



Ecology may request additional information to clarify the conditions of this discharge. The applicant should reference information previously submitted to Ecology that applies to this application in the appropriate section.

1.	Applicant name:	Tyson Fresh Meats, Inc.	
2.	Facility name: (if different from applicant)	Pasco Beef Complex	
3.	Applicant mail address:	800 Stevens Port Drive	
		Street	
		Dakota Dunes, SD	57049
		City/State	Zip
4.	Facility location address: (if different from above)	13983 Dodd Road	
		Street	
		Wallula, WA	99363
		City/State	Zip
5.	UBI No.	Sometimes called a registration, tax, "C," or resale number, the Unified Business Identifier (UBI) number is a nine-digit number used to identify persons engaging in business activities. The number is assigned when a person completes a Master Business Application to register with or obtain a license from state agencies. The Departments of Revenue, Licensing, Employment Security, Labor and Industries, and the Corporations Division of the Secretary of State are among the state agencies participating in the UBI program.	
6.	Latitude/longitude of the processing facility as decimal degrees (NAD83/WGS84): 46.137 / -118.914		

Date fee paid

7. Person to contact who is familiar with the information contained in this application:

Adam Konopasek

Name

Sr. Manager Environmental

Title

605-235-4801

Telephone number

Fax number

8. Check One:

☐

Permit renewal (including renewal of temporary permits authorized by RCW 90.48.200)

Does this application request a greater amount of wastewater discharge, a greater amount of pollutant discharge, or a discharge of different pollutants than specified in the last permit application for this facility? ☐ YES ☐ NO

For permit renewals, the current permit is an attachment, by reference, to this application.

☐

Permit modification

☒

**Existing
unpermitted discharge**

☒

Proposed discharge

Anticipated date of discharge: June 2021

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 a fine and/or imprisonment for knowing violations.

Paul Van Wassenhove

Signature*

10-30-20

Date

Vice President Operations

Title

Paul VanWassenhove

Printed name

*Applications must be signed as follows: Corporations, by a principal executive officer of at least the level of vice-president; partnership, by a general partner; sole proprietorship, by the proprietor. If these titles do not apply to your organization, the person who makes budget decisions for this facility must sign the application.

The application signatory may delegate signature authority for submittals required by the permit, such as monthly reports, to a suitable employee. You can delegate this authority to a qualified individual or to a position, which you expect to fill with a qualified individual. If you wish to delegate signature authority, please complete the following:

Signature of delegated employee

Date

Title or function at the facility

Printed name

SECTION B. PRODUCT INFORMATION

- Briefly describe all manufacturing processes and products, and/or commercial activities at this facility. Provide the applicable Standard Industrial Category (SIC) and the North American Industry Classification System (NAICS) Code(s) for each activity (see *North American Industrial Classification System*, 2007 ed.). You can find the 1997 NAICS codes and the corresponding 1987 Standard Industry Category (SIC) codes at (<http://www.census.gov/epcd/naics/frames3.htm>).

Description:

The Pasco Beef Complex (Facility) is a beef slaughter operation that produces primal and subprimal cuts as well as performing rendering and hide curing. The Facility's SIC code is 2011 and the NAICS code is 311611. Wastewater from the facility processing is regulated through State Waste Discharge Permit Number ST0005335, and is not co-mingled with domestic wastewater.

This application pertains to the domestic wastewater system, a completely separate wastewater stream originating from the Facility sinks, toilets, urinals and showers. Since 1993, domestic wastewater has been discharged to a large onsite sewage system (LOSS).

The purpose of this application is to obtain approval to replace the existing domestic system with new screening, aeration treatment and storage lagoons, disinfection, and apply disinfected wastewater to a land treatment site located on Tyson Fresh Meats, Inc. property.

- List raw materials and products:

Type	RAW MATERIALS	Quantity
Domestic Wastewater	26,000 gallons per day average daily flow	
Type	PRODUCTS	Quantity

SECTION C. PLANT OPERATIONAL CHARACTERISTICS

1. For each process listed in B.1 that generates wastewater, list the process, assign the waste stream a name and ID #, and describe whether it is a batch or continuous flow.

