



Fresh Fruit Packing General Permit Coverage Modification Due to Change in Operations

CENTRAL REGION OFFICE
EMAIL RECEIVED
JANUARY 21, 2021

This form must be completed and submitted **prior** to any operational changes that will result in the addition or elimination of a Treatment/Disposal Method (TDM) or a significant change in wastewater characteristics or volume. Depending upon the complexity of the change, you may need to submit a new *Application for Permit Coverage*. Send completed forms to appropriate region.

Central Region Counties: Okanogan, Chelan, Douglas, Kittitas, Yakima, Benton, Klickitat

Eastern Region Counties: Grant, Ferry, Stevens, Pend Oreille, Lincoln, Spokane, Adams, Whitman, Franklin, Walla Walla, Columbia, Asotin, Garfield

Send to:

ATTN: MARCIA PORTER
WASHINGTON STATE DEPARTMENT OF ECOLOGY
CENTRAL REGIONAL OFFICE
1250 WEST ALDER STREET
UNION GAP, WA 98903-0009

Send to:

ATTN: ANNIE SIMPSON
WASHINGTON STATE DEPARTMENT OF ECOLOGY
EASTERN REGIONAL OFFICE
4601 N MONROE
SPOKANE WA 99205-1295

For questions, please call: 509-454-7864

For questions, please call: 509-329-3565

Complete the following General Information and Certification Statement

Permit Number WAG435289	Company Name PIEPEL LAND HOLDINGS	Facility Name (if different) PIEPEL PREMIUM FRUIT STORAGE	
Street /PO Box:	Mailing Address (check if new <input type="checkbox"/>) 1110 WEBB PL S	Facility Location 11 CHEHALIS ST.	
	City/State/Zip: EAST WENATCHEE, WA 98802	WENATCHEE, WA 98801	
Person familiar with information in request:	Name TONY WALTON	Title MANAGER	Phone (509)468-2706

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, the information submitted is to the best of my knowledge, 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.

Name (printed or typed) TONY WALTON	Title MANAGER
Signature* 	Date Signed 1/20/21

*This document 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 or owner. If these titles do not apply to your organization, the application is to be signed by the person who makes budget decisions for this facility

For office use only:

DESCRIPTION OF CHANGE IN OPERATION

Modification of permit coverage is requested for the following reasons (check all that apply):

- Add or discontinue use of a Treatment/Disposal Method (TDM)
- Add or discontinue a wastewater discharge
- Add or discontinue use of a chemical
- Facility expansion
- Other (specify) _____

Give a brief description of the project or proposed change(s) in the box below. Attach additional sheets if needed.

Building AND STRUCTURES ARE EXISTING. WE ARE TAKING (4) COLD STORAGE ROOMS OUT OF SERVICE TO BUILD A NEW CHERRY PACKING LINE AND A NEW APPLE PACKING LINE.

SEE ATTACHED DRAWINGS:

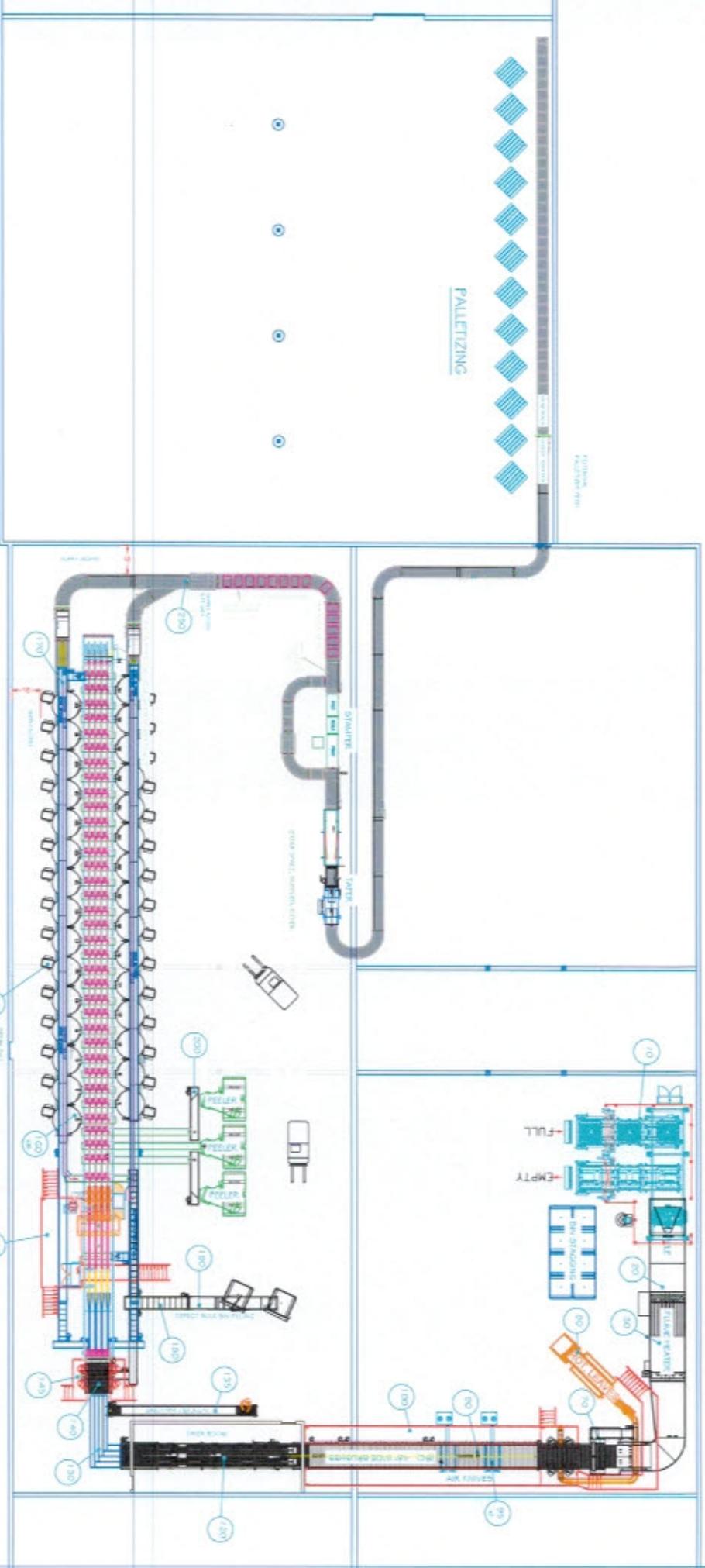
WASHING/WAXING PRODUCTS WITH OR W/OUT CHLORINE-BASED PRODUCTS - TBZ WILL BE USED. MAY INCLUDE PAA, BUFFERS AND NON-CHLORINE BASED SANITIZERS.

Cc (completed form): Facility Manager

Permit Coordinator

Fee Unit, HQ

If you need this document in a format for the visually impaired, call the Water Quality Program at 360-407-6401. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.

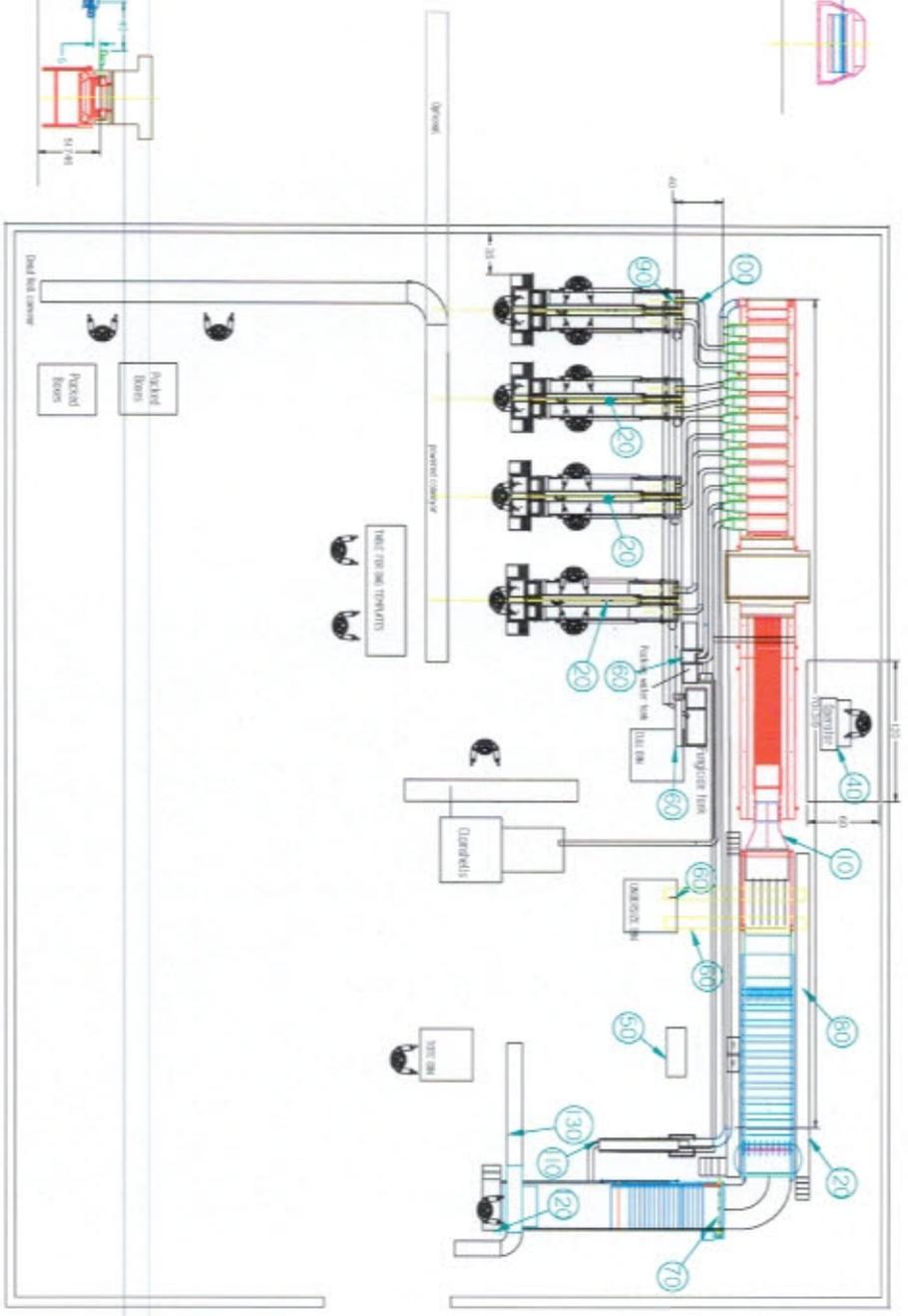
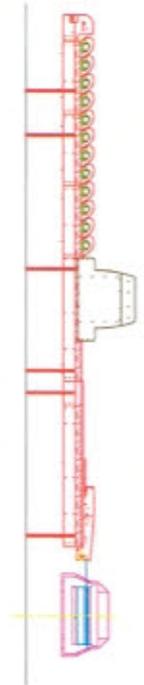


