



# Application for a State Waste Discharge Permit to Discharge Industrial Wastewater to Ground Water by Land Treatment or Application

This application is for a state waste discharge permit as required by Chapter 90.48 RCW and Chapter 173-216 WAC. Permit applications provide Ecology with information on pollutants in the waste stream, materials that may enter the waste stream, the flow characteristics of the discharge, and the site characteristics at the point of 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: RM WINERIES, LLC
  
2. Facility name: ANCIENT LAKE WINE COMPANY  
(if different from applicant)
  
3. Applicant mail address: P.O. BOX 1260  
Street  
QUINCY, WA 98848  
City/State Zip
  
4. Facility location address: 795 BEVERLY BURKE RD N  
(if different from above) Street  
QUINCY, WA 98848  
City/State Zip
  
5. UBI No. 604-688-633 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 processing facility as decimal degrees (NAD83/WGS84):  
47.100286 N / 119.854564 W

<b>FOR ECOLOGY USE ONLY</b>	<b>Check One</b>	New/Renewal <input type="checkbox"/>	Modification <input type="checkbox"/>
Date application received		Application/Permit no.	
Date application accepted		Date fee paid	

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

Brandon Rice  
Name

Owner/President  
Title

509-787-2022  
Telephone number

509-787-3233  
Fax number

8. Check One:

**Permit renewal** (including renewal of temporary permits authorized by RCW 90.48.200)

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\*

11/03/2022  
Date

Owner/President  
Title

Brandon Rice  
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

11/03/2022  
Date

Bottling & Compliance Coordinator  
Title or function at the facility

Courtney Hill  
Printed name

## SECTION B. PRODUCT INFORMATION

- 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:

The sterile wine is then pumped into the bottling line filler bowl and filled into bottles. Waste from this process will be rinsing of tanks, 165°F water for 30 minutes to sterilize the bottling line, and also rinse water from the cross flow filter.

WINE PRODUCTION - 312130

- List raw materials and products:

Type	RAW MATERIALS	Quantity
<i>Potatoes (Example)</i>		<i>20 million tons per year</i>
GRAPES/WINE		21,000 TONS PER YEAR
Type	PRODUCTS	Quantity
<i>French fries (Example)</i>		<i>10 million pounds per year</i>
WINE		3,400,000 GALLONS/YEAR
BOTTLED WINE		1,200,000 CASES/YEAR

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

Process	Waste Stream Name	Waste Stream ID#	Batch (B) or Continuous (C) Process
<i>Receiving raw potatoes (Example)</i>	<i>Mud Water</i>	<i>1</i>	<i>C</i>
RECEIVING RAW GRAPES		#1	Batch
WINE PRESSES		#2	Batch
TANK WASHING		#3	Batch
FLOOR CLEANING		#4	Batch
SCREENING OF WASTEWATER		#5	Batch
BOTTLING		#6	Batch

2. On a separate sheet, produce a schematic drawing showing production processes and water flow through the facility and wastewater treatment devices (*label as attachment C2*). The drawing should indicate the source of intake water and the operations contributing wastewater to the effluent and should label the treatment units. Construct the water balance by showing average flows between intakes, operations, treatment units, and points of discharge to land. If a water balance cannot be determined (*e.g., for certain mining activities*), provide a description of the nature and amount of any sources of water and any collection or treatment measures.

3. What is the highest daily discharge flow from the processing facility: 14,000 gallons per day  
 (Specify the time period for the value given)

What is the highest daily discharge flow to the sprayfields/infiltration basin: inches/acre/month OR  
 (Specify the time period for the value given) 13000 gallons per day

What is the highest average monthly discharge flow (daily flows averaged over a month) from the processing facility: 13000 gallons/day?  
 (Specify the time period for the value given)

What is the highest average monthly discharge flow to the sprayfields: inches/acre/month OR  
 (Specify the time period for the value given) 12000 gallons per day

4. Describe any planned wastewater treatment or sprayfield/infiltration improvements and the schedule for the improvements or changes. (*Use additional sheets, if necessary and label as attachment C4.*)