Process	Waste Stream Name	Waste Stream ID#	Batch (B) or Continuous (C) Process
Domestic Wastewater	Domestic Wastewater System	1	C

2. On a separate sheet, produce a schematic drawing showing production processes and water flow through the facility and wastewater treatment devices (*label as attachment C2*). The drawing should indicate the source of intake water and the operations contributing wastewater to the effluent and should label the treatment units. Construct the water balance by showing average flows between intakes, operations, treatment units, and points of discharge to land. If a water balance cannot be determined (*e.g., for certain mining activities*), provide a description of the nature and amount of any sources of water and any collection or treatment measures. **See attached Engineering Report.**
3. What is the highest daily discharge flow from the processing facility: 55,400 gallons per day
(Specify the time period for the value given) (From May 2016 to April 2019)
- What is the highest daily discharge flow to the sprayfields/infiltration basin: _____ inches/acre/month OR
(Specify the time period for the value given) 55,400 gallons per day
- What is the highest average monthly discharge flow (daily flows averaged over a month) from the processing facility: 391,748 gallons/day?
(Specify the time period for the value given)
- What is the highest average monthly discharge flow to the sprayfields: _____ inches/acre/month OR
(Specify the time period for the value given) 391,748 gallons per day
4. Describe any planned wastewater treatment or sprayfield/infiltration improvements and the schedule for the improvements or changes. (*Use additional sheets, if necessary and label as attachment C4.*)
Domestic wastewater system improvements are planned. Planned Improvements include construction of approximately 3,500 feet of conveyance piping, headworks mechanical screen, renovations to an existing lift station, one 710,000-gallon aeration treatment wastewater lagoon, one 4.1-million gallon storage wastewater lagoon, a new lift station, a disinfection building utilizing gas chlorination, connection to an existing center pivot irrigation system, and appurtenances. Construction is anticipated to begin in early 2021.

5. If production processes are subject to seasonal variations, provide the following information. List discharge for each wastestream in gallons or million gallons per month. The combined value for each month should equal the estimated total monthly flow. Please indicate the proper unit by checking one of the following boxes:

☐ gallons per day ☐ gallons per month ☒ million gallons per month

Waste Stream ID#	MONTHS											
	J	F	M	A	M	J	J	A	S	O	N	D
#1 (Example)	1000	1000	1000	1000	6000	2000	2000	2000	1000	1000	5000	4000
#1	0.81	0.75	0.81	0.78	0.81	0.78	0.81	0.81	0.78	0.81	0.78	0.81
Estimated total gallons	0.81	0.75	0.81	0.78	0.81	0.78	0.81	0.81	0.78	0.81	0.78	0.81

6. If this is a discharge from the processing facility to a storage or evaporative lagoon, what is the size of the lagoon (give square footage for the bottom of the lagoon and the total volume of the lagoon at full operating depth). 10,000 square feet; 10 million gallons (Example)
24,840 square feet; 4.1 million gallons

7. Check the applicable box. Is this is a discharge to a sprayfield ☒ or an infiltration bed ☐? Provide the average gallons per acre per day proposed for each month in the following table.

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept.	Oct	Nov	Dec
Estimated gallons per acre per day	0	0	793	5,387	8,104	10,387	12,533	10,454	6,642	1,363	0	0

8. How many hours a day does this facility typically operate? 24
 How many days a week does this facility typically operate? 5
 How many weeks per year does this facility typically operate? 52
9. List all incidental materials such as oil, paint, grease, solvents, and cleaners that are used or stored on site (list only those with quantities greater than 10 gallons for liquids and 50 pound quantities for solids). For solvents and solvent-based cleaners, include a copy of the material safety data sheet for each material and estimate the quantity used. *Use additional sheets, if necessary and label as attachment C.7.)*
- All onsite materials are regulated through Industrial Stormwater General Permit WAR001131. Refer to this permit for additional information.

Materials/Quantity Stored:

All onsite materials are regulated through Industrial Stormwater General Permit WAR001131. Refer to this permit for additional information.

