



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

**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) <b>TONY WALTON</b>	Title <b>MANAGER</b>
Signature* 	Date Signed <b>1/20/21</b>

\*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.





[illegible]



# 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.