N/A

5. If production processes are subject to seasonal variations, provide the following information. List discharge for each wastestream in gallons or million gallons per month. The combined value for each month should equal the estimated total monthly flow. Please indicate the proper 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 (Example)	1000	1000	1000	1000	6000	2000	2000	2000	1000	1000	5000	4000
#1-5	185000	185000	280000	280000	305000	305000	310000	310000	360000	420000	320000	165000
#6	59000	59000	60000	60000	60000	60000	60000	60000	60000			59000
<b>Estimated total gallons</b>	244K	244K	340K	340K	365K	365K	370K	370K	420K	420K	320K	224K

6. If this is a discharge from the processing facility to a storage or evaporative lagoon, what is the size of the lagoon (give square footage for the bottom of the lagoon and the total volume of the lagoon at full operating depth). 10,000 square feet; 10 million gallons (Example)  
Lagoons 1,2, and 4 are sized each at 20,000 sqft; 812,000 gallons. The 'clean/north' pond is 12,300 sqft; 500,000 gallons. The 'dirty/south' pond is 6,900 sqft. 277,500 gallons.
7. Check the applicable box. Is this a discharge to a sprayfield  or an infiltration bed ? Provide the average gallons per acre per day proposed for each month in the following table.

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept.	Oct	Nov	Dec
Estimated gallons per acre per day				4000	4000	4000	4000	4000	4000	4000	4K	

8. How many hours a day does this facility typically operate?      10  
 How many days a week does this facility typically operate?      5  
 How many weeks per year does this facility typically operate?      50
9. 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 pound quantities for solids). For solvents and solvent-based cleaners, include a copy of the material safety data sheet for each material and estimate the quantity used. *Use additional sheets, if necessary and label as attachment C.7.)*

Materials/Quantity Stored: N/A

- |     |                                                                                                               | Yes                                 | No                                  |
|-----|---------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 10. | 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 type="checkbox"/>            | <input checked="" 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 checked="" type="checkbox"/> | <input 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"/> |

**SECTION D. WATER CONSUMPTION AND WATER LOSS**

1. Potable water source(s):
- Public system (Specify name) CITY OF GEORGE
- Private well                       Surface water (Specify name of water body) \_\_\_\_\_
- a. Water right permit number: G3-\*04794C@1, CG3-\*04795C and CG3-\*05576C
- b. Legal description of water source:
- \_\_\_\_\_ 1/4S, NE 1/4 1/4S, 31, Section, 19 TWN, 24 R

2. Potable water use
- a. Indicate total water use:                      Gallons per day (average)                      15
- Gallons per day (maximum)                      25
- b. Is water metered?                       YES     NO

3. Supplemental Irrigation water source(s):
- Public system or Irrigation District (Specify name) \_\_\_\_\_
- Private well                       Surface water (Specify name of water body) \_\_\_\_\_
- a. Water right permit number: \_\_\_\_\_
- b. Legal description of water source:
- \_\_\_\_\_ 1/4S, \_\_\_\_\_ 1/4S, \_\_\_\_\_, Section, \_\_\_\_\_ TWN, \_\_\_\_\_ R

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## SECTION E. WASTEWATER INFORMATION

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

Intake: ULTRASONIC METER

Effluent FLUME METER

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.

Grab

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 <sup>th</sup> ,20 <sup>th</sup> edition or EPA	Detection Limit/Quantitation Level
		Minimum	Maximum	Average			
X	BOD (5 day)	116	9690	22559.79	24	SM 5210 B	/2 mg/l
	COD					SM 5220 D	/10 mg/l
	Total suspended solids					SM 2540 D	/5 mg/l
	Fixed Dissolved Solids					SM 2540 E	
X	Total dissolved solids	1056	12142	5482.13	24	SM 2540 C	
	Conductivity (micromhos/cm)					SM 2510 B	
	Ammonia-N as N					SM 4500-NH <sub>3</sub> C	/0.3 mg/L
X	pH	4.9	8.54	6.54	26	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 <sub>3</sub> E	100 µg/L
X	Total kjeldahl N as N	23.4	261	125.60	24	SM 4500-N <sub>org</sub> 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
X	Total Oil & grease	2.3	29	12.99	24	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
X	Calcium	46.5	130.5	74.94	24	EPA 200.7	10 µg/l
X	Chloride	45.7	26.8	103.38	24	SM 4500-Cl C	0.15 µg/l
	Fluoride					SM 4500-F E	.025/0.1 mg/l
X	Magnesium	29	93.8	54.37	24	EPA 200.7	10/50 µg/l
X	Potassium	283	1917.1	920.37	24	EPA 200.7	700/ µg/l

