



# Industrial Stormwater General Permit Annual Report Form

Permit No. WAR-301508

Site Name: Plymouth Poultry

Site County: King

Use this form to submit your annual report to Ecology. This form is not protected. Use your F11 key to maneuver through the fields. Attach corrective action documentation, and/or additional sheets if necessary. All facilities must submit a signed annual report each year on or before May 15<sup>th</sup>. Retain a copy of your submitted report onsite for Ecology review.

## 1. Benchmarks Exceeded

This report is based on samples collected during calendar year 2021.

Did you exceed the benchmark for any parameter during the above noted calendar year (Jan 1<sup>st</sup> – Dec 31<sup>st</sup>)?

**Note:** If you sampled a parameter (other than pH or visible oil sheen) at a discharge point more than once during a quarter, the average of the sample results must be compared to the benchmark.

Yes ☒ - **Complete Sections 2 and 3 and sign and submit the form as described in Section 4.**

No ☐ - **Complete Section 2, skip Section 3, and sign and submit the form as described in Section 4.**

Include any additional comments here:

1<sup>st</sup> quarter – February: catch basin filters replaced, heavier media

2<sup>nd</sup> quarter – Monthly Inspection Reports completed April through June.

3<sup>rd</sup> quarter – Monthly Inspection Reports completed July through September.

4<sup>th</sup> quarter – Monthly Inspection Reports completed October through December.

2. **Stormwater Problems Identified At the Facility**

Instructions: Based on the best available information, briefly describe any potential or actual stormwater pollution problem(s) you identified during the previous calendar year (Jan 1<sup>st</sup> – Dec 31<sup>st</sup>).

- Sources of available information may include (but may not be limited to): SWPPP reviews, audits made by consultants or providers of technical assistance, inspection reports or other notification made by federal/state/local authorities, visual observations, and/or your facility's monthly site inspections (self-inspections).
- For each problem identified, provide the date you discovered the problem (estimate if necessary).
- Do not include problems discovered through stormwater sampling. This information is covered in Section 3.

**Date Problem Discovered:** 03.21.2022 **Describe the Problem:** Trash from homeless encampments removed, debris cleaned.

**Date Problem Discovered:** 6.20.2022 **Describe the Problem:** O&M Update Complete

**Date Problem Discovered:** **Describe the Problem:**

**Date Problem Discovered:** **Describe the Problem:**

### 3. Corrective Actions Planned or Taken

Instructions: Complete this section for each pollutant parameter (e.g., turbidity, copper) that exceeded a benchmark during the previous calendar year (Jan 1<sup>st</sup> – Dec 31<sup>st</sup>). The permit requires you to identify the condition triggering the need for corrective action review. To do this, indicate below which quarters had a sample result that exceeded the benchmark. If more than one sample was taken at a sample location, indicate which quarters had an average sample result that exceeded the benchmark. Note: If you exceeded the benchmark for more than one parameter (e.g., turbidity and zinc), make additional copies of Section 3 and complete one for each parameter.

**Pollutant Parameter: COPPER** benchmark was exceeded during the following quarters (check all that apply):

- ☐ 1<sup>st</sup> Quarter (January, February, March)  
☒ 2<sup>nd</sup> Quarter (April, May, June)  
☐ 3<sup>rd</sup> Quarter (July, August, September)  
☐ 4<sup>th</sup> Quarter (October, November, December)

Instructions: *For the pollutant parameter above*, summarize any Level 1, 2, or 3 corrective actions completed during the previous calendar year and include the dates you completed the corrective actions.

