



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: Simpson Door Co.
2. Facility Name: _____
(if different from Applicant)
3. Applicant Mail Address: 400 W. Simpson Ave
Street
McCleary, Washington City/State 98557 Zip
4. Facility Location Address: _____
(if different from 3 above) Street

City/State Zip
5. UBI No. 6601912
766
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):
47.056207N / 123.26793W

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:

Kert Brown

Name

HR & Compliance Mgr

Title

360-495-2075

Telephone number

360-450-3674

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



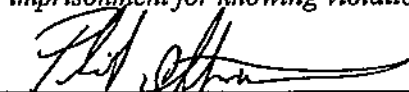
Existing Unpermitted Discharge



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*

9/27/2023
Date

President
Title

Phil Steklenski

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

- 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 Simpson Door Company encompasses about 40 acres, comprising of vacant land, storage, manufacturing, steam generation, maintenance, shipping and administration. It employees approximately 200 people as follows:

RESOURCE DEPARTMENT: SIC 2431 Consists of lumber storage, sorting areas, planing, cutting, gluing, lamination and slicing areas. Raw material is brought in on trucks and stored or preprocessed (slicing, planing and cutting) to make pieces that can be further processed.

CUTTING DEPARTMENT: SIC 2431 Here wood is further broken down and refabricated into the sizes and pieces required to assemble a complete door. Wood is cut, planed, glued and laminated.

DOOR DEPARTMENT: SIC 2431 The door parts that Cutting produces are further manufactured in the at finished door. The pieces are machined to the profiles and end sizes. They are assembled, glazed and sanded and primed. They go through quality checks and any imperfections are corrected. Then the doors are packaged and sent to shipping to be sent out.

PRIMING: SIC 2431 Doors and door parts are primed and sent to shipping.

SHIPPING: SIC 2431 Doors and door packages are sorted according to destination point and then loaded on trailers for transport.

- List raw materials and products used at his facility:

Type	RAW MATERIALS	Quantity
<i>Grapes (Example)</i>		<i>1,000 tons per year</i>
Glass		634 Tons
Lumber		2.2Mbf
Putty(Acrylic)		15 Tons
Solvent		15
Acetone		20
Type	PRODUCTS	Quantity
<i>Grape Juice(Example)</i>		<i>300,000 gallons per year</i>
Doors		89,506 door per 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 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
Veneer Slicing	Conditioning Water	001	B
Steam Generation	Boiler Blow Down	002	B
Equipment Cleaning	Pressure Washer	003	B

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? 15000 gallons/day

What is the maximum average monthly wastewater discharge flow (daily flows averaged over a month)? 15000 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.*)

Newly in Sept 2023 installed piming line adjacent to our shipping department. In this process, wood bead, door part (panels, rails, stiles), and complete doors will be prepared, primed, and dried. There will be daily priming equipment (spray gun, tools, and bucket) that will require cleaning at the end of shift. The primer being used is called First Coat Exterior Latex Primer by Rodda. A copy of the product SDS has been included with this permit renewal. The primer is water based and products the products used for clean up will be soap and water. The discharge from the clean up process will produce an estimated 10-15 gal/day of a white/gray diluted residue primer/water mixture. The clean up water discharge has been discussed with the McCleary WWTP manager and recommend to spread discharges out as much as possible.

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? 12

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:

Diesel -500 Gal

Gasoline - 50 Gal

Hydraulic/Lube Oil - 500 Gal

Putty - 600 Gal

Solvents - 100 Gal

Primer - 500

8. Some types of facilities are required to have spill or waste control plans. Does Yes No

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 checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| e. | Any spill or pollution prevention plan required by local, state or federal authorities? If yes specify: <u>Stormwater Pollution Prevention Plan</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| f. | A solid waste control plan? | <input checked="" type="checkbox"/> | <input 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) City of McCleary

☐ ☐ Private Well

☐ ☐ Surface Water

a. Water Right Permit Number: 118833

b. Legal Description of Water Source

NE ¼S, SE ¼E, 11, Section, 18 TWN, 5 R

2. Potable water use

a. Indicate total water use_____

Gallons per day (average) 800

Gallons per day (maximum) 1080

b. Is water metered?

☒ YES ☐ NO

SECTION E. WASTEWATER INFORMATION

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

Intake: City water is metered - Surface water is not metered

Effluent Slicer/Blowdown water is metered - Sewer is not 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.

