



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

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: Mikel Hansen, Chief Operating Officer Sabey Corp.

2. Facility Name: Intergate Columbia - Building A, B, D & E
(if different from Applicant)

3. Applicant Mail Address: 12201 Tukwila International Blvd. 4th Floor
Street

Seattle, WA 98168
City/State Zip

4. Facility Location Address: 4405 Grant Road
(if different from 3 above) Street

East Wenatchee, WA 98802
City/State Zip

5. UBI No. 6026388
91
6027122
37
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):
47.407645 / -120.188758

FOR OFFICE USE ONLY		Check One: New/Renewal <input type="checkbox"/> Modification <input type="checkbox"/>	
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:

John Smith, P.E.
Name

Vice President/Civil Engineer
Title

425-405-1509
Telephone number

425-259-3230
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: TBD

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.

Mikel Hansen

Mikel Hansen (Apr 8, 2022 13:59 PDT)

Signature*

4/8/2022

Date

Chief Operating Officer Sabey Corp

Title

Mikel Hansen

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:

Devlin Walt

Devlin Walt (Apr 11, 2022 11:32 PDT)

Signature of delegated employee

4/8/2022

Date

Building Engineer

Title or function at the facility

Devlin Walt

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: DATA CENTER
 COMPUTER FACILITIES MANAGEMENT SERVICES
 SIC 7376
 NAICS 541513

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

Type	RAW MATERIALS	Quantity
<i>Grapes (Example)</i>		<i>1,000 tons per year</i>
N/A		

Type	PRODUCTS	Quantity
<i>Grape Juice(Example)</i>		<i>300,000 gallons per year</i>
N/A		

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
NON CONTACT COOLING WATER	DUMP (TO POTW)	#1	BATCH
NON CONTACT COOLING WATER	DUMP (NURSERY SPRAYFIELD)	#2	BATCH
NON CONTACT COOLING WATER	DUMP (LANDSCAPE SPRAYFIELD)	#3	BATCH

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? 112,000 gallons/day
- What is the maximum average monthly wastewater discharge flow (daily flows averaged over a month)? 112,000 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.)*
- Sewage stream to be split from condensate discharge stream. Only condensate discharge shall be used for irrigation purposes. Proposed schedule for sprayfield improvements to be determined.

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
#1	30,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000
#2				28,000	28,000	28,000	28,000	28,000	28,000	28,000		
#3				27,000	54,000	54,000	54,000	54,000	54,000	27,000		
Estimated Total Monthly Flow (GPD)	30,000	30,000	30,000	85,000	112,000	112,000	112,000	112,000	112,000	85,000	30,000	30,000

6. How many hours a day does this facility typically operate? 24

How many days a week does this facility typically operate? 7

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: NONE

- | | 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)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. An Oil Spill Contingency Plan (chapter 173-182 WAC)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c. An emergency response plan (per WAC 173-303-350)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d. A runoff, spillage, or leak control plan (per WAC 173-216-110(f))? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e. Any spill or pollution prevention plan required by local, state or federal authorities? If yes specify: _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f. A solid waste control plan? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| g. A Slug Discharge Control Plan (40 CFR 403.8(f)(2)(v))? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

SECTION D. WATER CONSUMPTION AND WATER LOSS

1. Potable water source(s):

☒ Public System (Specify) East Wenatchee Water District

☐ Private Well

☐ Surface Water

a. Water Right Permit Number: N/A

b. Legal Description of Water Source

SE 1/4S, SW 1/4E, 10, Section, 22N TWN, 21E R

2. Potable water use

a. Indicate total water use_____

Gallons per day (average) 102,400

Gallons per day (maximum) 198,400

b. Is water metered?

☒ YES ☐ NO

SECTION E. WASTEWATER INFORMATION

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

Intake: METERED

Effluent METERED

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.

