



# Request for Coverage

## Industrial Stormwater General Permit

NOI Version: 1

Application Type: ☐ New ☒ Renewal

Permit Number: WAR001693

Application Id: 23084

### I. Contact Information

Legal Responsible Party		
Honorific:	First Name: Lesli	Last Name: Holcomb
Organization Name: SuperValu		Title: Risk Control Manager
Mailing Address: 1525 E D St		
City: Tacoma	State: WA	Zip Code: 98421-1609
Email: lesli.holcomb@unfi.com		
Primary Phone: 253-404-4123	Secondary Phone: 253-404-4123	
UBI Number:		
Permittee		
Honorific:	First Name: SuperValu	Last Name: c/o Lesli Holcomb
Organization Name: SuperValu		Title: Risk Manager
Mailing Address: 1525 E D St		
City: Tacoma	State: WA	Zip Code: 98421-1609
Email: lesli.holcomb@unfi.com		
Primary Phone: 253-404-4123	Secondary Phone: 253-404-4123	
UBI Number:		
Site Contact		
Honorific:	First Name: Dean	Last Name: Fredrickson
Organization Name: SuperValu		Title: Director Environmental Affairs
Mailing Address: 250 E Parkcenter Blvd		
City: Boise	State: ID	Zip Code: 83706-3940
Email: dean.fredrickson@albertsons.com		
Primary Phone: 208-395-4986	Secondary Phone: 208-395-4986	
UBI Number:		
Site Contact		
Honorific:	First Name: Lesli	Last Name: Holcomb
Organization Name: SuperValu		Title: Risk Control Manager
Mailing Address: 1525 E D St		
City: Tacoma	State: WA	Zip Code: 98421-1609
Email: lesli.holcomb@unfi.com		
Primary Phone: 253-404-4123	Secondary Phone: 253-404-4123	
UBI Number:		

**Site Operator**

**Honorific:**                      **First Name:** Lesli                      **Last Name:** Holcomb  
**Organization Name:** SuperValu                      **Title:** Risk Control Manager  
**Mailing Address:** 1525 E D St  
**City:** Tacoma                      **State:** WA                      **Zip Code:** 98421-1609  
**Email:** lesli.holcomb@unfi.com  
**Primary Phone:** 253-404-4123                      **Secondary Phone:** 253-404-4123  
**UBI Number:**

**Site Owner**

**Honorific:**                      **First Name:** Ryan                      **Last Name:** Blackhurst  
**Organization Name:** SuperValu                      **Title:** Region VP of Distribution  
**Mailing Address:** 1101 Sunset Blvd  
**City:** Rocklin                      **State:** CA                      **Zip Code:** 95765-3786  
**Email:** rblackhurst@unfi.com  
**Primary Phone:** 801-243-3239                      **Secondary Phone:**  
**UBI Number:** 604275112

**II. Facility Information**

**Facility Name:** SUPERVALU DISTRIBUTION CENTER MAIN

**Street Address:** 1525 E D ST

**City:** TACOMA                      **County:** Pierce                      **Zip Code:** 98421-1609

**Latitude:** 47.248943

**Longitude:**

Size of Site: 11.8 acres      Date facility began or will begin operation:

List all North American Industry Classification System (NAICS) and Standard Industrial Classification (SIC) codes to cover all industrial activities performed at your facility.

NAICS/SIC	Code	Description	Is Primary
SIC	2099	FOOD PREPARATIONS, NEC	Yes
SIC	4222	REFRIGERATED WAREHOUSING AND STORAGE	Yes
SIC	5141	GROCERIES, GENERAL LINE	Yes
NAICS	493120	Refrigerated Warehousing and Storage	Yes

- ☐ Is this facility a Hazardous Waste Treatment, Storage, and Disposal (TSD) facility regulated under Chapter 17-303 WAC?

For Airport Facilities:

- ☐ At your airport, do you as a single permittee, or a combination of permitted facilities, use more than 100,000 gallons of glycol-based deicing chemicals and/or 100 tons or more of urea on an average annual basis?
- ☐ Does your airport have 1,000 or more annual jet departures ("non-propeller aircraft")?
- ☐ Does the facility discharge wastewater associated with airfield pavement deicing with stormwater?
- ☐ Do you use urea-containing deicers?
- ☐ Does your airport meet the definition of a new source ("new airports")?
- ☐ Does (will) the airport have 10,000 or more annual departures?
- ☐ Is the airport located in a cold climate zone?

Please enter the URL that your Stormwater Pollution Prevention Plan (SWPPP) is located at: (optional)

Please attach a site map following the requirements of S3.B.1 of the 2020 ISGP.

### III. Other Permits/Registration

None

### IV. Discharge/Receiving Water

#### Conveyance System

If you discharge to a municipal stormwater system or other stormwater conveyance system (e.g. Kent stormwater drainage system, roadside ditch), identify the system by name or if unnamed, by other identifier (e.g., 145th street ditch)

#### Location of Discharge into Receiving Water (Outfall)

Outfall Number	Outfall Description	Surface Waterbody Name	Outfall Type	Latitude	Longitude
249	Thea Foss Waterway 47 14 50 86 122 25 51 6	Puget Sound	Surface Water Body	47.24745941 16211	- 122.4309997 55859

#### Location of Discharge Location (Sampling/Monitoring Point)

Monitoring Point Code	Monitoring Point Name	Monitoring Point Type	Outfall Number	Active	Latitude / Longitude
SV1	Oil Water Separator	Stormwater	249	Yes	47.24745941 16211 - 122.4309997 55859

### V. State Environmental Policy Act (SEPA)

This Notice of Intent (NOI) is incomplete and cannot be approved until the applicable SEPA requirements under Chapter 197-11 WAC are met.

SEPA and Public Notice sections apply only to facilities that began operations after January 1, 2020. If the facility began operations before this date, these sections do not need to be filled out.

### VI. Public Notice

**Public Notice applies to facilities that began operations on or after January 1, 2020.**

You must publish a public notice at least **once** a week for **two** consecutive weeks with **seven days** between publications, in at least a **single** newspaper of general circulation in the county in which the facility is located. Ecology cannot grant permit coverage sooner than the end of the 30-day public comment period, which begins on the date of the **second** public notice.

Newspaper Name	First Public Notice Date	Second Public Notice Date

### VII. Certification of Permittees

*"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 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."*

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Permittee Signature

5/21/2019

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Date