

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

FORM 1 GENERAL	 DEPARTMENT OF ECOLOGY State of Washington	U.S. ENVIRONMENTAL PROTECTION AGENCY/ECOLOGY GENERAL INFORMATION Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>	1. Current permit I.D. <div style="border: 1px solid black; padding: 2px; display: inline-block;">WA0040819</div>	T/A C D 14 15
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" 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"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> FORM ATTACHED	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> FORM ATTACHED	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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> FORM ATTACHED
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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> FORM ATTACHED	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> FORM ATTACHED	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"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> FORM ATTACHED
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> FORM ATTACHED	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> FORM ATTACHED	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"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> FORM ATTACHED
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"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> FORM ATTACHED	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> FORM ATTACHED	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"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> FORM ATTACHED
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"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> FORM ATTACHED	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> FORM ATTACHED	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"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> FORM ATTACHED
III. NAME OF FACILITY				
C	Rivence LLC			
1				
IV. FACILITY CONTACT				
A. NAME & TITLE (last, first, & title)			B. PHONE (area code & no.)	
C	Hudson, Jeff, General Manager			360 491 2200
2				
B. EMAIL ADDRESS			C. Does the facility have or can it obtain broadband internet access?	
C	jeff.hudson@rivence.com			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2				
V. FACILITY MAILING ADDRESS				
A. STREET OR P.O. BOX				
C	120 State Avenue NE, #1058			
3				
B. CITY OR TOWN		C. STATE	D. ZIP CODE	
C	Olympia	Wa	98501	
4				
VI. FACILITY LOCATION				
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER				
C	10414 173 rd Avenue SW			
5				
B. COUNTY NAME				
Thurston				
C. CITY OR TOWN		D. STATE	E. ZIP CODE	F. COUNTY CODE
C	Rochester	Wa	98579	9544
6				
7	D. LATITUDE/LONGITUDE (NAD 83 DATUM)			
	LATITUDE AS DECIMAL DEGREES- N46.83924			
	LONGITUDE AS DECIMAL DEGREES - W123.10201			

CONTINUED FROM THE FRONT

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

SIC FIRST				SIC. SECOND			
C	7	0921	(specify)	7			(specify)
EQUIVALENT NAICS FIRST				EQUIVALENT NAICS SECOND			
C	7	112511	(specify)	7			(specify)

UBI NUMBER -603427375

VIII. OPERATOR INFORMATION

A. NAME						B. Is the name listed in Item VIII-A also the owner?	
C	8	Riverence LLC				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other," specify.)

F = FEDERAL
S = STATE
P = PRIVATE

M = PUBLIC (other than federal or state)
O = OTHER (specify)

P (specify)

D. PHONE (area code & no.)

C
A

360

491

2200

E. STREET OR PO BOX

120 State Avenue NE, #1058

F. CITY OR TOWN

G. STATE

H. ZIP CODE

IX. INDIAN LAND

Is the facility located on Indian lands?

☐ YES ☒ NO
X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)				D. PSD (Air Emissions from Proposed Sources)			
C	T	I		C	T	S	
9	N		WA0040819	9	P		
B. UIC (Underground Injection of Fluids)				E. OTHER (specify)			
C	T	I		C	T	S	
9	U			9			
C. RCRA (Hazardous Wastes)				E. OTHER (specify)			
C	T	I		C	T	S	
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)

Rearing of Salmon and Trout broodstock for egg production. Eggs are for sale to Domestic and International customers. Facility is certified Disease-Free by USDA.

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)

Jeff Hudson – General Manager

B. SIGNATURE



C. DATE SIGNED

12/27/18

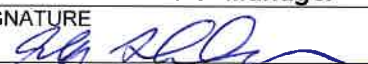
To ask about the availability of this document in a version for the visually impaired, call the Water Quality Program at 360-407-6600, Relay Service 711, or TTY 877-833-6341.



See the instructions on the reverse.
Please print or type in the unshaded areas.