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.*)

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	Average	Maximum			
X	BOD (5 day)		<2 mg/L		1	SM 5210 B	/2 mg/l
	COD					SM 5220 D	/10 mg/l
X	Total suspended solids		<1 mg/L		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	
	Ammonia-N as N					SM 4500-NH ₃ C	/0.3 mg/L
X	pH		7.72		1	SM 4500-H	0.1 standard units
	Fecal coliform (organisms/100 mL)					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
	Total kjeldahl N as N					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
	Arsenic(total)					EPA 200.8	0.1/0.5 µg/l

X	Parameter	Measurement Values			Number of Analyses	Analytical Method Std. Methods 19 th ,20 th edition or EPA	Detection Limit/Quantitation Level
		Minimum	Average	Maximum			
	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
	Lead (total)					EPA 200.8	0.1/.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

6. Does this facility use any of the following chemicals as raw materials or produce them as part of the manufacturing 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) reference number to aid 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 <i>Azobenzene</i>)	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:

Lits of of herbicides and pesticides included in appendix as attachment E7.

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.

N/A

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): Data Center

4. Material handling/management practices

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

- | | |
|---|---|
| <input type="checkbox"/> Solvents | <input type="checkbox"/> Hazardous Wastes |
| <input type="checkbox"/> Scrap Metal | <input type="checkbox"/> Acids or Alkalies |
| <input checked="" type="checkbox"/> Petroleum or Petrochemical Products | <input type="checkbox"/> Paints/Coatings |
| <input type="checkbox"/> Plating Products | <input type="checkbox"/> Woodtreating Products |
| <input type="checkbox"/> Pesticides | <input type="checkbox"/> Other <i>(please list)</i> : _____ |

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Oil/Water Separator | <input checked="" type="checkbox"/> Detention Facilities |
| <input checked="" type="checkbox"/> Containment | <input checked="" type="checkbox"/> Infiltration Basins |
| <input checked="" type="checkbox"/> Spill Prevention | <input checked="" type="checkbox"/> Operational BMPs |
| <input type="checkbox"/> Surface Leachate Collection | <input checked="" type="checkbox"/> Vegetation Management |
| <input type="checkbox"/> Overhead Coverage | <input type="checkbox"/> Other <i>(please list)</i> : _____ |

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.

NONE

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

NONE

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

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: Douglas County Sewer District

Street: 692 Eastmont Ave.

City/State: East Wenatchee, WA Zip: 98802

Bernita Landers 4-14-2022 District Manager
Signature of Treatment Works Authority Date Title