X	Parameter	Measurement Values			Number of Analyses	Analytical Method Std. Methods 19 <sup>th</sup> ,20 <sup>th</sup> edition or EPA	Detection Limit/Quantitation Level
		Minimum	Maximum	Average			
X	Sodium	160	1582	833.95	24	EPA 200.7	29/ µg/l
X	Sulfate	12	174	71.66	15	SM 4500-SO <sub>4</sub> C/D	/200 µg/l
	Alkalinity as CaCO <sub>3</sub>					SM 2320 B	/5 mg/L as CaCO <sub>3</sub>
	Arsenic(total)					EPA 200.8	0.1/0.5 µg/l
	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
	Iron (total)					EPA 200.7	12.5/50 µg/l
	Lead (total)					EPA 200.8	0.1/.5 µg/l
	Manganese (total)					EPA 200.8	0.1/0.5 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

Detection level (DL) or detection limit means the minimum concentration of an analyte (substance) that can be measured and reported with a 99% confidence that the analyte concentration is greater than zero as determined by the procedure given in 40 CFR part 136, Appendix B.

Quantitation Level (QL) also known as Minimum Level of Quantitation (ML) – The lowest level at which the entire analytical system must give a recognizable signal and acceptable calibration point for the analyte. It is equivalent to the concentration of the lowest calibration standard, assuming that the lab has used all method-specified sample weights, volumes, and cleanup procedures. The QL is calculated by multiplying the MDL by 3.18 and rounding the result to the number nearest to (1, 2, or 5) x 10<sup>n</sup>, where n is an integer. (64 FR 30417).

ALSO GIVEN AS:

The smallest detectable concentration of analyte greater than the Detection Limit (DL) where the accuracy (precision & bias) achieves the objectives of the intended purpose. (Report of the Federal Advisory Committee on Detection and Quantitation Approaches and Uses in Clean Water Act Programs Submitted to the US Environmental Protection Agency December 2007).

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5. Does this facility use any of the following chemicals as raw materials in production, produce them as part of the manufacturing process, or are they present in the wastewater? (*The number following the chemical name is the Chemical Abstract Service (CAS) reference number to aid in identifying the compound.*)  YES  NO

If yes, specify how the chemical is used and the quantity used or produced (*Use additional sheets, if necessary and label as attachment E5.*):