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 th 20 th edition or EPA	Detection Limit/Quantitation Level
		Minimum	Maximum	Average			
X	BOD (5 day)	0	180	47.98	12	SM 5210 B	/2 mg/l
	COD					SM 5220 D	/10 mg/l
X	Total suspended solids	9	122	32.79	12	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	6.4	8.6	6.61	12	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
X	Total Oil & grease	0	10.1	2.66	12	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	Maximum	Average			
	Barium (total)					EPA 200.8	0.5/2 µg/l
	Cadmium (total)					EPA 200.8	.05/.25 µg/l
X	Chromium (total)	7.76	1970	564	4	EPA 200.8	0.2/1 µg/l
X	Copper (total)	34.6	522	177	4	EPA 200.8	0.4/2 µg/l
X	Lead (total)	0	12	4.27	4	EPA 200.8	0.1/.5 µg/l
X	Mercury (total) pg/L	.0068	.84	.22	4	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
X	Zinc (total)	8.67	587	239.67	4	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:

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	193-39-6
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:

Round Up - 2 gal

Spectracide - 1 gal

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.

Title V Air Operating Permt #22AOP1559

NPDES General Stormwater Permit #WAR000790

State Wastewater Permit # ST6178

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)*

- | | |
|--|---|
| <input type="checkbox"/> Solvents | <input type="checkbox"/> Hazardous Wastes |
| <input type="checkbox"/> Scrap Metal | <input type="checkbox"/> Acids or Alkalies |
| <input 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 type="checkbox"/> Oil/Water Separator | <input type="checkbox"/> Detention Facilities |
| <input type="checkbox"/> Containment | <input type="checkbox"/> Infiltration Basins |
| <input type="checkbox"/> Spill Prevention | <input type="checkbox"/> Operational BMPs |
| <input type="checkbox"/> Surface Leachate Collection | <input 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.

Spent Antifreeze - Clean Harbors - 26328 79th Ave S, Kent WA 98032 - 1-253-639-4240

Used Oil - Clean Harbors - 26328 79th Ave S, Kent WA 98032 - 1-253-639-4240

PVA Glue Washwater - Clean Harbors - 26328 79th Ave S, Kent WA 98032 - 1-253-639-4240

Wash Rack Sludge - Clean Harbors - 26328 79th Ave S, Kent WA 98032 - 1-253-639-4240

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

Lumber can be stored outside on a paved area. All other raw materials and products are stored inside manufacturing buildings. Wastes are stored under cover. Some in roofed shelters or in covered transportable commercial waste containers.

3. 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:

City of McCleary WWTP

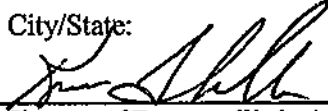
700 W. Maple St. McCleary, WA 98557

Treatment Works Owner: City of McCleary

Street: 100 S. 3rd St.