Bernita Landers
Printed Name

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: _____

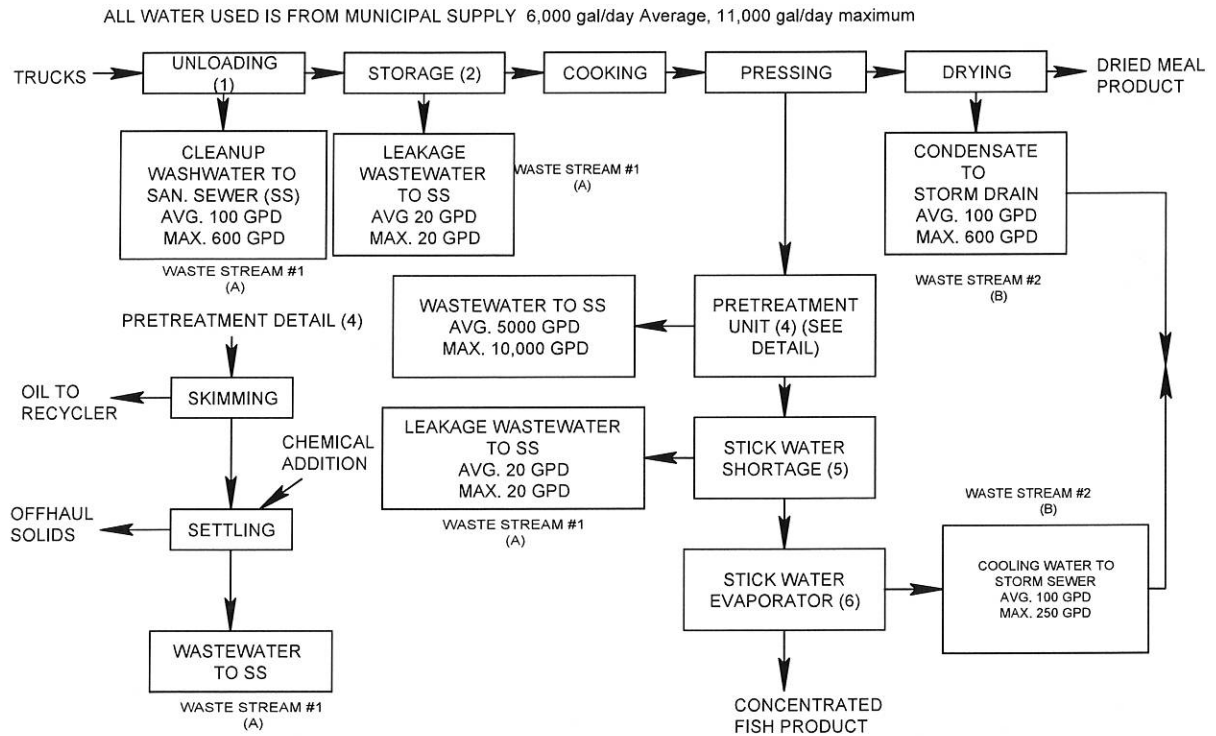
Street: _____

City/State: _____ Zip: _____

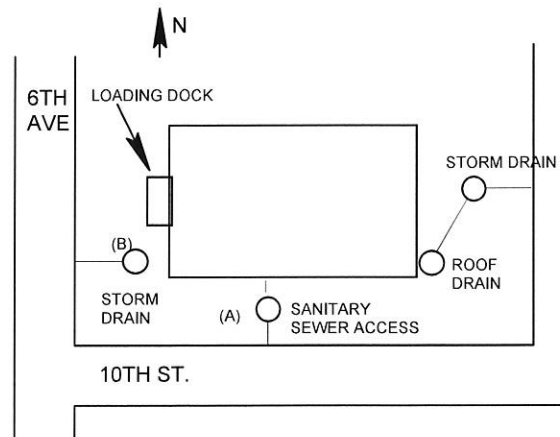
Signature of Sewer System Authority Date Title

Printed Name

Example 1 for application section C.2. (SCHEMATIC DIAGRAM)



Example 2 for application section F1 or H8 (FACILITY SITE MAP)



DEFINITIONS

Significant Industrial User (SIU)--

- 1) All industrial users subject to Categorical Pretreatment Standards under 40 CFR 403.6 and 40 CFR Chapter I, Subchapter N; and
- 2) Any other industrial user that: discharges an average of 25,000 gallons per day or more of process wastewater to the POTW (excluding sanitary, noncontact cooling, and boiler blow-down wastewater); contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the POTW treatment plant; or is designated as such by the Control Authority on the basis that the industrial user has a reasonable potential for adversely affecting the POTW's operation or for violating any pretreatment standard or requirement (in accordance with 40 CFR 403.8(f)(6)).

Upon finding that the industrial user meeting the criteria in paragraph 2, above, has no reasonable potential for adversely affecting the POTW's operation or for violating any pretreatment standard or requirement, the Control Authority may at any time, on its own initiative or in response to a petition received from an industrial user or POTW, and in accordance with 40 CFR 403.8(f)(6), determine that such industrial user is not a significant industrial user.

Control Authority - means the Washington State Department of Ecology in the case of non-delegated POTWs or means the POTW in the case of delegated POTWs.

Categoric Industrial User (CIU): An industrial user subject to national categorical pretreatment standards promulgated by EPA (40 CFR 403.6 and 40 CFR parts 405-471).