☒ Level 1 corrective action

Describe the additional *operational source control* BMPs you implemented (Permit Condition S8.B):

Improved stormwater media pillows, ensured truck bay areas were swept and clean

Date corrective action was completed: 7/1/2022

☐ Level 2 corrective action

Describe the additional *structural source control* BMPs you implemented (Permit Condition S8.C):

Date corrective action was completed:

☐ Level 3 corrective action

Describe the additional *treatment* BMPs you implemented (Permit Condition S8.D):

Date corrective action was completed:

Instructions: *For the pollutant parameter listed above*, describe the status of any Level 2 or 3 corrective actions triggered during the previous calendar year, but have not yet been completed. Identify the date you expect to complete corrective actions.

☐ Level 2 corrective action

Describe the status of the corrective action:

Date you expect to complete corrective action:

☐ Level 3 Corrective Action

Describe the status of the corrective action:

Date you expect to complete corrective action:

### 3. Corrective Actions Planned or Taken

Instructions: Complete this section for each pollutant parameter (e.g., turbidity, copper) that exceeded a benchmark during the previous calendar year (Jan 1<sup>st</sup> – Dec 31<sup>st</sup>). The permit requires you to identify the condition triggering the need for corrective action review. To do this, indicate below which quarters had a sample result that exceeded the benchmark. If more than one sample was taken at a sample location, indicate which quarters had an average sample result that exceeded the benchmark. Note: If you exceeded the benchmark for more than one parameter (e.g., turbidity and zinc), make additional copies of Section 3 and complete one for each parameter.

**Pollutant Parameter: ZINC** benchmark was exceeded during the following quarters (check all that apply):

- ☐ 1<sup>st</sup> Quarter (January, February, March)  
☐ 2<sup>nd</sup> Quarter (April, May, June)  
☐ 3<sup>rd</sup> Quarter (July, August, September)  
☒ 4<sup>th</sup> Quarter (October, November, December)

Instructions: *For the pollutant parameter above, summarize any Level 1, 2, or 3 corrective actions completed during the previous calendar year and include the dates you completed the corrective actions.*

☒ Level 1 corrective action

Describe the additional *operational source control* BMPs you implemented (Permit Condition S8.B):

Ion exchange pillows changed in downspouts, increase pillow maintenance in catch basins in front of loading bays.

Date corrective action was completed: January 31, 2023

☐ Level 2 corrective action

Describe the additional *structural source control* BMPs you implemented (Permit Condition S8.C):

Date corrective action was completed:

☐ Level 3 corrective action

Describe the additional *treatment* BMPs you implemented (Permit Condition S8.D):

Date corrective action was completed:

Instructions: *For the pollutant parameter listed above, describe the status of any Level 2 or 3 corrective actions triggered during the previous calendar year, but have not yet been completed. Identify the date you expect to complete corrective actions.*

☐ Level 2 corrective action

Describe the status of the corrective action:

Date you expect to complete corrective action:

☐ Level 3 Corrective Action

Describe the status of the corrective action:

Date you expect to complete corrective action:

### 3. Corrective Actions Planned or Taken

Instructions: Complete this section for each pollutant parameter (e.g., turbidity, copper) that exceeded a benchmark during the previous calendar year (Jan 1<sup>st</sup> – Dec 31<sup>st</sup>). The permit requires you to identify the condition triggering the need for corrective action review. To do this, indicate below which quarters had a sample result that exceeded the benchmark. If more than one sample was taken at a sample location, indicate which quarters had an average sample result that exceeded the benchmark. Note: If you exceeded the benchmark for more than one parameter (e.g., turbidity and zinc), make additional copies of Section 3 and complete one for each parameter.