City/State: McCleary, WA

Zip: 98557


Signature of Treatment Works Authority

9/28/2023
Date

WWTP manager
Title

Kevin Trawhella
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: _____

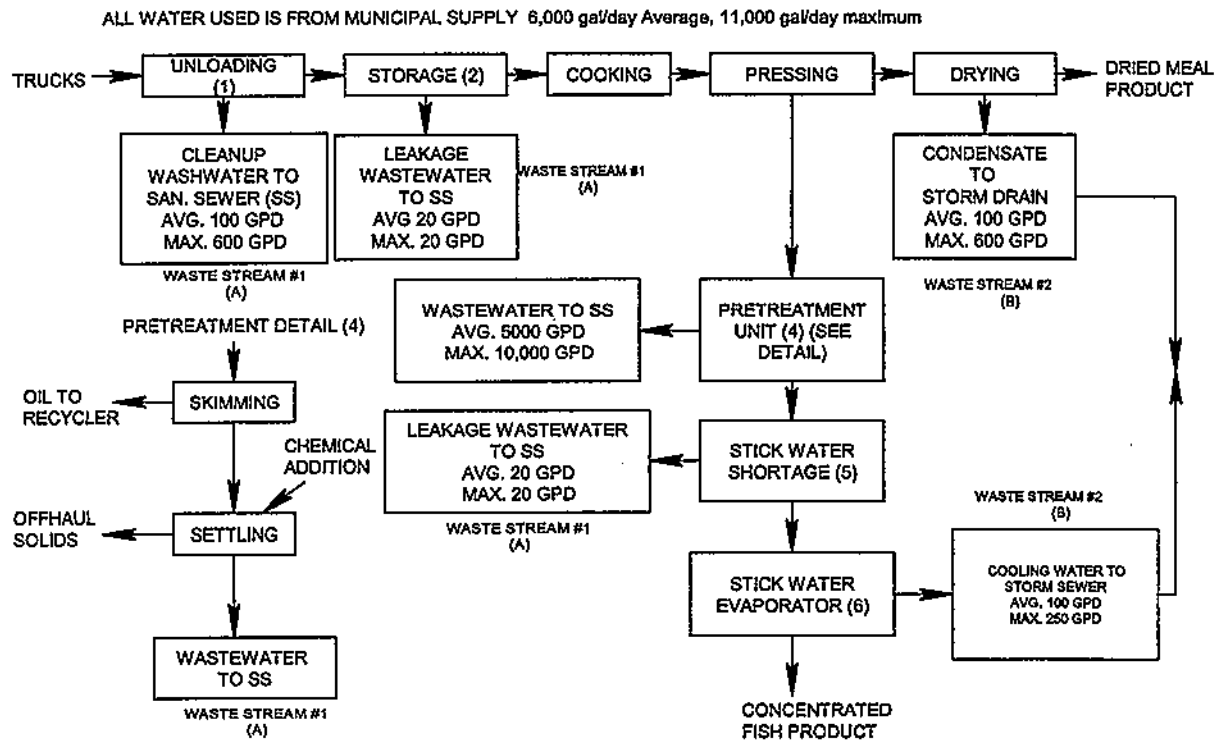
Signature of Sewer System Authority

Date

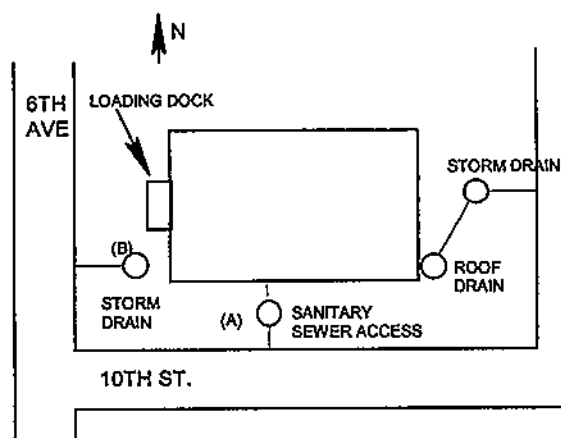
Title

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



EPA Form 2-C Supplemental Cooling Water Intake Structures

CWA §316(b) requires that the location, design, construction, and capacity of cooling water intake structures reflect the best technology available for minimizing adverse environmental impact. EPA has promulgated rules for new facilities at 40 CFR 125 Subpart I and for existing facilities at 40 CFR 125 Subpart J. This form requests information from applicants using EPA Form 2-C to determine applicability of CWA 316(b) requirements and inform applicants of additional application requirements that may apply to the facility.

Facility Name: Simpson Door Co.

NPDES Permit Number: WAR000790

SECTION A. APPLICABILITY

☐ Yes ☒ No

Is there a cooling water intake associated with this facility? Cooling water intake means a structure withdrawing cooling water, for contact or noncontact cooling, from a surface water source. Withdrawal from groundwater or a public water system is not applicable. If No, STOP.

1. What is the design intake flow (in gallons per day)? _____
2. What percentage of the flow is used exclusively for cooling? _____
3. What is the maximum intake velocity? _____
4. Describe the cooling water system (e.g., once-through, closed-cycle). _____
5. Name the surface water body from which cooling water is withdrawn. _____
6. Provide latitude/longitude of the cooling water intake(s) (NAD83/WGS84). _____ / _____
To ensure accurate locations provide at least 5 significant digits.
7. Describe the configuration of the intake(s) (e.g., dimensions, screen type). _____
If as-built plans and specifications are available, please provide.
8. When was the intake(s) installed, including any major modifications? _____
9. When was the intake(s) last inspected? If regular inspections are scheduled, provide frequency. _____
10. Have there been any studies to determine the impact of the intake(s) on aquatic organisms (e.g., impingement/entrainment studies). ☐ Yes ☐ No
If yes, please provide

SECTION B. APPLICATION REQUIREMENTS

CWA §316(b) requirements apply to all industrial NPDES permitted facilities with cooling water intake structures. EPA has promulgated best technology available (BTA) effluent guidelines for facilities meeting certain thresholds:

- Design intake flow greater than two million gallons per day.
- Greater than 25 percent of the water withdrawn is used for cooling purposes.