Acrylamide/79-06-1	Nitrofurazone/59-87-0	Heptachlor/76-44-8
Acrylonitrile/107-13-1	N-nitrosodiethanolamine/ 1116-54-7	Heptachlor epoxide/1024-57-3
Aldrin/309-00-2	N-nitrosodiethylamine/55-18-5	Hexachlorobenzene/118-74-1
Aniline/62-53-3	N-nitrosodimethylamine/62-75-9	Hexachlorocyclohexane (alpha)/
Aramite/140-57-8	N-nitrosodiphenylamine/86-30-6	319-84-6
Arsenic/7440-38-2	N-nitroso-di-n-propylamine/ 621-64-7	Hexachlorocyclohexane (tech.)/
Azobenzene/103-33-3	N-nitrosopyrrolidine/930-55-2	608-73-1
Benzene/71-43-2	N-nitroso-di-n-butylamine/ 924-16-3	Hexachlorodibenzo-p-dioxin,
Benzidine/92-87-5	N-nitroso-n-methylethylamine/	mix/19408-74-3
Benzo(a)pyrene/50-32-8	10595-95-6	Hydrazine/hydrazine sulfate/ 302-01-2
Benzotrithloride/98-07-7	PAH/NA	Lindane/58-89-9
Benzyl chloride/100-44-7	PBBs/NA	2 Methylaniiline/100-61-8
Bis(chloroethyl)ether/111-44-4	PCBs/1336-36-3	2 Methylaniiline hydrochloride/
Bis(chloromethyl)ether/542-88-1	1,2 Dichloropropane/78-87-5	636-21-5
Bis(2-ethylhexyl) phthalate/ 117-81-7	1,3 Dichloropropene/542-75-6	4,4' Methylene
Bromodichloromethane/75-27-4	Dichlorvos/62-73-7	bis(N,N- dimethyl)aniiline/101-61-1
Bromoform/75-25-2	Dieldrin/60-57-1	Methylene chloride
Carbazole/86-74-8	3,3' Dimethoxybenzidine/119-90-4	(dichloromethane)/75-09-2
Carbon tetrachloride/56-23-5	3,3 Dimethylbenzidine/119-93-7	Mirex/2385-85-5
Chlordane/57-74-9	1,2 Dimethylhydrazine/540-73-8	O-phenylenediamine/106-50-3
Chlorodibromomethane/124-48-1	2,4 Dinitrotoluene/121-14-2	Propylene oxide/75-56-9
Chloroform/67-66-3	2,6 Dinitrotoluene/606-20-2	2,3,7,8-Tetrachlorodibenzo-p-dioxin/
Chlorthalonil/1897-45-6	1,4 Dioxane/123-91-1	1746-01-6
2,4-D/94-75-7	1,2 Diphenylhydrazine/122-66-7	Tetrachloroethylene/127-18-4
DDT/50-29-3	Endrin/72-20-8	2,4 Toluenediamine/95-80-7
Diallate/2303-16-4	Epichlorohydrin/106-89-8	o-Toluidine/95-53-4
1,2 Dibromoethane/106-93-4	Ethyl acrylate/140-88-5	Toxaphene/8001-35-2
1,4 Dichlorobenzene/106-46-7	Ethylene dibromide/106-93-4	Trichloroethylene/79-01-6
3,3' Dichlorobenzidine/91-94-1	Ethylene thioureae/96-45-7	2,4,6-Trichlorophenol/88-06-2
1,1 Dichloroethane/75-34-3	Folpet/133-07-3	Trimethyl phosphate/512-56-1
1,2 Dichloroethane/107-06-2	Furmecyclo/60568-05-0	Vinyl chloride/75-01-4

6. Are any other pesticides, herbicides, or fungicides used at this facility?  YES  NO  
If yes, specify the material and quantity used.

7. 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).  DON'T KNOW

## SECTION F. GROUND WATER INFORMATION

Provide available data measurements or range of measurements from monitoring wells or supply wells in the area of discharge. Provide the analytical method and detection limit, if known. Provide the location of each well on the map required in G.3 below. Attach well logs when available. Copy this page as necessary for each well. Provide the latitude and longitude in decimal format.

Ecology Well Tag ID # \_\_\_\_\_  
 (*example AAB123*)

Well ID # \_\_\_\_\_ (*example MW-1*)

Latitude: \_\_\_\_\_

Longitude: \_\_\_\_\_

Well Elevation (to the nearest 0.01 feet) \_\_\_\_\_ Check the appropriate box; the elevation measurement is relative to: the NAVD88 standard  mean sea level

Parameter	Units	Range of Measurements	Number of Analyses	Analytical Method	Detection Limit
BOD (5 day)	mg/L				
COD	mg/L				
Total organic carbon	mg/L				
Total dissolved solids	mg/L				
Dissolved Fixed Solids	mg/L				
pH	Standard units				
Conductivity	(micromhos/cm)				
Alkalinity	mg/L as CaCO <sub>3</sub>				
Total hardness	mg/L				
Fecal coliform	organisms/100mL				
Total coliform	organisms/100mL				
Dissolved oxygen	mg/L				
Ammonia-N	mg/L				
Nitrate + nitrite-N, nitrate as N	mg/L				
Total kjeldahl N as N	mg/L				
Ortho-phosphate-P as P	mg/L				
Total-phosphate-P as P	mg/L				
Total Oil and Grease	mg/L				
Total petroleum hydrocarbon	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Calcium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Chloride	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Fluoride	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Magnesium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Potassium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Sodium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Sulfate	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Barium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Cadmium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Chromium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Copper	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Iron	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Lead	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Manganese	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				

Parameter	Units	Range of Measurements	Number of Analyses	Analytical Method	Detection Limit
Mercury	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Selenium	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Silver	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Zinc	<input type="checkbox"/> mg/L <input type="checkbox"/> µg/l				
Depth to water level (to the nearest .01 feet)					

## SECTION G. SITE ASSESSMENT

**The local library and local city or county planning offices may be helpful in providing the information required in this section. You may consult the Department of Ecology Water Resources Program to help identify wells within one mile of your site.**

1. Land Application Sites: Provide the information below for each land application site. Provide the latitude/longitude (approximate center of the site; NAD83/WGS84 reference datum.) Attach a copy of the contract(s) authorizing use of any private land(s) used for each treatment site. Add table rows as necessary.

