DEPARTMENT OF ECOLOGY
State of Washington

Application for a State Waste Discharge Permit to Discharge Industrial Wastewater to a Publicly-Owned Treatment Works (POTW)

WQ 1.2

This application is for a state waste discharge permit for a discharge of industrial wastewater to a publicly-owned treatment works (POTW) as required by Chapter 90.48 RCW and Chapter 173-216 WAC. It is designed to provide Ecology with information on pollutants in the waste stream, materials that may enter the waste stream, and the flow characteristics of the discharge.

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.

SECTION A. GENERAL INFORMATION

1. Applicant Name: National Food

2. Facility Name: National Food - Egg Products Division
(if different from Applicant)

3. Applicant Mail Address: 808-134th St. SW, Bldg B, Suite 116
Street

Everett WA — 98204
City/State — Zip

4. Facility Location Address: 16900 51st. Ave NE
(if different from 3 above) Street

Arlington WA — 98223
City/State — Zip

5. UBI No. 600 140 803

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 facility as decimal degrees (NAD83/WGS84):
48 2' 00" / 122 07' 00"

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FOR OFFICE USE ONLY	Check One:	New/Renewal ☐	Modification ☐
Date Application Received ____	Date Fee Paid ____	Application/ Permit No. ____	Date Application Accepted ____

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

Margaret Sells	QA Manager
Name	Title
360-659-6251 ext 235	360-659-0466
Telephone number	Fax number

8. Check One:

☒ **Permit Renewal** (including renewal of temporary permits)

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: _____

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.

Signature*	May 4, 2015	President
	Date	Title

Brian Bookey
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

1. 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: Egg Product Processing and Packaging; SIC Code 0252

2. List raw materials and products used at his facility:

Type	RAW MATERIALS	Quantity
Grapes (Example)		*1,000 tons per year*
Shell Eggs		73,540 lbs/day
Salt		586 lbs/day
Sugar		150 lbs/day
Corn Syrup		66 lbs/week
Citric Acid		<60 lbs/week
Type	**PRODUCTS**	**Quantity**
Grape Juice(Example)		*300,000 gallons per year*
Egg Products		74,342 lbs/day
Inedible Eggs		18,012 lbs/day

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 an ID # and describe whether it is a batch or continuous flow.

Process	Waste Stream Name	Waste Stream ID#	Batch (B) or Continuous (C) Process
See attachment C-1 & C-2			

2. On a separate sheet, produce a schematic drawing showing production processes, water flow through the facility, wastewater treatment devices and waste streams as named above. The drawing should indicate the source of intake water and show the operations contributing wastewater to the effluent. The treatment units should be labeled. Construct a water balance by showing average flows between intakes, operations, treatment units, and points of discharge to the POTW. *(See the example on page 16 of this application form.)*

3. What is the maximum daily wastewater discharge flow? 67800 gallons/day

   What is the maximum average monthly wastewater discharge flow (daily flows averaged over a month)? 37202 gallons/day

4. Describe any planned wastewater treatment improvements or changes in wastewater disposal methods, and the schedule for these improvements. *(Use additional sheets, if necessary and label as attachment C4.)*

   Installation of a new Wastewater Control System: 08/2015
   Installation of a second, backup pH Chart Recorder: 05/2015

5. If production processes are subject to seasonal variations, provide the following information. The combined value for each month should equal the estimated total monthly flow. Please indicate the proper flow 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
Estimated Total Monthly Flow (GPD)												

6. How many hours a day does this facility typically operate? 11

How many days a week does this facility typically operate? 5

How many weeks per year does this facility typically operate? 52

7. 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 pounds for solids).* For solvents and solvent-based cleaners, include a copy of the material safety data sheet and estimate the quantity used. (*Use additional sheets, if necessary, and label as attachment C.7.)*

Materials/Quantity Stored: See Attachment C-7

		Yes	No
8.	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)?	☒	☐
b.	An Oil Spill Contingency Plan (chapter 173-182 WAC)?	☐	☒
c.	An emergency response plan (per WAC 173-303-350)?	☐	☒
d.	A runoff, spillage, or leak control plan (per WAC 173-216-110(f))?	☐	☒
e.	Any spill or pollution prevention plan required by local, state or federal authorities? If yes specify: _____	☐	☒
f.	A solid waste control plan?	☒	☐
g.	A Slug Discharge Control Plan (40 CFR 403.8(f)(2)(v))?	☒	☐

SECTION D. WATER CONSUMPTION AND WATER LOSS

1. Potable water source(s):

☒ Public System (Specify) City of Marysville

☐ Private Well ☐ Surface Water

a. Water Right Permit Number: _____

b. Legal Description of Water Source

_____ ¼S, _____ ¼E, _____, Section, _____ TWN, _____ R

2. Potable water use

a. Indicate total water use___

Gallons per day (average) 29384

Gallons per day (maximum) 67800

b. Is water metered?