Summary of Attachments That May be Required for This Application:

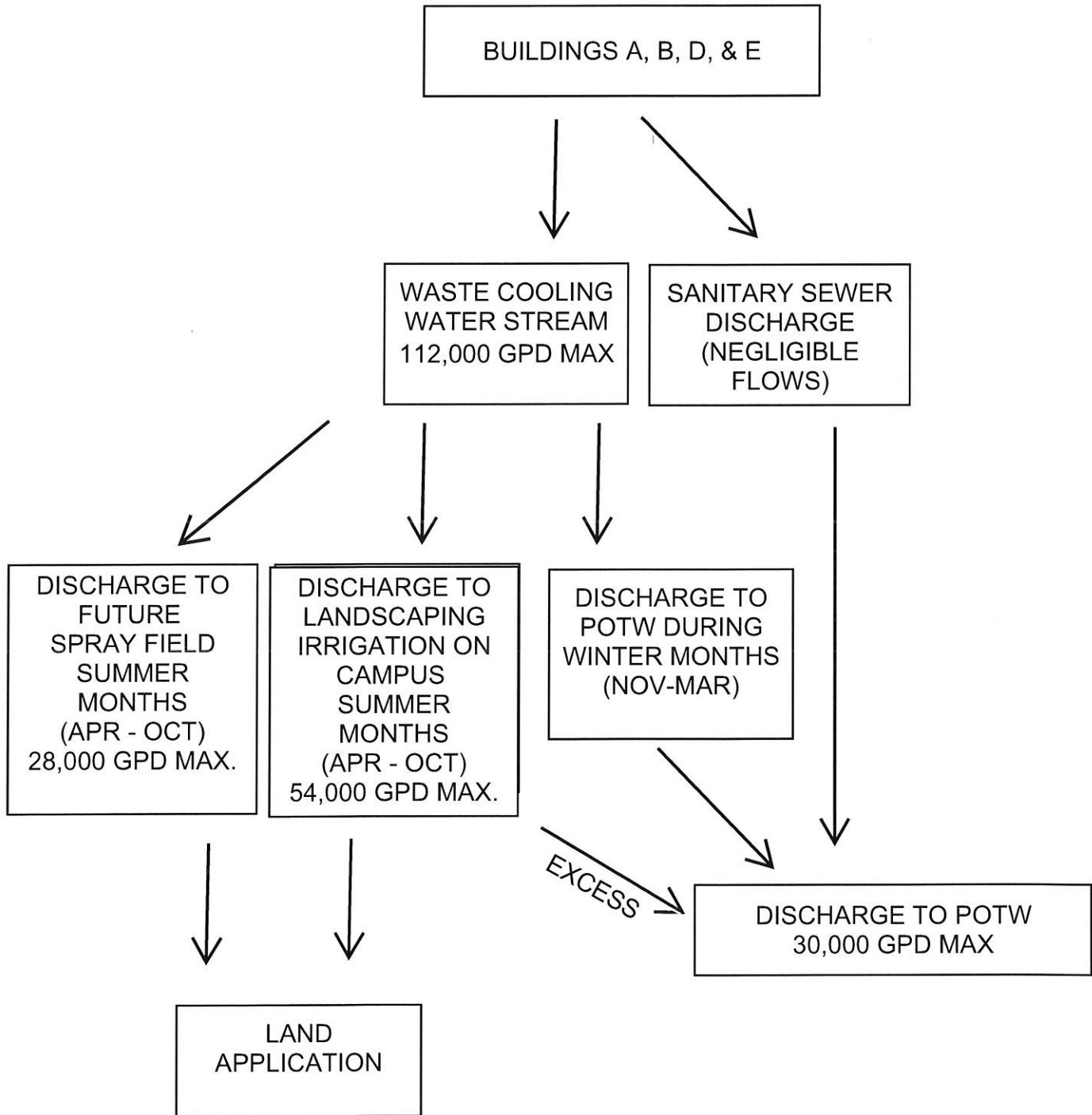
(Please check those attachments that are included)