Legal Description (section/township/range)			
Latitude	Longitude	Acreage	Owner
Legal Description (section/township/range)			
Latitude	Longitude	Acreage	Owner
Legal Description (section/township/range)			
Latitude	Longitude	Acreage	Owner
Legal Description (section/township/range)			
Latitude	Longitude	Acreage	Owner

2. If this is a new discharge, list all environmental control permits or approvals needed for this project; for example, SEPA review, engineering reports, hydrogeologic reports, , , or air emissions permits.

City of George Building Inspection Services and Planning Department issued a SEPA DNS- Determination of non-Significance. On 9-30-2016 a SEPA checklist adendum was submitted to include the full build out of the project. Building Permit Number GBCS-1610 and GBCS-1611 were authorized by the City. Grant County Health District issued On-Site Sewage Permit Number 16-159-00. Department of Ecology administers Wastewater facility Permit Number ST0501285.

3. Attach an original United States Geological Survey (USGS) 7.5 minute topographic map and aerial photograph(s) from an internet mapping site that shows the processing facility and sprayfield site(s). **USGS topographical maps are available from the Department of Natural Resources (360 902-1234), Metsker Maps (206 588-5222), some local bookstores, and internet sites.** Show the following on this map:
  - a. Location and name of internal and adjacent streets.
  - b. Surface water drainage systems within ¼ mile of the site.
  - c. All wells within 1 mile of the site.
  - d. Wastewater discharge points.
  - e. Land uses and zoning adjacent to the wastewater application site.
  - f. Groundwater gradient.
4. Describe the soils on the site using information from local soil survey reports. **Soils information is available from your local County Conservation District or from information contained in the sites hydrogeologic report.** *(Submit on separate sheet and label as attachment G.4.)*
5. Describe the local geology and hydrogeology within one mile of the site. Include any groundwater quality data. **The local library or local Soil Conservation Service may have this information.** *(Submit on separate sheet and label as attachment G.5.)*
6. List the names and addresses of contractors or consultants who provided information and cite sources of information by title and author.

James A. Sewell & Associates, LLC, 400 South Jefferson, Ste. 452, Spokane, WA 99204

Landau & Associates, 130 2nd Avenue South, Edmonds, WA 98020

## 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 coverage under the Washington State Industrial Stormwater NPDES general permit?  YES  NO

**Note:** If you answered "no" to both questions above, complete the following questions 2 through 8.

2. Describe the size of the stormwater collection area.
- a. Unpaved area \_\_\_\_\_ sq.ft.
  - b. Paved area \_\_\_\_\_ sq.ft.
  - c. Other collection areas (roofs) \_\_\_\_\_ sq.ft.
3. Does your facility's stormwater discharge to: *(Check all that apply)*
- Storm sewer system; name of storm sewer system *(operator)*:
  - Sanitary sewer
  - Directly to surface waters of Washington State *(e.g., river, lake, creek, estuary, ocean)*.  
Specify waterbody name \_\_\_\_\_
  - Indirectly to surface waters of Washington State *(i.e., flows over adjacent properties first)*.
  - Directly to ground waters of Washington State via:
    - Dry well
    - Drainfield
    - Other
4. 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 \_\_\_\_\_

5. 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 storm water 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)*: \_\_\_\_\_

6. Attach a 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. Label this as attachment H.8.

## SECTION I. OTHER INFORMATION

1. Describe liquid or solid wastes generated that are not disposed of in the waste stream(s) and describe the method of disposal. For each type of waste, provide type of waste, name, address, and phone number of hauler.