☒ YES ☐ NO

SECTION E. WASTEWATER INFORMATION

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

   Intake: Flow Meter

   Effluent Flow Meter

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

   24-hour flow weighted automatic sampler for BOD and TSS. Continuous pH meter for pH.

3. Has the effluent been analyzed for any other parameters than those identified in question E.4.? ☐ Y If yes, attach results and label as attachment E.4. This data must clearly show the date, method and locat *Ecology may require additional testing.)*

4. Provide measurements or range of measurements for treated wastewater prior to discharge to the POTW an "X" in the left column. If you obtain the application from the internet, contact Ecology's regional offi subset of these parameters is permissible. All analyses (except pH) must be conducted by a laboratory re Ecology (WAC 173-216-125). If this is an application for permit renewal, provide data for the last year f are routinely measured. For parameters measured only for this application, place the values under "Maxi 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 (table unless Ecology approves an alternate method or the method used produces measurable results in the listed it as an EPA approved method in 40 CFR Part 136. If the Permittee uses an alternative method as a 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 Meth Std. Methods 19th edition or EP/
		Minimum	Maximum	Average		
	BOD (5 day)	23.1	1653.9	403.9	63	SM 5210 B
	COD					SM 5220 D
	Total suspended solids	22.0	668.9	136.6	65	SM 2540 D
	Fixed Dissolved Solids					SM 2540 E
	Total dissolved solids					SM 2540 C
	Conductivity (micromhos/cm)					SM 2510 B
	Ammonia-N as N					SM 4500-NH_3 (
	pH	5.46	10.00	7.94	Continuous	SM 4500-H
	Fecal coliform (organisms/100 mL)					SM 9221 E or 922
	Total coliform (organisms/100 mL)					SM 9221 B or 922
	Dissolved oxygen					SM 4500-O C/(
	Nitrate + nitrite-N as N					SM 4500-NO_3 E
	Total kjeldahl N as N					SM 4500-N_{org} C/E
	Ortho-phosphate-P as P					SM 4500-P E/F
	Total-phosphorous-P as P					SM 4500-P E/P.
	Total Oil & grease					EPA 1664A
	NWTPH - Dx					Ecology NWTPH
	NWTPH - Gx					Ecology NWTPH
	Calcium					EPA 200.7
	Chloride					SM 4500-Cl C
	Fluoride					SM 4500-F E
	Magnesium					EPA 200.7
	Potassium					EPA 200.7
	Sodium					EPA 200.7
	Sulfate					SM 4500-SO_4 C/
	Arsenic(total)					EPA 200.8

X	Parameter	Measurement Values			Number of Analyses	Analytical Meth Std. Methods 19th edition or EP
		Minimum	Maximum	Average		
	Barium (total)					EPA 200.8
	Cadmium (total)					EPA 200.8
	Chromium (total)					EPA 200.8
	Copper (total)					EPA 200.8
	Lead (total)					EPA 200.8
	Mercury (total) pg/L					EPA 1631E
	Molybdenum(total)					EPA 200.8
	Nickel(total)					EPA 200.8
	Selenium (total)					EPA 200.8
	Silver (total)					EPA 200.8
	Zinc (total)					EPA 200.8

6. Does this facility use any of the following chemicals as raw materials or produce them as part of process, or are they present in the wastewater? ☐ YES ☒ NO

(The number in the column next to the chemical name is the Chemical Abstract Service (CAS) rej in identifying the compound.)

