-78-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
428. N-Nitrosodi-N-Propylamine (62-84-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									

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1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'			2. EFFLUENT				3. UNITS (specify if blank)		4. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRE-SENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE	b. NO. OF ANALYSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	
<b>GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)</b>													
45B. N,N-Diethyl-2,6-pyridinediamine (86-30-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
45C. Polychlorinated biphenyls (86-014)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
45D. Pyrene (129-00-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
46B. 1,2,4-Trichlorobenzene (129-82-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
<b>GC/MS FRACTION - PESTICIDES</b>													
1P. Aldrin (309-00-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
2P. $\alpha$ -BHC (319-84-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
3P. $\beta$ -BHC (319-85-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
4P. $\gamma$ -BHC (58-89-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
5P. $\delta$ -BHC (319-86-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
6P. Chlordane (67-74-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
7P. 4,4'-DDE (50-28-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
8P. 4,4'-DDD (72-84-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
9P. Dieldrin (60-57-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
11P. $\alpha$ -Endo-sulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
12P. $\beta$ -Endo-sulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
13P. Endosulfan Sulfate (103-107-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
14P. Endrin (72-20-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
16P. Endrin Aldehyde (7421-83-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
18P. Heptachlor (76-44-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'			3. EFFLUENT		4. UNITS (Specify if blank)		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE	b. MAXIMUM 30 DAY VALUE (if available)	c. LONG TERM AVG. VALUE (if available)	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS
<b>GC/MS - PESTICIDES (continued)</b>										
17P. Heptachlor Epoxide (1024-57-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
18P. PCB-1242 (53469-21-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
19P. PCB-1254 (11067-69-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
20P. PCB-1221 (11104-28-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
21P. PCB-1232 (11141-16-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
22P. PCB-1248 (12872-28-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
23P. PCB-1260 (11066-82-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
24P. PCB-1016 (12874-11-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
25P. Toxaphene (8001-35-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							



**SILVER CLOUD**  
INNS & HOTELS

*Corporate Executive Offices*

**RECEIVED**

FEB 19 2013  
WA State Department  
of Ecology (SWRO)

Department of Ecology  
Water Quality Program  
*Headquarters*  
300 Desmond Drive  
PO Box 47600  
Olympia, WA 98504-7600  
Telephone: (360) 407-6400  
Fax: (360) 407-6426  
Website: <http://www.ecy.wa.gov/programs/wq/wqhome.html>

Attn: John Diamant, Environmental Engineer, Industrial Operations Unit

Sirs:

Attached is a NPDES permit application and associated Engineering Report for a proposed heat exchange discharge permit to support a heating and cooling heat pump system at the Silver Cloud Inn in Tacoma. The system is located at the Inn at 2317 North Ruston Way, Tacoma, Washington, 98402 (47°16" Lat; 122°28" Lon.) in Pierce County.

The system is intended to save energy, and meet air (room temperature) heating and cooling requirements at a constrained (small) site.

This application is for a permit for a replacement heat exchange system. The existing system, which has been operating since the Inn opened in 2002, includes a 3" diameter hose and intake pump that uses Commencement Bay water in the Inn's heat exchanger to heat and cool the building. Natural gas and electricity are used for all other Inn systems, such as hot water, cooking, laundry, etc. The heat exchange system was designed to use storage tanks as a supply reservoir for the heat sink, and use Puget Sound, and perhaps some evaporation and conduction, to dissipate the heat from the elevated temperature discharge water. Puget Sound water was to be used as makeup water when the tanks did not dissipate enough heat (or cold) on their own. The system works in summer and winter, discharging cooled water in the winter after heat is removed from incoming water in the heat pump.

The storage tanks are located within the filled groin that supports the Inn. The tanks are located behind the seawall bulkhead, and are below mean lower low water (MLLW). One of the tanks was found to be partially leaking at some point after operation. The leaking water from the tank, even though located behind a bulkhead and discharged diffusely through and under rocks and bulkheads, is a discharge to Puget Sound that does not have an NPDES permit.

The proposed plan is to repair and replace the system so that it operates as needed, and meets all state, local and federal permit requirements. This is proposed with the following steps:

- Construct and operate a new intake structure in deeper water that will pump 186 gallons per minute (gpm) through a 3" diameter pipe to the Inn's heat exchanger. The pipe will be attached under the existing pier and will not touch the bottom.

- The flow of 186 gpm was selected to meet heating and cooling needs, keep the temperature differential to 10°F or less, and keep pumping energy consumption efficient.
- Construct and operate a new discharge pipe from the existing point of discharge to a deeper water discharge under the pier. The intake and discharge pipelines will lie adjacent to one another, but will enter the water on different pilings. The discharge pipeline uses gravity flow to avoid additional pumping energy, and is larger in diameter than the pumped intake to allow the returned water to flow freely back to the Sound without backing up into the pipe.
- Construct and operate a power system to the pier and pump, and attach the brackets and supports needed for the piping.
- Eliminate the leaking tank and use the other tanks as a live storage well to maintain a constant head and flow to the heat exchanger in the Inn.
- Operate the system continuously and at sufficient flow that the maximum change in temperature of the return water will be 10 °F. Most of the time the change will be less than that, including periods of the spring and fall with no temperature change.

Once permitted, the system would operate as a clean water discharge of non-contact cooling water with an NPDES permit reflecting a daily flow of approximately 0.25 million gallons per day. The only pollutant discharge is temperature, and the effluent returns to within 1 degree of ambient temperature less than 20 feet from the discharge. There are no water treatment additives, just seawater. Monitoring will consist of a temperature recorder on the intake and discharge. No receiving water monitoring is proposed because the effluent recorder will demonstrate compliance, and temperature change will not be detectable outside of the mixing zone, or even inside of much of the mixing zone.

We welcome your adequacy review of this application and will respond to any questions or comments if revisions are needed.

A JARPA has been submitted to the Corps and the City of Tacoma. The City is conducting their SEPA review based on the JARPA, ESA Biological Evaluation, and SEPA checklist.

We look forward to working with you.

Sincerely,



Emmett Boyle, Manager of Assets  
Silver Cloud Inns and Hotels

Enclosures:

(1 hardcopy and 1 CD)

NPDES Permit Application Form

Engineering Report

JARPA and Biological Evaluation (CD only)