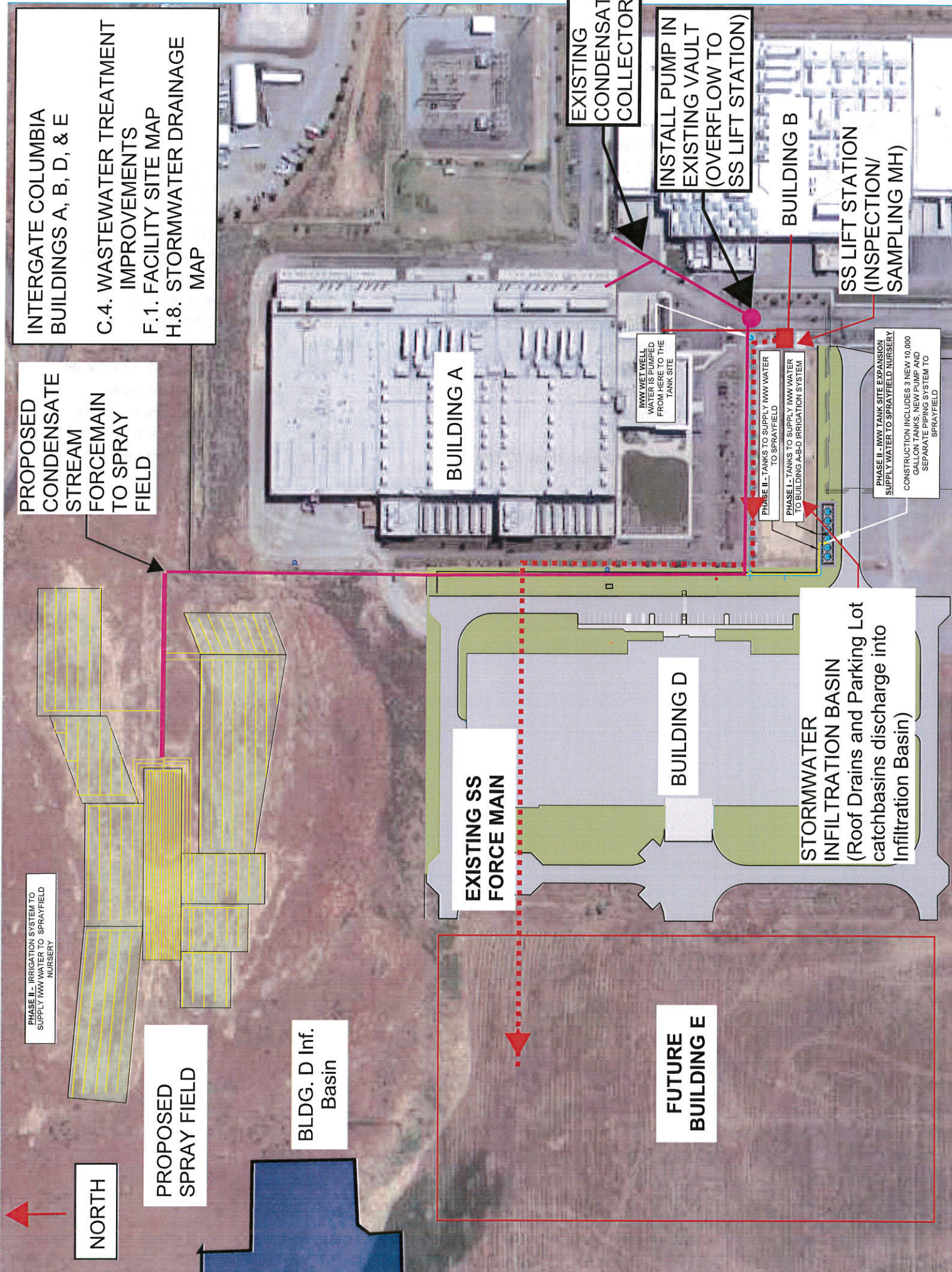
- | | | |
|-------------------------------------|------|---|
| <input checked="" type="checkbox"/> | C.2. | Production schematic flow diagram and water balance |
| <input checked="" type="checkbox"/> | C.4. | Wastewater treatment improvements |
| <input type="checkbox"/> | C.7. | Additional incidental materials |
| <input checked="" type="checkbox"/> | E.8. | Additional results of effluent testing |
| <input checked="" type="checkbox"/> | F.1. | Facility site map |
| <input checked="" type="checkbox"/> | H.5. | Stormwater drainage map |

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.