During harvest the skins, pulp, seeds, and stems of the fruit are hauled by truck and trailer to DeTray Cattle Co, LLC

Wine lees direct to pad and waste water system. .

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

Pad connected to waste stream no run off generated

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### Summary of attachments that may be required for this application:

(Please check those attachments that are included)

- C.2. Production schematic flow diagram and water balance
- C.4. Wastewater treatment improvements
- C.7. Additional incidental materials
- E.4. Additional results of effluent testing
- G.1. Copies of land use contracts
- G.3. USGS topographical map
- G.4. Soils description
- G.5. Local geology and hydrology
- H.8. 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.*

# WASTEWATER PROCESS FLOW SCHEMATIC

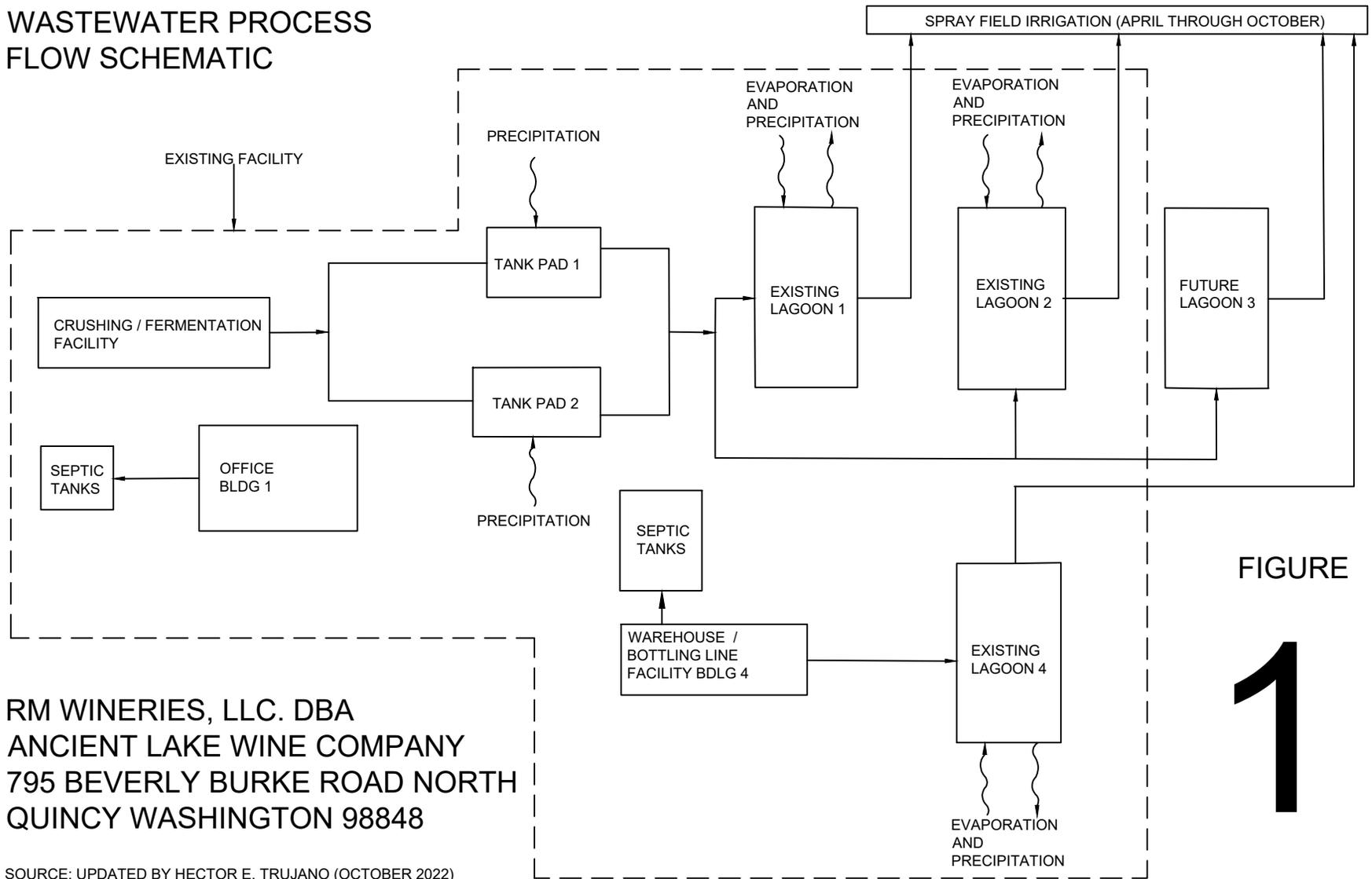


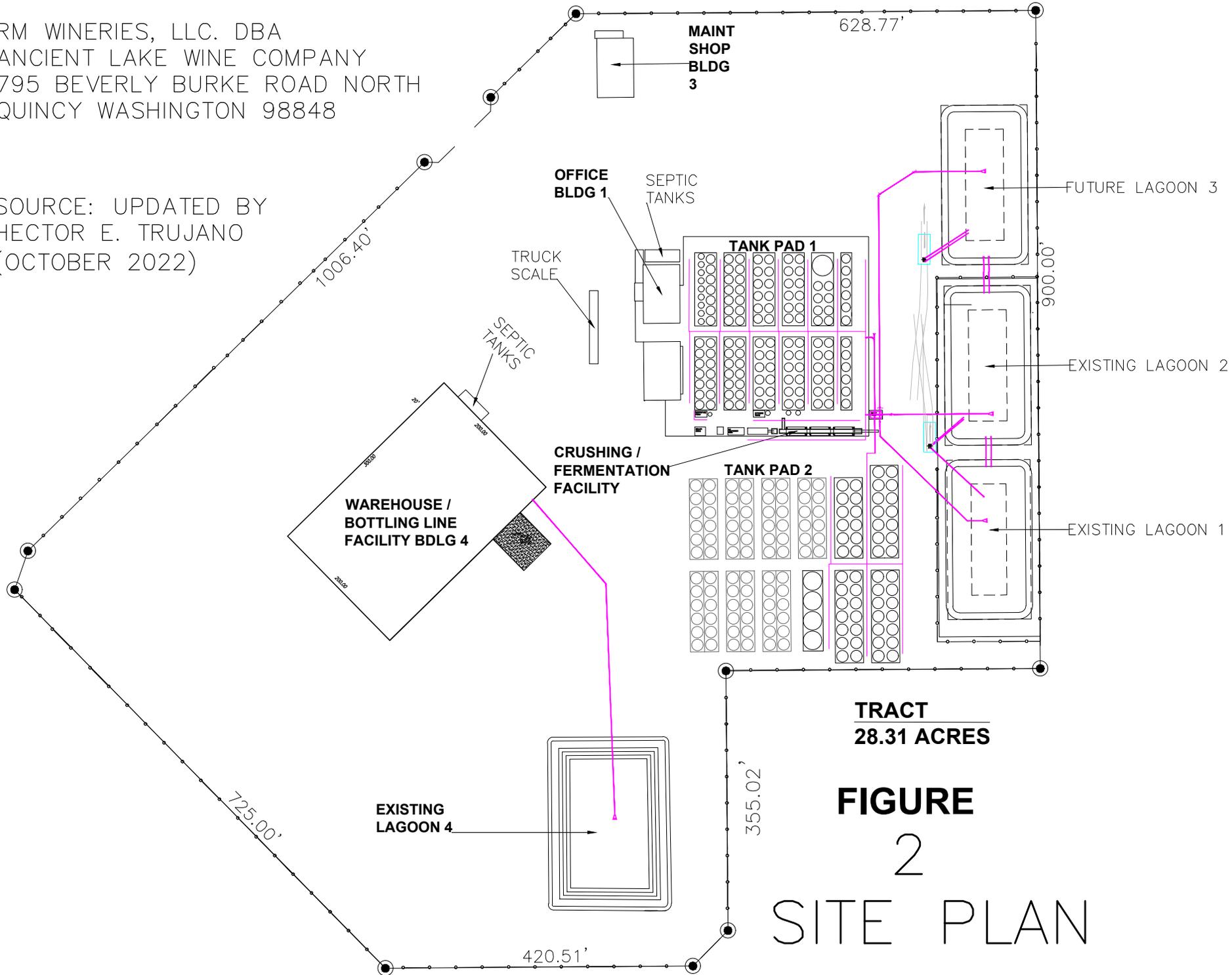
FIGURE  
**1**

RM WINERIES, LLC. DBA  
ANCIENT LAKE WINE COMPANY  
795 BEVERLY BURKE ROAD NORTH  
QUINCY WASHINGTON 98848

SOURCE: UPDATED BY HECTOR E. TRUJANO (OCTOBER 2022)