- | | | Yes | No |
|-----|---|-------------------------------------|--------------------------|
| 10. | Some types of facilities are required to have spill or waste control plans. Does this facility have: | | |
| a. | A spill prevention, control, and countermeasure plan (40 CFR 112)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. | An Oil Spill Contingency Plan (chapter 173-182 WAC)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. | An emergency response plan (per WAC 173-303-350)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| d. | A runoff, spillage, or leak control plan (per WAC 173-216-110(f))? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| e. | Any spill or pollution prevention plan required by local, state or federal authorities? If yes specify: <u>Stormwater Pollution Prevention Plan</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| f. | A solid waste control plan? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Note: See Attached Engineering Report for Additional Information

SECTION D. WATER CONSUMPTION AND WATER LOSS

1. Potable water source(s):

☐ ☒ Public system (Specify name) Wallula Dodd Water System, Public Water System ID AB183M

☐ ☒ Private well ☐ Surface water (Specify name of water body) _____

a. Water right permit number: G3-28463C, Intertie to AB183M

b. Legal description of water source:

N1/2 $\frac{1}{4}$ S, NE $\frac{1}{4}$ S, 34, Section, 8N TWN, 31E R

2. Potable water use

a. Indicate total water use: Gallons per day (average) 1.4 million

Gallons per day (maximum) 2.5 million

b. Is water metered? ☒ YES ☐ NO

3. Supplemental Irrigation water source(s):

☐ ☒ Public system or Irrigation District (Specify name) Legrow Water Company

☐ ☐ Private well ☒ Surface water (Specify name of water body) Columbia River

a. Water right permit number: CS3-27901C@1, CS3-21045C@2, CS3-26448C@3, CS3-27096C@3, CS3-24704@4

b. Legal description of water source:

S1/2 $\frac{1}{4}$ S, SW $\frac{1}{4}$ S, 3, Section, 7N TWN, 31E R

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SECTION E. WASTEWATER INFORMATION

1. How are the water intake and effluent flows measured?

Intake: Electromagnetic Flow Meter

Effluent Electromagnetic Flow Meter

2. Describe the collection method for the samples analyzed below. (*i.e.*, grab, 24-hour composite). Applicants must collect grab samples (not composites) for analysis of pH, temperature, cyanide, total phenols, residual chlorine, oil and grease, fecal coliform (including *E. coli*), and Enterococci (previously known as fecal streptococcus at § 122.26 (d)(2)(iii)(A)(3)), or volatile organics.

A grab sample of septic tank effluent was collected on 4/29/19 with test results reported on 5/14/19. See Appendix D of Engineering Report

3. Has the effluent been analyzed for any other parameters than those identified in question E.4.? ☒ YES ☐ NO
If yes, attach results and label as attachment E.4. This data must clearly show the date, method and location of sampling. (*Note: Ecology may require additional testing.*) Oil and Grease tested per method EPA1664 by Kuo Testing Labs as reported on 5/14/2019.
Testing result = 18.8 mg/L. See Appendix D of Engineering Report.

4. Provide measurements or range of measurements for treated wastewater prior to discharge to the POTW for the parameters with an “X” in the left column. If you obtain the application from the internet, contact Ecology’s regional office to see if testing for a subset of these parameters is permissible. All analyses (except pH) must be conducted by a laboratory registered or accredited by Ecology (WAC 173-216-125). If this is an application for permit renewal, provide data for the last year for those parameters that are routinely measured. For parameters measured only for this application, place the values under “Maximum.” Report the values with units as specified in the parameter name or in the detection level.

The Permittee must use the specified analytical methods, detection limits (DLs) and quantitation levels (QLs) in the following table unless Ecology approves an alternate method **or the method used produces measurable results in the sample and EPA has listed it as an EPA approved method in 40 CFR Part 136. If the Permittee uses an alternative method as allowed above, it must report the test method, DL, and QL on the discharge monitoring report or in the required report.**

X	Parameter	Measurement Values			Number of Analyses	Analytical Method Std. Methods 19 th , 20 th edition or EPA	Detection Limit/Quantitation Level
		Minimum	Maximum	Average			
X	BOD (5 day)		311		1	SM 5210 B	/2 mg/l
X	COD		284		1	SM 5220 D	/10 mg/l
X	Total suspended solids		87		1	SM 2540 D	/5 mg/l
	Fixed Dissolved Solids					SM 2540 E	
	Total dissolved solids					SM 2540 C	
	Conductivity (micromhos/cm)					SM 2510 B	
X	Ammonia-N as N		96.9		1	SM 4500-NH ₃ C	/0.3 mg/L
	pH					SM 4500-H	0.1 standard units
X	Fecal coliform (organisms/100 mL)		2,420		1	SM 9221 E or 9222 D	
	Total coliform (organisms/100 mL)					SM 9221 B or 9222 B	
	Dissolved oxygen					SM 4500-O C/G	
	Nitrate + nitrite-N as N					SM 4500-NO ₃ E	100 µg/L
X	Total kjeldahl N as N		124		1	SM 4500-N _{org} C/E/FG	300 µg/l
	Ortho-phosphate-P as P					SM 4500-P E/F	10 µg/l
	Total-phosphorous-P as P					SM 4500-P E/P/F	10 µg/l
	Total Oil & grease					EPA 1664A	1.4/5 mg/l
	NWTPH - Dx					Ecology NWTPH Dx	250/250 µg/l
	NWTPH - Gx					Ecology NWTPH Gx	250/250 µg/l
	Calcium					EPA 200.7	10 µg/l
	Chloride					SM 4500-Cl C	0.15 µg/l
	Fluoride					SM 4500-F E	.025/0.1 mg/l
	Magnesium					EPA 200.7	10/50 µg/l
	Potassium					EPA 200.7	700/ µg/l
	Sodium					EPA 200.7	29/ µg/l
	Sulfate					SM 4500-SO ₄ C/D	/200 µg/l
	Alkalinity as CaCO ₃					SM 2320 B	/5 mg/L as CaCO ₃