INTERGATE COLUMBIA
BUILDINGS A, B, D & E

C.2. PRODUCTION SCHEMATIC FLOW DIAGRAM AND WATER BALANCE





INTERGATE COLUMBIA
BUILDINGS A, B, D, & E

C.4. WASTEWATER TREATMENT
IMPROVEMENTS

F.1. FACILITY SITE MAP

H.8. STORMWATER DRAINAGE
MAP

PROPOSED
CONDENSATE
STREAM
FORCEMAIN
TO SPRAY
FIELD

PHASE II - IRRIGATION SYSTEM TO
SUPPLY IWW WATER TO SPRAYFIELD
NURSERY

NORTH

PROPOSED
SPRAY FIELD

BLDG. D Inf.
Basin

BUILDING A

EXISTING SS
FORCE MAIN

FUTURE
BUILDING E

BUILDING D

STORMWATER
INFILTRATION BASIN
(Roof Drains and Parking Lot
catchbasins discharge into
Infiltration Basin)

IWW WET WELL
WATER IS PUMPED
FROM HERE TO THE
TANK SITE

PHASE II - TANKS TO SUPPLY IWW WATER
TO SPRAYFIELD

PHASE I - TANKS TO SUPPLY IWW WATER
TO BUILDING A-B-D IRRIGATION SYSTEM

PHASE II - IWW TANK SITE EXPANSION
CONSTRUCTION INCLUDES 3 NEW 10,000
GALLON TANKS, NEW PUMP AND
SEPARATE PIPING SYSTEM TO
SPRAYFIELD

EXISTING
CONDENSAT
COLLECTOR

INSTALL PUMP IN
EXISTING VAULT
(OVERFLOW TO
SS LIFT STATION)

BUILDING B

SS LIFT STATION/
(INSPECTION/
SAMPLING MH)

CDA NT DD

NOT TO SCALE

E7. Additional
Herbicide/Pesticides

Sabey East

Active ingredients	Quantity	UOM	Purpose
18-0-2	139.2	Gal	Fertilizer Phos Free
Imidacloprid	38	oz	Insecticide
Mineral oil	0.75	gal	Insecticide
E-2 (39.53% 2,4-D, 5.90% Flurooxpyr, 4.10% Dicamba)	48	oz	Broadleaf Herbicide
Prodiamine	2.1	lbs	Preemergent herbicide
10-0-0 4% iron	58	lbs	Nutrient
Flumioxazan	28	oz	Preemergent herbicide
Horsepower (48.99% MCPA, 5.59%Triclopyr, 4.82% Dicamba)	116	oz	Broadleaf Herbicide
Bifenthrin	13.2	oz	Insecticide
Quinclorac	96	oz	Boadleaf/Grass herbicide
Clopyrolid	8	oz	Broadleaf Herbicide
Glyphosate	8	gal	Non selective herbicide
Dithiopyr	150	lbs	Preemergent herbicide
Piper (Flumioxazan 33.5%, Pyroxasulfone 42.5%)	30	oz	Preemergent herbicide



Sample Receipt Form

Date Received: 1/21/22 Time Received: 1520 Initials: LJ

Client Name: SABEY DATA CENTERS Project Name: WW

Temperature of cooler upon receipt: 7 °C Thermometer ID: #7

Custody seals: Intact Broken None N/A

Chain of Custody Completed:

Client name, address, and phone number;	<u>Yes</u>	No
Date and time of sampling;	<u>Yes</u>	No
Test requests clear;	<u>Yes</u>	No
Completed in ink;	<u>Yes</u>	No
Signed by client;	<u>Yes</u>	No

All samples received: Yes No

All samples intact: Yes No

Sample ID's match COC form: Yes No

Appropriate containers used: Yes No

Sufficient amount of sample for analysis: Yes No

Correct preservative verified: N/A Yes No

Air bubbles in VOC, TTHM, or HAA5 samples: N/A Yes No

Sample(s) exceed hold time: Yes No

Type of coolant: Ice Blue Ice None Other Comment: _____

Shipping Method: FedEx UPS USPS Brett & Sons Hand Delivered CAI Sampled

Shipping Container: E-CA Cooler E-CA Cooler Box Client's Cooler None Other _____

Samples accepted for analysis: Yes No

Reason for Rejection: _____

Name of Person Contacted: _____ Date Contacted: _____

Comments: _____



EUROFINS CASCADE ANALYTICAL

1-800-545-4206

(509) 662-1888
Fax: (509) 662-8183
3019 G. S. Center Road
Wenatchee, WA 98801

Batch: 232921
Client: Sabey Data Centers
Fax: (509) 452-7707
Account: 19636
1008 W. Ahtanum Rd.
Union Gap, WA 98958
Sampler: Calen Tanner
PO Number:

ATTACHMENT E.4
EFFLUENT TESTING

--- Water Analytical Report ---

Sabey Data Centers
4405 Grant RD
E Wenatchee, WA 98802

Report Date: 1/27/22

Laboratory Number: 22-E000622
Sample Identification: IGC

Date Received: 1/21/22
Date Sampled: 1/21/22

Test Requested	Results	Units	RL	Method	Date Analyzed	Flags
pH	7.72			SM 4500-H+ B	1/21/22	
Total Suspended Solids	< 1	mg/l	1.0	SM 2540-D	1/24/22	
Biological Oxygen Demand	< 2	mg/L	2	SM 5210 B	1/21/22	

Approved For: Kyle Johnson

Signature:

Function: Business Unit Manager

Eurofins-Cascade Analytical uses procedures established by EPA, AOAC, APHA, ASTM, and AWWA. Eurofins-Cascade Analytical makes no warranty of any kind. The client assumes all risk and liability from the use of these results. Results relate only to the items tested and the sample(s) as received by the laboratory. Eurofins-Cascade Analytical liability to the client as a result of use of the test results shall be limited to a sum equal to the fees paid by the client to Eurofins-Cascade Analytical for analysis. PLEASE REVIEW YOUR DATA IN A TIMELY MANNER. DATA GAPS OR ERRORS AFTER ONE MONTH WILL NOT BE OUR RESPONSIBILITY. THOUGH WE DO KEEP ALL ANALYTICAL DATA FOR SEVERAL YEARS, SAMPLES ARE DISPOSED OF AFTER SIX WEEKS.



3019 G. S. Center Rd.
Wenatchee, WA 98801
(509) 662-1888
Fax: (509) 662-8183
1-800-545-4206

1008 W. Ahtanum Rd.
Union Gap, WA 98903
(509) 452-7707
Fax: (509) 452-7773

WATER ANALYSIS ORDER FORM

Batch#	232921	SAMPLE #				
SEND RESULTS TO		1	2	3	4	5
1) Client 2) Billing 3) Both						
SAMPLE REPRESENTS						
1) Irrigation 2) Waste Water 3) Other						
SAMPLE BY						
1) Client 2) Quality Control 3) Cascade 4) Other						

New Acct. #

(see legend on back)

SAMPLE #

CLIENT NAME/ADDRESS
SABEY DATA CENTERS
4405 GRANT ROAD
EAST WENATCHEE, WA 98802
SAMPLER'S NAME
CALEN TANNER

BILLING NAME/ADDRESS
SABEY DATA CENTERS
12201 TUKWILA BLVD. 6TH FLOOR
SEATTLE, WA 98168
PHONE
(509) 699-3030

E-mail CALENT@SABEY.COM

E-mail

RELINQUISHED BY: (Signature) 1	DATE	RELINQUISHED BY: (Signature) 2	DATE	RELINQUISHED BY: (Signature) 3	DATE
<i>Calen Tanner</i>	01/21/22				
(Printed)	TIME	(Printed)	TIME	(Printed)	TIME
CALEN TANNER					
RECEIVED BY: (Signature)	DATE	RECEIVED BY: (Signature)	DATE	RECEIVED FOR LAB BY: (Signature)	DATE
				<i>Desiree Ay</i>	1-21-22
(Printed)	TIME	(Printed)	TIME	(Printed)	TIME
					16:02

FORM MUST BE COMPLETED BEFORE ANALYSIS WILL BE PERFORMED.