RM WINERIES, LLC. DBA  
ANCIENT LAKE WINE COMPANY  
795 BEVERLY BURKE ROAD NORTH  
QUINCY WASHINGTON 98848

SOURCE: UPDATED BY  
HECTOR E. TRUJANO  
(OCTOBER 2022)



**FIGURE**  
**2**  
**SITE PLAN**

## SEPTEMBER 2021 - SEPTEMBER 2022

	CAL.	MAG.	SOD.	POT.	SUL.	SUL. S04	CHLOR.	TKN	TDS	BOD5	OIL/GREASE	PH
Sep-21	82.8	93.8	1448.1	1494.1	58	174	268	229	12110	450	16.7	8.54
Sep-21	78.8	29	160	1523	13	41.1	188	210	1056	744	22.9	7.96
Oct-21	101.8	51.6	522.3	962.6			89.2	239	5540	8220	23.4	8.2
Oct-21	81.1	58.6	1244.3	1364.8			134	125	9360	9150	4.1	8.01
Nov-21	87.8	52.8	814	977			104	124	6770	9690	6.1	5.2
Nov-21	82.8	48.4	634.4	827			74.8	129	12142	8444	13	4.9
Dec-21	81.2	47.3	435.7	942.9			75.5	104	4896	5895	11.5	5.6
Dec-21												5.9
Jan-22	88.7	51	526	660			60.2	58.8	4220	3360	18.8	6.21
Jan-22												6.38
Feb-22	69.4	38.6	396.1	441.2	6.5	19.5	87.1	23.4	3457	2407	4.3	6.41
Feb-22	70.8	36	807	499			96.9	69	3373	4410	6.5	6.35
Mar-22	66.8	36.7	778.9	546.4	4	12	105	69.5	3884	2730	8.6	6.14
Mar-22	69.6	38.1	471	489	5.2	15.6	90.4	73	3147	1250	4.7	6.27
Apr-22	77.4	68.1	572	1038.3			116	174	7920	945	18.7	6.42
Apr-22	46.5	67.6	984.3	1118.3	28.7	86.1	79.8	245	4073	549	21.3	6.39
May-22	49.4	60.4	1045.8	1131.4	22.8	68.4	87.5	127	5204	286	16.4	6.39
May-22	47.2	60.5	1582	1264			88	125	5180	286	16.8	6.45
Jun-22	51.9	65.4	969.6	1917.1	14.3	42.9	86.4	108	5360	226	14.9	6.46
Jun-22	66.4	62.2	1115.4	934.9	14.5	43.5	82.1	123	4819	252	16.5	6.42
Jul-22	69.3	42.3	1007.6	611.3	18.9	56.7	84.2	69.7	3412	236	2.3	6.38
Jul-22	78.7	66.3	293.3	447.9	27.1	81.3	87.9	101	4638	159	6.9	6.41
Aug-22	64.4	54.1	1074.2	879.3	49.2	147.6	97.3	56.2	5031	116	5.2	6.51
Aug-22	108.6	62.6	1234.8	986.9	37.1	111.3	90	132	5194	263	17.8	6.49
Sep-22	130.5	79.2	1140	749.4	52.6	157.8	163	261	7228	295	29	6.81
Sep-22	46.6	34.3	758	283	5.7	17.1	45.7	38.8	3557	1072	5.4	6.92
<b>MIN</b>	46.50	29.00	160.00	283.00	4.00	12.00	45.70	23.40	1056.00	116.00	2.30	4.90
<b>MAX</b>	130.50	93.80	1582.00	1917.10	58.00	174.00	268.00	261.00	12142.00	9690.00	29.00	8.54
<b>AVERAGE</b>	74.94	54.37	833.95	920.37	23.84	71.66	103.38	125.60	5482.13	2559.79	12.99	6.54