X	Parameter	Measurement Values			Number of Analyses	Analytical Method Std. Methods 19 th , 20 th edition or EPA	Detection Limit/Quantitation Level
		Minimum	Maximum	Average			
	Arsenic(total)					EPA 200.8	0.1/0.5 µg/l
	Barium (total)					EPA 200.8	0.5/2 µg/l
	Cadmium (total)					EPA 200.8	.05/.25 µg/l
	Chromium (total)					EPA 200.8	0.2/1 µg/l
	Copper (total)					EPA 200.8	0.4/2 µg/l
	Iron (total)					EPA 200.7	12.5/50 µg/l
	Lead (total)					EPA 200.8	0.1/.5 µg/l
	Manganese (total)					EPA 200.8	0.1/0.5 µg/l
	Mercury (total) pg/L					EPA 1631E	0.2/0.5 pg/l
	Molybdenum(total)					EPA 200.8	0.1/0.5 µg/l
	Nickel(total)					EPA 200.8	0.1/0.5 µg/l
	Selenium (total)					EPA 200.8	1/1 µg/l
	Silver (total)					EPA 200.8	.04/.2 µg/l
	Zinc (total)					EPA 200.8	0.5/2.5 µg/l

Detection level (DL) or detection limit means the minimum concentration of an analyte (substance) that can be measured and reported with a 99% confidence that the analyte concentration is greater than zero as determined by the procedure given in 40 CFR part 136, Appendix B.

Quantitation Level (QL) also known as Minimum Level of Quantitation (ML) – The lowest level at which the entire analytical system must give a recognizable signal and acceptable calibration point for the analyte. It is equivalent to the concentration of the lowest calibration standard, assuming that the lab has used all method-specified sample weights, volumes, and cleanup procedures. The QL is calculated by multiplying the MDL by 3.18 and rounding the result to the number nearest to (1, 2, or 5) x 10ⁿ, where n is an integer. (64 FR 30417).

ALSO GIVEN AS:

The smallest detectable concentration of analyte greater than the Detection Limit (DL) where the accuracy (precision & bias) achieves the objectives of the intended purpose. (Report of the Federal Advisory Committee on Detection and Quantitation Approaches and Uses in Clean Water Act Programs Submitted to the US Environmental Protection Agency December 2007).

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5. Does this facility use any of the following chemicals as raw materials in production, produce them as part of the manufacturing process, or are they present in the wastewater? (*The number following the chemical name is the Chemical Abstract Service (CAS) reference number to aid in identifying the compound.*) ☐ YES ☒ NO

If yes, specify how the chemical is used and the quantity used or produced (*Use additional sheets, if necessary and label as attachment E5.*):

Acrylamide/79-06-1
 Acrylonitrile/107-13-1
 Aldrin/309-00-2
 Aniline/62-53-3
 Aramite/140-57-8
 Arsenic/7440-38-2
 Azobenzene/103-33-3
 Benzene/71-43-2
 Benzidine/92-87-5
 Benzo(a)pyrene/50-32-8
 Benzotrichloride/98-07-7
 Benzyl chloride/100-44-7
 Bis(chloroethyl)ether/111-44-4
 Bis(chloromethyl)ether/542-88-1
 Bis(2-ethylhexyl) phthalate/ 117-81-7
 Bromodichloromethane/75-27-4
 Bromoform/75-25-2
 Carbazole/86-74-8
 Carbon tetrachloride/56-23-5
 Chlordane/57-74-9
 Chlorodibromomethane/124-48-1
 Chloroform/67-66-3
 Chlorthalonil/1897-45-6
 2,4-D/94-75-7
 DDT/50-29-3
 Diallate/2303-16-4
 1,2 Dibromoethane/106-93-4
 1,4 Dichlorobenzene/106-46-7
 3,3' Dichlorobenzidine/91-94-1
 1,1 Dichloroethane/75-34-3
 1,2 Dichloroethane/107-06-2