22-E00622	IGC	Sample Date	01-21-22
		Sample Time	2:15 PM
2		Sample Date	
		Sample Time	
3		Sample Date	
		Sample Time	
4		Sample Date	
		Sample Time	
5		Sample Date	
		Sample Time	

*METALS - circle type of analysis - T=total or D=dissolved

Total N package = TKN, NO₃, NO₂, NH₃

Sample container received by client was sealed Yes _____ No _____

Sample container received by laboratory was sealed Yes _____ No _____

Disclaimer:

Cascade Analytical, Inc., makes no warranty of any kind, expressed or implied, and customer assumes all risk and liability from the use of Cascade's test results. Cascade neither assumes nor authorizes any person to assume for Cascade any other liability in connection with the testing done by Cascade Analytical, Inc., and there are no other oral agreements or warranties collateral to or affecting this agreement.

Cascade Analytical Inc.'s liability to customer as a result of customers use of Cascade's test results shall be limited to a sum equal to the fees paid by customer to Cascade Analytical, Inc. for the testing work.

Customer Signature: *Calen Tanner*

Date 01-21-2022

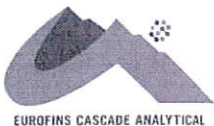
This form also serves as "Chain of Custody."

CAICOF - 03

ATTACHMENT E.4
EFFI LIENT TESTING

REV. 04/26/2013

IRRIGATION WATER	1	2	3	4	5
Standard					
GENERAL CHEMISTRY					
1135 pH	X				
1140 Conductivity					
1200 Solids-Dis. (TDS)					
1230 Solids-Susp. (TSS)	X				
1240 Tot. Phosphorus					
1250 Orthophosphate					
1260 Kjeldahl Nitrogen (TKN)					
1170 Nitrate+Nitrite					
1265 NO ₃ (As N)					
1280 Ammonia					
1300 Biol. Oxy. Demand	X				
1310 Chem. Oxy. Demand					
1190 Sulfate (SO ₄)					
1180 Chloride (Cl)					
1150 Turbidity					
1320 Hexane Ext. Mat.					
1340 Alkalinity					
217 Total N Pkg					
MICROBIOLOGY					
10040 Total Coliform MF					
10010 Fecal Coliform MF					
10041 Total Coliform MPN					
10011 Fecal Coliform MPN					
METALS - TOTAL OR DISSOLVED					
1391 Antimony (Sb)					
1011 Arsenic (As)					
1025 Barium (Ba)					
1405 Beryllium (Be)					
1031 Cadmium (Cd)					
1045 Chromium (Cr)					
1215 Copper (Cu)					
1065 Iron (Fe)					
1075 Manganese (Mn)					
1081 Mercury (Hg)					
1435 Molybdenum (Mo)					
1051 Lead (Pb)					
1335 Nickel (Ni)					
1091 Selenium (Se)					
1105 Silver (Ag)					
1381 Thallium (Tl)					
1225 Zinc (Zn)					
MINERALS					
1120 Calcium (Ca)					
1130 Magnesium (Mg)					
1115 Potassium (K)					
1110 Sodium (Na)					



Sample Receipt Form

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Temperature of cooler upon receipt: 7 °C Thermometer ID: #7

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Chain of Custody Completed:

Client name, address, and phone number;	<u>Yes</u>	No
Date and time of sampling;	<u>Yes</u>	No
Test requests clear;	<u>Yes</u>	No
Completed in ink;	<u>Yes</u>	No
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Appropriate containers used: Yes No

Sufficient amount of sample for analysis: Yes No

Correct preservative verified: N/A Yes No

Air bubbles in VOC, TTHM, or HAA5 samples: N/A Yes No

Sample(s) exceed hold time: Yes No

Type of coolant: Ice Blue Ice None Other Comment: _____

Shipping Method: FedEx UPS USPS Brett & Sons Hand Delivered CAI Sampled

Shipping Container: E-CA Cooler E-CA Cooler Box Client's Cooler None Other _____

Samples accepted for analysis: Yes No

Reason for Rejection: _____

Name of Person Contacted: _____ Date Contacted: _____

Comments: _____

