

FEB 01 2022

WATER QUALITY PROGRAM

Application Id: 2247**Exemption Received:**
(Ecology use)**Facility Name:** WILD FLAVORS INC, DBA AM
TODD WEST**CNE Number:** CNE305626
(Ecology use)**Facility Address:** 1501 S Columbus Ave
Goldendale, WA 98620**Facility County:** Klickitat**Legal Responsible
Party Name:** Richard Nichols**Legal Responsible
Party Title:** Plant Manager**Legal Responsible
Party Email:** Richard.Nichols@adm.com**Legal Responsible
Party Phone:** 2692162683**Legal Responsible
Party Address:** 1717 Douglas Ave
Kalamazoo, MI 49007-1600**Company Name:** WILD FLAVORS INC DBA AM
TODD WEST**Certification of Permittee**

"I certify under penalty of law that I have read and understand the eligibility requirements for claiming a condition of "no exposure" and obtaining an exclusion from the industrial stormwater general permit.

I certify under penalty of law that there are no discharges of stormwater contaminated by exposure to industrial activities or materials from the industrial facility identified in this document/application [except as allowed under 40 CFR §122.26 (g)(2)].

I understand that I am obligated to submit a conditional no exposure exemption form once every five years to the Washington State Department of Ecology (Ecology) and, if requested, to the operator of the local municipal separate storm sewer system (MS4) into which the facility discharges (where applicable). I understand that I must allow Ecology (or MS4 operator where the discharge is into the local MS4) to perform inspections to confirm the condition of no exposure and to make such inspection reports publicly available upon request. I understand that I must obtain coverage under the industrial stormwater general permit prior to any changes at the facility that will result in exposure of stormwater to industrial activities.

I certify under penalty of law that this document/application and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based upon my inquiry of the person or persons who manage the system, or those persons directly involved in gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Richard L. Nichols / A.M. ToddPlant Manager

Printed Name / Company

Title

Richard L. Nichols24 JAN 22

Signature of Legal Responsible Party

Date

Please print, sign and mail this form to the following address:

Washington Department of Ecology - Stormwater
P.O. Box 47696
Olympia, WA 98504-7696



1350 Waconia Avenue SW
Cedar Rapids, IA 52404

319-398-0600

January 21, 2022

Washington Department of Ecology – Stormwater
PO Box 47696
Olympia, WA 98504-7696

DEPARTMENT OF ECOLOGY

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Re: Goldendale, WA Certificaton of No Exposure (CNE)

Enclosed is the wet ink cerfication form for the application to renew CNE 305626.

If you have any questions regarding the application or the certification page please contact me at rich.stephens@adm.com or call 319-398-0735.

Respectfully,

A handwritten signature in blue ink that reads "Rich Stephens".

Rich Stephens
Region 3 Area Environmental Manager
Archer Daniels Midland Company

Enc.