If yes, specify how the chemical is used and the quantity used or produced:

METALS, CYANIDE & TOTAL PHENOLS			
Antimony, Total	7440-36-0	Nickel, Total	7440-02-0
Arsenic, Total	7440-38-2	Selenium, Total	7782-49-2
Beryllium, Total	7440-41-7	Silver, Total	7440-22-4
Cadmium, Total	7440-43-9	Thallium, Total	7440-28-0
Chromium (hex) dissolved	18540-29-9	Zinc, Total	7440-66-6
Chromium, Total	7440-47-3		
Copper, Total	7440-50-8	Cyanide, Total	57-12-5
Lead, Total	7439-92-1	Cyanide, Weak Acid Dissociable	
Mercury, Total	7439-97-6)	Phenols, Total	

PESTICIDES			
Aldrin	309-00-2	Endrin	72-20-8
alpha-BHC	319-84-6	Endrin Aldehyde	7421-93-4
beta-BHC	319-85-7	Heptachlor	76-44-8
gamma-BHC	58-89-9	Heptachlor Epoxide	1024-57-3
delta-BHC	319-86-8	PCB-1242	53469-21-9
Chlordane	57-74-9	PCB-1254	11097-69-1
4,4'-DDT	50-29-3	PCB-1221	11104-28-2
4,4'-DDE	72-55-9	PCB-1232	11141-16-5
4,4' DDD	72-54-8	PCB-1248	12672-29-6
Dieldrin	60-57-1	PCB-1260	11096-82-5
alpha-Endosulfan	959-98-8	PCB-1016	12674-11-2
beta-Endosulfan	33213-65-9	Toxaphene	8001-35-2
Endosulfan Sulfate	1031-07-8		

VOLATILE COMPOUNDS			
Acrolein	107-02-8		
Acrylonitrile	107-13-1	1,1-Dichloroethylene	75-35-4
Benzene	71-43-2	1,2-Dichloropropane	78-87-5
Bromoform	75-25-2	1,3-dichloropropene (mixed isomers) (1,2-dichloropropylene)	542-75-6
Carbon tetrachloride	56-23-5	Ethylbenzene	100-41-4
Chlorobenzene	108-90-7	Methyl bromide (Bromomethane)	74-83-9
Chloroethane	75-00-3	Methyl chloride (Chloromethane)	74-87-3
2-Chloroethylvinyl Ether	110-75-8	Methylene chloride)	75-09-2
Chloroform	67-66-3	1,1,2,2-Tetrachloroethane	79-34-5
Dibromochloromethane	124-48-1	Tetrachloroethylene	127-18-4
1,2-Dichlorobenzene	95-50-1	Toluene (108-88-3)	
1,3-Dichlorobenzene	(541-73-1)	1,2-Trans-Dichloroethylene (Ethylene dichloride)	156-60-5
1,4-Dichlorobenzene	106-46-7	1,1,1-Trichloroethane	71-55-6
Dichlorobromomethane	75-27-4	1,1,2-Trichloroethane	79-00-5
1,1-Dichloroethane	75-34-3	Trichloroethylene	79-01-6
1,2-Dichloroethane	107-06-2	Vinyl chloride	75-01-4

ACID COMPOUNDS			
2-Chlorophenol	95-57-8	4-nitrophenol	100-02-7
2,4-Dichlorophenol	120-83-2	Parachlorometa cresol (4-chloro-3-methylphenol)	59-50-7
2,4-Dimethylphenol	105-67-9	Pentachlorophenol	87-86-5
4,6-dinitro-o-cresol (2-methyl-4,6,-dinitrophenol)	534-52-1	Phenol	108-95-2
2,4 dinitrophenol	51-28-5	2,4,6-Trichlorophenol	88-06-2
2-Nitrophenol	88-75-5		