Koblu
 Manufacturing Solutions LLC

PROJECT: GOMART TO PACK LINE
 FACILITY: COLUMBIA ST. FACILITY
 PRODUCT: PREMIUM HARVEST

DATE: 12/17/2020
 DRAWING NO.: 20-004-013

ARCH "D"



ITEM #		DESCRIPTION
10	1	ELIMINATION TO GRADES WAY
20	1	SCOT TABLES
30	1	W/290 II LANE 12 DISC
40	1	OPERATOR
50	1	MOTION CONTROL CENTER
60	1	DEWATERING TOWAPER CENTER
70	1	DEEP WATER TOWAPER CENTER TO SHIPPER
80	1	CLUSTER CUTTER
90	1	CULT FLUME
100	1	WATER CATCH
110	1	RETURN ELEVATOR
120	1	CATWALK
130	1	AUTOTRIPPER


CHIERIBIS & PAACKOWSKI INC.
 10000 15th Avenue S.W.
 Seattle, WA 98148
 Phone: (206) 835-1111
 Fax: (206) 835-1112
 Website: www.chieribis.com

Project: **ARCH "D"**
 Date: **10/1/2011**
 Scale: **1/4" = 1'-0"**
 Sheet: **101**
 Rev: **0**

1. PUBLICLY-OWNED TREATMENT WORKS (POTW)

A POTW is a municipal or regional wastewater treatment plant.

A. Will there be any wastewater discharges (other than sanitary) from this facility to a POTW

YES NO

If yes, complete the following table and have the relevant certifications signed by the appropriate authorities.

Name of POTW:	CITY OF WENATCHEE - WASTE WATER
ID Numbers (Section B):	001, 002

B. POTW Certification

If wastewater other than sanitary wastewater is discharged or will be discharged to a POTW, the following certification must be signed by the proper POTW authority.

Name of POTW:	CITY OF WENATCHEE - WASTE WATER TREATMENT
Address (Street/City/State/Zip):	201 N. WORTHEN WENATCHEE, WA 98801
POTW Authority Name:	Jessica Shaw
POTW Authority Title:	Deputy Public Works Director - Utilities
POTW Authority Signature:	Jessica M Shaw
Date Signed:	1/21/21

Certification Statement for POTW authority - I have reviewed this application and based upon that review, I have determined that the POTW specified above has adequate hydraulic and treatment capacity to accept the flows from this facility as described in this application.

C. Contributory Collection System Certification

A contributory collection system is a system that provides no treatment, but only collects wastewater and then discharges it into a separate wastewater treatment system. An example of such a system is the Union Gap Collection System that discharges to the Yakima Regional Wastewater Treatment System (Yakima POTW). If wastewater other than sanitary wastewater is discharged or will be discharged to a contributory collection system, the following certification must be signed by the proper contributory collection system authority.

Name of Contributory Collection System:	
Address (Street/City/State/Zip):	
Collection System Authority Name:	
Collection System Authority Title:	
Collection System Authority Signature:	
Date Signed:	

Certification Statement for collection system authority - I have reviewed this application and based upon that review, I have determined that the POTW specified above has adequate hydraulic and treatment capacity to accept the flows from this facility as described in this application.