**Pollutant Parameter:** Zinc benchmark was exceeded during the following quarters (check all that apply):

- ☐ 1<sup>st</sup> Quarter (January, February, March)  
☒ 2<sup>nd</sup> Quarter (April, May, June)  
☒ 3<sup>rd</sup> Quarter (July, August, September)  
☐ 4<sup>th</sup> Quarter (October, November, December)

Instructions: *For the pollutant parameter above, summarize any Level 1, 2, or 3 corrective actions completed during the previous calendar year and include the dates you completed the corrective actions.*

☒ Level 1 corrective action

Describe the additional *operational source control* BMPs you implemented (Permit Condition S8.B):

Date corrective action was completed:

☐ Level 2 corrective action

Describe the additional *structural source control* BMPs you implemented (Permit Condition S8.C):

Date corrective action was completed:

☐ Level 3 corrective action

Describe the additional *treatment* BMPs you implemented (Permit Condition S8.D):

Date corrective action was completed:

Instructions: *For the pollutant parameter listed above, describe the status of any Level 2 or 3 corrective actions triggered during the previous calendar year, but have not yet been completed. Identify the date you expect to complete corrective actions.*

☐ Level 2 corrective action

Describe the status of the corrective action:

Date you expect to complete corrective action:

☐ Level 3 Corrective Action

Describe the status of the corrective action:

Date you expect to complete corrective action:

### 4. Certification by Permittee

*"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 fine and imprisonment for knowing violations."*

**WES HIMES**

**PLYMOUTH POULTRY**

**5/15/2023**

**Printed Name**

**Company**

**Date**

*Wes Himes*

**Signature\***

**\*Note:** Signature not required if the form is submitted electronically through the Water Quality Permitting Portal

**\*Federal regulations require this report to be signed by the following person, or a duly authorized representative:**

A. In the case of corporations, by a responsible corporate officer.

**Note:** Responsible Corporate Officer is defined on p.59 of ISGP:

<http://www.ecy.wa.gov/programs/wq/stormwater/industrial/ISGPFinal2015.pdf>

B. In the case of a partnership, by a general partner of a partnership.

C. In the case of sole proprietorship, by the proprietor.

D. In the case of a municipality, state, federal, or other public facility: by either a principal executive officer or ranking elected official.

**A person is a duly authorized representative only if:**

1. The authorization is made in writing by a person described above and submitted to Ecology.
2. The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility, such as the position of plant manager, superintendent, position of equivalent responsibility, or an individual or position having overall responsibility for environmental matters.

**Please upload the completed form to the Water Quality Permitting Portal:**

<http://www.ecy.wa.gov/programs/wq/permits/paris/portal.html>. Make sure you retain a copy for your records.

- Click on "Permit Submittals"
- Then, click on "My Permits", and
- Then, click on "Submittals".

If you have any issues or questions, please contact Ecology's IT support staff at [WQWebPortal@ecy.wa.gov](mailto:WQWebPortal@ecy.wa.gov) or call 800-633-6193/Option 3

If you have questions about this form, contact the following Ecology staff:			
Location	Contact Name	Phone	E-mail
City of Seattle, and Kitsap, Pierce, and Thurston counties	Josh Klimek	360-407-7451	<a href="mailto:josh.klimek@ecy.wa.gov">josh.klimek@ecy.wa.gov</a>
Island, King, and San Juan counties	Clay Keown	360-407-6048	<a href="mailto:clay.keown@ecy.wa.gov">clay.keown@ecy.wa.gov</a>
Adams, Asotin, Columbia, Ferry, Franklin, Garfield, Grant, Lincoln, Pend Oreille, Skagit, Snohomish, Spokane, Stevens, Walla, Whatcom, and Whitman counties.	Shawn Hopkins	360-407-6442	<a href="mailto:shawn.hopkins@ecy.wa.gov">shawn.hopkins@ecy.wa.gov</a>
Benton, Chelan, Clallam, Clark, Cowlitz, Douglas, Grays Harbor, Jefferson, Kittitas, Klickitat, Lewis, Mason, Okanogan, Pacific, Skamania, Wahkiakum, and Yakima counties.	Joyce Smith	360-407-6858	<a href="mailto:joyce.smith@ecy.wa.gov">joyce.smith@ecy.wa.gov</a>

To request materials in a format for the visually impaired, call the Water Quality Program at Ecology, 360-407-6600, Relay Service 711, or TTY 877-833-6341.