BASE/NEUTRAL COMPOUNDS (compounds in bold are Ecology PBTs)			
Acenaphthene	83-32-9	3,3-Dichlorobenzidine	91-94-1
Acenaphthylene	208-96-8	Diethyl phthalate	84-66-2
Anthracene	120-12-7	Dimethyl phthalate	131-11-3
Benzidine	92-87-5	Di-n-butyl phthalate)	84-74-2
Benzyl butyl phthalate	85-68-7	2,4-dinitrotoluene	121-14-2
Benzo(*a*)anthracene	56-55-3	2,6-dinitrotoluene	606-20-2
Benzo(b)fluoranthene (3,4-benzofluoranthene)	205-99-2	Di-n-octyl phthalate	117-84-0
Benzo(j)fluoranthene	**205-82-3**	1,2-Diphenylhydrazine (*as Azobenzene*)	122-66-7
Benzo(k)fluoranthene (11,12-benzofluoranthene)	207-08-9	Fluoranthene	206-44-0
Benzo(r,s,t)pentaphene	**189-55-9**	Fluorene	86-73-7
Benzo(*a*)pyrene	50-32-8	Hexachlorobenzene	118-74-1
Benzo(*ghi*)Perylene	191-24-2	Hexachlorobutadiene	87-68-3
Bis(*2-chloroethoxy)*methane	111-91-1	Hexachlorocyclopentadiene	77-47-4
Bis(*2-chloroethyl*)ether	111-44-4	Hexachloroethane	67-72-1
Bis(*2-chloroisopropyl*)ether	39638-32-9	Indeno(*1,2,3-cd*)Pyrene	193-39-5
Bis(*2-ethylhexyl*)phthalate	117-81-7	Isophorone	78-59-1
4-Bromophenyl phenyl ether	101-55-3	**3-Methyl cholanthrene**	**56-49-5**
2-Chloronaphthalene	91-58-7	Naphthalene	91-20-3
4-Chlorophenyl phenyl ether	7005-72-3	Nitrobenzene	98-95-3
Chrysene	218-01-9	N-Nitrosodimethylamine	62-75-9
Dibenzo (a,j)acridine	**224-42-0**	N-Nitrosodi-n-propylamine	621-64-7
Dibenzo (a,h)acridine	**226-36-8**	N-Nitrosodiphenylamine	86-30-6
Dibenzo(a-*h*)anthracene (1,2,5,6-dibenzanthracene)	53-70-3	**Perylene**	**198-55-0**
Dibenzo(a,e)pyrene	192-65-4	Phenanthrene	85-01-8
Dibenzo(a,h)pyrene	189-64-0	Pyrene	129-00-0
		1,2,4-Trichlorobenzene	120-82-1

7. Are any other pesticides, herbicides or fungicides used at this facility? ☒ YES ☐ NO

If yes, specify the material and quantity used:

Rodent glue boards inside the building and sealed rodenticide bait stations outside the building.

8 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 as Attachment E8):

9. Is the wastewater being discharged, or proposed for discharge, to the POTW designated as a dangerous waste according to the procedures in Chapter 173-303 WAC?

☐ YES ☒ NO ☐ DON'T KNOW

10. If the answer to question 9 above is yes, how did the waste designate as a dangerous waste *(check appropriate box)*?

For Listed and TCLP Characteristic Wastes only, also provide the Dangerous Waste Number(s).

Listed Waste ☐ Dangerous Waste Number(s) ____

Characteristic Wastes Dangerous Waste Number(s) ____

- Ignitable ☐
- Reactive ☐
- Corrosive ☐
- TCLP ☐

State Only Dangerous Wastes Dangerous Waste Number(s) ____

- Toxicity ☐
- Persistent ☐

For questions about waste designation under the *Dangerous Waste Regulations*, Chapter 173-303 WAC, contact Ecology's Hazardous Waste and Toxics Program at:

Northwest Regional Office - Bellevue	(425) 649-7000
Southwest Regional Office - Lacey	(360) 407-6300
Central Regional Office - Yakima	(509) 575-2490
Eastern Regional Office - Spokane	(509) 329-3400

SECTION F. SEWER INFORMATION

1. Is an inspection and sampling manhole or similar structure available on-site? ☒ YES ☐ NO
   If yes, attach a map or hand drawing of the facility that shows the location of these structures (Label as attachment F1 or this may be combined with map in H8, if H8 is applicable to your facility.)

SECTION G. OTHER PERMITS

1. List all environmental control permits or approvals needed for this facility; for example, air emission permits.

None Known

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. _____

   If no, have you applied for a Washington State Stormwater Industrial Stormwater General Permit? ☐ YES ☒ NO

   If you answered no to both questions above, complete the following questions 2 through 5.