EPA ID Number (copy from item I of Form 1)
WA0040819

Form Approved.
OMB No. 2040-0086
Approval expires 7-31-88

Form 2B NPDES		United States Environmental Protection Agency Application for Permit to Discharge Wastewater Concentrated animal feeding operations and aquatic animal production facilities Consolidated Permits Program			
I. GENERAL INFORMATION					
A. TYPE OF BUSINESS		B. LEGAL DESCRIPTION OF FACILITY LOCATION		C. FACILITY OPERATION STATUS	
CONCENTRATED ANIMAL FEEDING <input type="checkbox"/> 1. OPERATION (complete items B, C, and Section II) CONCENTRATED AQUATIC ANIMAL <input checked="" type="checkbox"/> 2. PRODUCTION FACILITY (complete items B, C, and Section III)		A portion of the Southeast Quarter, Northeast Quarter and the Northwest Quarter of the Southeast Quarter of Section 30, Township 16 North, Range 3 West, W.M., in Thurston County, Washington.		<input checked="" type="checkbox"/> 1. EXISTING FACILITY <input type="checkbox"/> 2. PROPOSED FACILITY	
II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS					
A. TYPE & NUMBER OF ANIMALS IN OPEN CONFINEMENT & HOUSEHOLD UNDER ROOF			B. NO. OF ACRES FOR CONFINEMENT FEEDING		
1. TYPE	2. NO. IN OPEN CONFINEMENT	3. NO. HOUSED UNDER ROOF	C. If there is open confinement, has a runoff diversion and control system been constructed? <input type="checkbox"/> YES (complete items 1, 2, & 3 below) <input type="checkbox"/> NO (go to Section IV)		
1. What is the design basis for the control system?					
<input type="checkbox"/> a. 10 YEAR 24-HOUR STORM (specify inches)	INCHES	<input type="checkbox"/> b. 25 YEAR 24-HOUR STORM (specify inches)	INCHES	<input type="checkbox"/> c. OTHER (specify inches & type)	INCHES TYPE
2. Report the number of acres of contributing drainage.		ACRES	3. Report the design safety factor.		SAFETY FACTOR
III. CONCENTRATED AQUATIC ANIMAL PRODUCTION FACILITY CHARACTERISTICS					
A. For each outfall give the maximum daily flow, maximum 30 day flow, and the long term average flow.			B. Indicate the total number of ponds, raceways, and similar structures in your facility.		
1. OUTFALL NO.	2. FLOW (gallons per day)			1. PONDS	2. RACEWAYS
	a. MAXIMUM DAILY	b. MAXIMUM 30 DAY	c. LONG TERM AVERAGE	10	3. OTHER
001	5 mgd	5 mgd	5 mgd	244 tanks	
				C. Provide the name of the receiving water and the source of water used by your facility.	
				1. RECEIVING WATER	2. WATER SOURCE
				Black River	Well Water
D. List the species of fish or aquatic animals held and fed at your facility. For each species, give the total weight produced by your facility per year in pounds of harvestable weight, and also give the maximum weight present at any one time.					
1. COLD WATER SPECIES			2. WARM WATER SPECIES		
a. SPECIES	b. HARVESTABLE WEIGHT (pounds)		a. SPECIES	b. HARVESTABLE WEIGHT (pounds)	
	(1) TOTAL YEARLY	(2) MAXIMUM		(1) TOTAL YEARLY	(2) MAXIMUM
Oncorhynchus mykiss (Rainbow Trout)	185,000	152,000			
Oncorhynchus kisutch (Coho Salmon)	22,500	26,500			
Salmo salar (Atlantic Salmon)	22,500	30,000			
E. Report the total pounds of food fed during the calendar month of maximum feeding.			1. MONTH	2. POUNDS OF FOOD	
			August	30,000	
IV. CERTIFICATION					
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 individuals immediately responsible for obtaining the information, 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 (print or type) Jeff Hudson - General Manager				B. PHONE NO. (area code & no.) (360) 584-8637	
C. SIGNATURE 				C. DATE SIGNED 12/31/18	