Nitrofurazone/59-87-0
 N-nitrosodiethanolamine/ 1116-54-7
 N-nitrosodiethylamine/55-18-5
 N-nitrosodimethylamine/62-75-9
 N-nitrosodiphenylamine/86-30-6
 N-nitroso-di-n-propylamine/ 621-64-7
 N-nitrosopyrrolidine/930-55-2
 N-nitroso-di-n-butylamine/ 924-16-3
 N-nitroso-n-methylethylamine/
 10595-95-6
 PAH/NA
 PBBs/NA
 PCBs/1336-36-3
 1,2 Dichloropropane/78-87-5
 1,3 Dichloropropene/542-75-6
 Dichlorvos/62-73-7
 Dieldrin/60-57-1
 3,3' Dimethoxybenzidine/119-90-4
 3,3 Dimethylbenzidine/119-93-7
 1,2 Dimethylhydrazine/540-73-8
 2,4 Dinitrotoluene/121-14-2
 2,6 Dinitrotoluene/606-20-2
 1,4 Dioxane/123-91-1
 1,2 Diphenylhydrazine/122-66-7
 Endrin/72-20-8
 Epichlorohydrin/106-89-8
 Ethyl acrylate/140-88-5
 Ethylene dibromide/106-93-4
 Ethylene thiourea/96-45-7
 Folpet/133-07-3
 Fumecyclohex/60568-05-0

Heptachlor/76-44-8
 Heptachlor epoxide/1024-57-3
 Hexachlorobenzene/118-74-1
 Hexachlorocyclohexane (alpha)/
 319-84-6
 Hexachlorocyclohexane (tech.)/
 608-73-1
 Hexachlorodibenzo-p-dioxin,
 mix/19408-74-3
 Hydrazine/hydrazine sulfate/ 302-01-2
 Lindane/58-89-9
 2 Methylaniline/100-61-8
 2 Methylaniline hydrochloride/
 636-21-5
 4,4' Methylene bis(N,N-
 dimethyl)aniline/101-61-1
 Methylene chloride
 (dichloromethane)/75-09-2
 Mirex/2385-85-5
 O-phenylenediamine/106-50-3
 Propylene oxide/75-56-9
 2,3,7,8-Tetrachlorodibenzo-p-dioxin/
 1746-01-6
 Tetrachloroethylene/127-18-4
 2,4 Toluenediamine/95-80-7
 o-Toluidine/95-53-4
 Toxaphene/8001-35-2
 Trichloroethylene/79-01-6
 2,4,6-Trichlorophenol/88-06-2
 Trimethyl phosphate/512-56-1
 Vinyl chloride/75-01-4

6. Are any other pesticides, herbicides, or fungicides used at this facility? ☐ YES ☒ NO
If yes, specify the material and quantity used.

7. Are there other pollutants that you know of or believe to be present? ☐ YES ☒ NO

If yes, specify the pollutants and their concentration if known
(attach laboratory analyses if available).

☐ DON'T KNOW

SECTION F. GROUND WATER INFORMATION

Provide available data measurements or range of measurements from monitoring wells or supply wells in the area of discharge. Provide the analytical method and detection limit, if known. Provide the location of each well on the map required in G.3 below. Attach well logs when available. Copy this page as necessary for each well. Provide the latitude and longitude in decimal format.