2. Does your facility discharge stormwater: *(Check all that apply)*

   ☐ To storm sewer system *(provide name of storm sewer system operator:* _____

   ☐ Directly to any surface waters of Washington State *(e.g., river, lake, creek, estuary, ocean).*

   Specify waterbody name(s) _____

   ☒ Indirectly to surface waters of Washington State *(i.e., flows over adjacent properties first).*

   ☐☐ To a Sanitary Sewer

   ☒ Directly to ground waters of Washington State via:

   ☒☐ Dry well

   ☐ Drainfield

   ☐ Other

3. 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 (please specify): _____

4. Material handling/management practices

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

☐	Solvents	☐	Hazardous Wastes
☐	Scrap Metal	☐	Acids or Alkalies
☐	Petroleum or Petrochemical Products	☐	Paints/Coatings
☐	Plating Products	☐	Woodtreating Products
☐	Pesticides	☐	Other *(please list)*: _____

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

☐	Oil/Water Separator	☐	Detention Facilities
☒	Containment	☐	Infiltration Basins
☒	Spill Prevention	☐	Operational BMPs
☐	Surface Leachate Collection	☐	Vegetation Management
☐	Overhead Coverage	☐	Other *(please list)*: _____

5. Attach a facility site 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 *(See example on page 16 of this application). Label this as attachment H.5.*

SECTION I. OTHER INFORMATION

1. Describe liquid wastes or sludges being generated by your facility that are not disposed of in the waste stream(s) and how they are being disposed of. For each type of waste, provide type of waste and the name, address, and phone number of the hauler.

   Egg residue sludge generated by wastewater tratment system is mixed with chicken manure and spread on fields as agricultural fertilizer.

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

   Raw Materials: Coolers and Dry Storage

   Products: Coolers, Freezer, and Refirgerated Storage Tanks

   Wastes: Covered Manure Containment Area

3. Have you designated the wastes described above according to the applicable procedures of Dangerous Waste Regulations, Chapter 173-303 WAC? ☐ YES ☒ NO

SECTION J. CERTIFICATIONS

1. **Approval by Publicly-Owned Treatment Works [required by WAC 173-216-070(4)(b)]**

I approve of the discharge as described in this application. The applicant is:

(Please check the appropriate box below.)

☒ A Significant Industrial User (see Definitions at the end of this Section)

☐ A Categorical Industrial User

☐ Neither of the above

Name and location of sewer system to which this project will be tributary:

Treatment Works Owner: City of Marysville

Street: 80 Columbia Ave. NE

City/State: Marysville, WA Zip: ~~98020~~ 98270

Signature of Treatment Works Authority — Date: 6-3-15 — Title: PW Superintendent

Printed Name: Doug Byde

2. **Application review by Intermediate Sewer Owner at point of discharge (if applicable)**

I hereby acknowledge that I have reviewed the application for discharge to this sewer system.

Name and location of sewer system to which this project will be tributary:

Sewer System Owner:

Street: Zip:

City/State:

Signature of Sewer System Authority — Date — Title

Printed Name

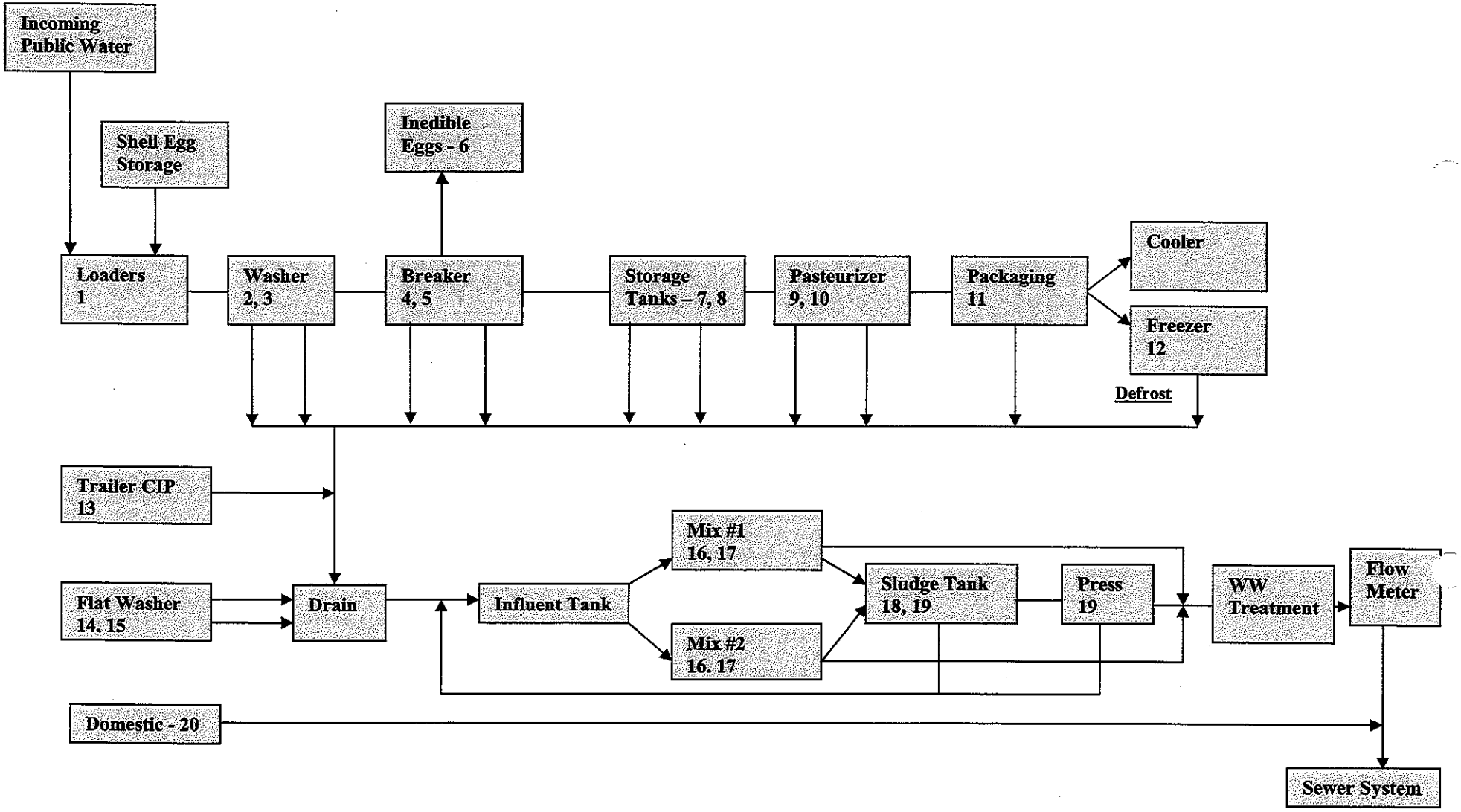
National Food – Egg Products Division

Form: ECY 040-177

Attachment C-1: Wastewater Summary

Process	Waste Stream Name	Waste Stream Id. #	Batch (B) or Continuous (C) Process	GPD
Loader	Washdown	1	B	300
Egg Washer	Overflow	2	C	4200
Egg Washer	Washdown	3	B	900
Breaker	Overflow	4	C	10000
Breaker	Washdown	5	B	1700
Inedible Eggs	Overflow	6	C	700
Storage Tanks	Overflow	7	C	500
Storage Tanks	Washdown	8	B	500
Pasteurizer	Overflow	9	C	350
Pasteurizer	Washdown	10	B	4000
Packaging	Washdown	11	B	250
Freezer	Defrost	12	B	100
Trailer CIP	Washdown	13	B	300
Flat Washer	Overflow	14	C	1000
Flat Washer	Washdown	15	B	800
Mixers	Overflow	16	C	1200
Mixers	Washdown	17	B	200
Sludge Tank	Overflow	18	C	200
Sludge Press	Overflow	19	C	400
Domestic	Washdown	20	B	1600
			Estimated Daily Water Usage	29200

Attachment C-2: Wastewater Chart



Attachment C-7: Incidental Materials

Chemical	Average Used per Week	Storage Only
Quadexx – 100		700 gallons
Quadexx – 200		55 gallons
Quadexx – 400		55 gallons
Quadexx – 500		55 gallons
Quadexx – 600		55 gallons
Quadexx – 700		700 gallons
Quadexx – 800		55 gallons
AC-30-E	43 gallons	
Mikroklene DF	94 gallons	
Super Kleen Shell	803 pounds	
Defoamer FG	153 gallons	
Vortexx	44 gallons	
Quorum Red II	53 gallons	
Ster-Bac Quat	70 gallons	
Ecocare 250	3 gallons	
Ecocare 360	2 liters	
Pathways	32 gallons	