Submittal requirements for facilities subject to BTA effluent guidelines:

- New facilities must submit information specified in 40 CFR 122.21(r) and 40 CFR 125.86.
- Existing facilities must submit information specified in 40 CFR 122.21(r) and 40 CFR 125.95.

Facilities subject to BTA guidelines are encouraged to contact Ecology early in the application process. Ecology may consider this application administratively incomplete until the required information is received.

Submittal requirements for existing facilities and new facilities below BTA thresholds:

- Ecology will evaluate the information submitted with this form and may request additional information to assess the need for requirements under 40 CFR 125.90(b) or 40 CFR 125.80(c).

SECTION C. INSTRUCTIONS

All applicants required to submit EPA Form 2C, available here: www.ecy.wa.gov/programs/wq/permits/forms.html must also submit this supplemental form to determine the applicability of CWA §316(b) and any additional application requirements. Enter all applicable information and submit this form as an attachment to Form 2C.

APPLICABILITY

CWA §316(b) requirements apply only to point sources (facilities that have or are required to have an NPDES permit) withdrawing cooling water from waters of the U.S. (surface waters). Withdrawal from groundwater, a public water system, or the use of treated effluent that would otherwise be discharged to waters of the state does not constitute use of a cooling water intake structure. Select Yes or No to the first question. If you answer No, you do not need to complete the remainder of the form.

1. Design intake flow (DIF) means the value assigned during the facility's design representing the maximum instantaneous rate of flow of water the cooling water intake system is capable of withdrawing from a source waterbody. Existing facilities may adjust this value to reflect any permanent changes to the maximum capabilities of the intake system including but not limited to permanent removal of pumps, flow limit devices, and physical limitations of piping. DIF doesn't include emergency capacity or redundant pumps. Report this value in gallons per day (gpd).
2. Report the percentage of water withdrawn that is used exclusively for cooling purposes, measured on an average monthly (new facilities) or average annual over the past three years (existing facilities) basis. Cooling water that is used in a manufacturing process either before or after it is used for cooling is not considered cooling water for the purposes of calculating this percentage.
3. Provide the maximum actual or design intake velocity as water passes through the structural components of the intake screen, measured perpendicular to the screen mesh. Report this value in feet per second (fps). Indicate which value is reported, design or actual.
4. Describe the cooling water system, including if the water is used once (once-through) or recirculated (closed-cycle). If recirculated, provide the minimum number of cycles the water is recirculated and average blowdown flow in gpd.
5. Provide the name of the surface water body your intake structure withdraws water from (e.g., ABC river)
6. Provide an accurate location for each intake structure associated with the facility.
7. Describe the cooling water system including a description of the intake screen dimensions, perforation sizes (if known), and screen type (e.g., traveling screens, wedgewire, barrier nets, trash racks). Provide any design drawings and specifications available.
8. Give the date the intake was first installed and the date(s) of any major modifications to the structure(s).
9. Provide the date of last intake inspection and the frequency of any regularly scheduled inspections.
10. Please provide any available studies of the impact to aquatic life from your cooling water intake structure. These may include studies of entrainment and impingement of fish and shellfish.

APPLICATION REQUIREMENTS

Facilities with design intake flows greater than two million gallons per day, of which greater than 25 percent of the water withdrawn is used exclusively for cooling purposes, must comply with applicable application requirements in federal rule. Please refer directly to the applicable rules, cited in Section B, to determine requirements specific to your facility. Existing facilities should also contact their permit manager for technical assistance. New facility applicants should contact their regional office permit coordinator (www.ecy.wa.gov/programs/wq/permits/permit_coord.html) for assistance.

All applicants are encouraged to provide thorough answers to the questions on this form, along with any additional information that may be useful in determining applicability and application requirements. Ecology may request additional information from facilities with cooling water intake structures operating below the design intake and percentage flow thresholds. Ecology will use the information provided to make a case-by-case determination of the need for additional requirements per 40 CFR 125.80(c) and 40 CFR 125.90(b).

For special accommodations or documents in alternate format, call the Water Quality Program at 360-407-6600. Persons with hearing loss, call 711 for Washington Relay Service. Persons with a speech disability, call 877-833-6341.