Ecology Well Tag ID # _____

Well ID # _____ (example MW-1)

(example AAB123)

Latitude: _____

Longitude: _____

Well Elevation (to the nearest 0.01 feet) _____ Check the appropriate box; the elevation measurement is relative to: the NAVD88 standard ☐ mean sea level ☐

Parameter	Units	Range of Measurements	Number of Analyses	Analytical Method	Detection Limit
BOD (5 day)	mg/L				
COD	mg/L				
Total organic carbon	mg/L				
Total dissolved solids	mg/L				
Dissolved Fixed Solids	mg/L				
pH	Standard units				
Conductivity	(micromhos/cm)				
Alkalinity	mg/L as CaCO ₃				
Total hardness	mg/L				
Fecal coliform	organisms/100mL				
Total coliform	organisms/100mL				
Dissolved oxygen	mg/L				
Ammonia-N	mg/L				
Nitrate + nitrite-N, nitrate as N	mg/L				
Total kjeldahl N as N	mg/L				
Ortho-phosphate-P as P	mg/L				
Total-phosphate-P as P	mg/L				
Total Oil and Grease	mg/L				
Total petroleum hydrocarbon	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Calcium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Chloride	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Fluoride	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Magnesium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Potassium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Sodium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Sulfate	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Barium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Cadmium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Chromium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Copper	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Iron	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Lead	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Manganese	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				

Refer to Appendix I of Engineering Report for Ground Water Information

Parameter	Units	Range of Measurements	Number of Analyses	Analytical Method	Detection Limit
Mercury	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Selenium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Silver	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Zinc	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Depth to water level (to the nearest .01 feet)					

See attached Engineering Report

SECTION G. SITE ASSESSMENT

The local library and local city or county planning offices may be helpful in providing the information required in this section. You may consult the Department of Ecology Water Resources Program to help identify wells within one mile of your site.

1. Land Application Sites: Provide the information below for each land application site. Provide the latitude/longitude (approximate center of the site; NAD83/WGS84 reference datum.) Attach a copy of the contract(s) authorizing use of any private land(s) used for each treatment site. Add table rows as necessary.

Legal Description (section/township/range) SW 1/4 SEC 26 TWP 8 RNG 31 LESS RD			
Latitude	Longitude	Acreage	Owner
46.140	-188.907	18.0	Tyson Fresh Meats, Inc.
Legal Description (section/township/range)			
Latitude	Longitude	Acreage	Owner
Legal Description (section/township/range)			
Latitude	Longitude	Acreage	Owner
Legal Description (section/township/range)			
Latitude	Longitude	Acreage	Owner

2. If this is a new discharge, list all environmental control permits or approvals needed for this project; for example, SEPA review, engineering reports, hydrogeologic reports, , , or air emissions permits.

SEPA Review, Engineering Report
Walla Walla County Critical Aquifer Recharge Area Report, Grading Permit, and
Building Permit

3. Attach an original United States Geological Survey (USGS) 7.5 minute topographic map and aerial photograph(s) from an internet mapping site that shows the processing facility and sprayfield site(s). **USGS topographical maps are available from the Department of Natural Resources (360 902-1234), Metsker Maps (206 588-5222), some local bookstores, and internet sites.** Show the following on this map:
 - a. Location and name of internal and adjacent streets.
 - b. Surface water drainage systems within ¼ mile of the site.
 - c. All wells within 1 mile of the site.
 - d. Wastewater discharge points.
 - e. Land uses and zoning adjacent to the wastewater application site.
 - f. Groundwater gradient.
4. Describe the soils on the site using information from local soil survey reports. **Soils information is available from your local County Conservation District or from information contained in the sites hydrogeologic report.** *(Submit on separate sheet and label as attachment G.4.)*
5. Describe the local geology and hydrogeology within one mile of the site. Include any groundwater quality data. **The local library or local Soil Conservation Service may have this information.** *(Submit on separate sheet and label as attachment G.5.)*
6. List the names and addresses of contractors or consultants who provided information and cite sources of information by title and author.

Refer to Appendix I of
Engineering Report

SECTION H. STORMWATER

1. Do you have coverage under the Washington State Industrial Stormwater NPDES General permit? ☒ YES ☐ NO
If yes, please list the permit number here. WAR001131

If no, have you applied for coverage under the Washington State Industrial Stormwater NPDES general permit? ☐ YES ☐ NO

Note: If you answered "no" to both questions above, complete the following questions 2 through 8.

2. Describe the size of the stormwater collection area.
- a. Unpaved area _____ sq.ft.
 - b. Paved area _____ sq.ft.
 - c. Other collection areas (roofs) _____ sq.ft.
3. Does your facility's stormwater discharge to: *(Check all that apply)*
- ☐ Storm sewer system; name of storm sewer system *(operator)*:
 - ☐ Sanitary sewer
 - ☐ Directly to surface waters of Washington State *(e.g., river, lake, creek, estuary, ocean)*.
Specify waterbody name _____
 - ☐ Indirectly to surface waters of Washington State *(i.e., flows over adjacent properties first)*.
 - ☐ Directly to ground waters of Washington State via:
 - ☐ Dry well
 - ☐ Drainfield
 - ☐ Other
4. Areas with industrial activities at facility: *(check all that apply)*
- ☐ Manufacturing building
 - ☐ Material handling
 - ☐ Material storage
 - ☐ Hazardous waste treatment, storage, or disposal *(refers to RCRA, Subtitle C facilities only)*
 - ☐ Waste treatment, storage, or disposal
 - ☐ Application or disposal of wastewaters
 - ☐ Storage and maintenance of material handling equipment
 - ☐ Vehicle maintenance
 - ☐ Areas where significant materials remain
 - ☐ Access roads and rail lines for shipping and receiving
 - ☐ Other _____

5. Material handling/management practices

a. Types of materials handled and/or stored outdoors: *(check all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> <input type="checkbox"/> Solvents | <input type="checkbox"/> <input type="checkbox"/> Hazardous wastes |
| <input type="checkbox"/> <input type="checkbox"/> Scrap metal | <input type="checkbox"/> <input type="checkbox"/> Acids or alkalies |
| <input type="checkbox"/> <input type="checkbox"/> Petroleum or petrochemical products | <input type="checkbox"/> <input type="checkbox"/> Paints/coatings |
| <input type="checkbox"/> <input type="checkbox"/> Plating products | <input type="checkbox"/> <input type="checkbox"/> Woodtreating products |
| <input type="checkbox"/> <input type="checkbox"/> Pesticides | <input type="checkbox"/> <input type="checkbox"/> Other <i>(please list)</i> : _____ |

b. Identify existing management practices employed to reduce pollutants in industrial storm water discharges: *(check all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> <input type="checkbox"/> Oil/water separator | <input type="checkbox"/> <input type="checkbox"/> Detention facilities |
| <input type="checkbox"/> <input type="checkbox"/> Containment | <input type="checkbox"/> <input type="checkbox"/> Infiltration basins |
| <input type="checkbox"/> <input type="checkbox"/> Spill prevention | <input type="checkbox"/> <input type="checkbox"/> Operational BMPs |
| <input type="checkbox"/> <input type="checkbox"/> Surface leachate collection | <input type="checkbox"/> <input type="checkbox"/> Vegetation management |
| <input type="checkbox"/> <input type="checkbox"/> Overhead coverage | <input type="checkbox"/> <input type="checkbox"/> Other <i>(please list)</i> : _____ |

6. Attach a map showing stormwater drainage/collection areas, disposal areas and discharge points. This may be a hand drawn map if no other site map is available. Label this as attachment H.8.

Stormwater is completely separate from domestic wastewater. Stormwater is regulated by WA Department of Ecology Permit Number WAR001131

SECTION I. OTHER INFORMATION

1. Describe liquid or solid wastes generated that are not disposed of in the waste stream(s) and describe the method of disposal. For each type of waste, provide type of waste, name, address, and phone number of hauler.

The facility is a beef slaughter operation that produces primal and subprimal cuts as well as performing rendering and hide curing. Process wastewater from the Facility is regulated through State Waste Discharge Permit Number ST0005335, and is completely separate from the domestic wastewater system.

2. Describe any storage areas used for raw materials, products, and wastes.

Process wastewater is treated and stored in a lagoon system prior to land treatment. See State Waste Discharge Permit Number ST0005335 for more information.

Summary of attachments that may be required for this application:

(Please check those attachments that are included)

- ☒ C.2. Production schematic flow diagram and water balance See Figure 4-1 and Table 4-3 of Engineering Report
- ☒ C.4. Wastewater treatment improvements See Figure 4-2 and Section 4.0 of Engineering Report
- ☐ C.7. Additional incidental materials
- ☒ E.4. Additional results of effluent testing See Appendix D of Engineering Report
- ☐ G.1. Copies of land use contracts
- ☒ G.3. USGS topographical map See Figure 2-1 and Appendix I, Figure 2 of Engineering Report
- ☒ G.4. Soils description See Appendix I of Engineering Report
- ☒ G.5. Local geology and hydrology See Appendix I of Engineering Report
- ☐ H.8. Stormwater drainage map See Ecology Permit Number WAR001131

If you need this document in a format for the visually impaired, call the Water Quality Program at 360-407-6600. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.