



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: Greenwood mushrooms sunnyside IA LLC
2. Facility Name: _____
(if different from Applicant)
3. Applicant Mail Address: 1111 midvale road
Street
Sunnyside WA 98944
City/State Zip
4. Facility Location Address: Same as above
(if different from 3 above) Street

City/State Zip
5. UBI No. 605-028-021
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):
46.287893 / -120.017585

DEPARTMENT OF ECOLOGY
CENTRAL REGIONAL OFFICE
RECEIVED
September 9, 2024
Received via: crowqpermits@ecy.wa.gov

| | | | |
|---------------------------------|---------------------|---|---------------------------------|
| 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:

Name Jeffery W. Cratty Title General manager

Telephone number 484-631-5824 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* Edward L. Carlson Date May 28, 2024 Title CEO

Printed Name Edward L. Carlson

*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 [Signature] Date 05/28/2024 Title or function at the facility General manager

Printed name Jeffery W. Cratty

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:

mushroom farm that produces organically grown white and brown mushrooms.

SIC - 0182

NAICS - 111411

- List raw materials and products used at his facility:

| Type | RAW MATERIALS | Quantity |
|---------------------------|---------------|-----------------------------|
| Grapes (Example) | | 1,000 tons per year |
| Supplement | | 208 TONS per year |
| Spawn | | 1166 TONS per year |
| Hydrated Lime | | 5.2 tons per year |
| Peat moss | | 102,960 cubic feet per year |
| wheat straw | | 12,500 tons per year |
| Type | PRODUCTS | Quantity |
| Grape Juice (Example) | | 300,000 gallons per year |
| DPW (Dried poultry waste) | | 8,476 tons per year |
| Canola meal | | 884 tons per year |
| gypsum | | 832 tons per year |
| | Products: | |
| mushrooms | | 13 million lbs 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 |
|------------------------------|-------------------|------------------|-------------------------------------|
| Phase I compost | Goody water | 1 | Batch |
| Phase II/III tunnel cleaning | waste water | 2 | Batch |
| Crop watering | waste water | 3 | Batch |
| Growing room washdown | wastewater | 4 | Batch |
| Farm Sanitation | waste water | 5 | Continuous |
| | | | |
| | | | |

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? _____ gallons/day
no flow meters on discharge
 What is the maximum average monthly wastewater discharge flow (daily flows averaged over a month)? _____ 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.)

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: no flow meters and Discharge

☐ 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 |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 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? 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:

- | 8. | Some types of facilities are required to have spill or waste control plans. Does this facility have: | Yes | No |
|----|---|-------------------------------------|-------------------------------------|
| 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 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: _____ | <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) _____

☐ Private Well

☐ Surface Water

a. Water Right Permit Number: _____

b. Legal Description of Water Source

_____ 1/4S, _____ 1/4E, _____, Section, _____ TWN, _____ R

2. Potable water use

a. Indicate total water use _____

Gallons per day (average) 673

Gallons per day (maximum) 700

b. Is water metered?

☒ YES ☐ NO

SECTION E. WASTEWATER INFORMATION

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

See attached analysis's

Intake: city meters

Effluent: _____

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 | Maximum | Average | | | |
| | BOD (5 day) | | | | | 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 | |
| | 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 |
| | pH | | | | | 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 | Maximum | Average | | | |
| | 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 | 0.1/1.5 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:

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.)* no wells on site

SECTION G. OTHER PERMITS

1. List all environmental control permits or approvals needed for this facility; for example, air emission permits.

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: Part of Sunnyside)*
- ☐ 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 checked="" type="checkbox"/> Oil/Water Separator | <input type="checkbox"/> Detention Facilities |
| <input checked="" type="checkbox"/> Containment | <input type="checkbox"/> Infiltration Basins |
| <input checked="" 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.

Attached

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.

All Raw materials are stored in open bunkers to prevent any runoff on the site

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:

Treatment Works Owner:

PORT OF SUNNYSIDE

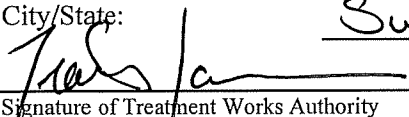
Street:

747 MIDVALE RD

City/State:

SUNNYSIDE

Zip: 98944


Signature of Treatment Works Authority

5-28-2024
Date

PLANT MANAGER
Title

TRAVIS JANSEN
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:

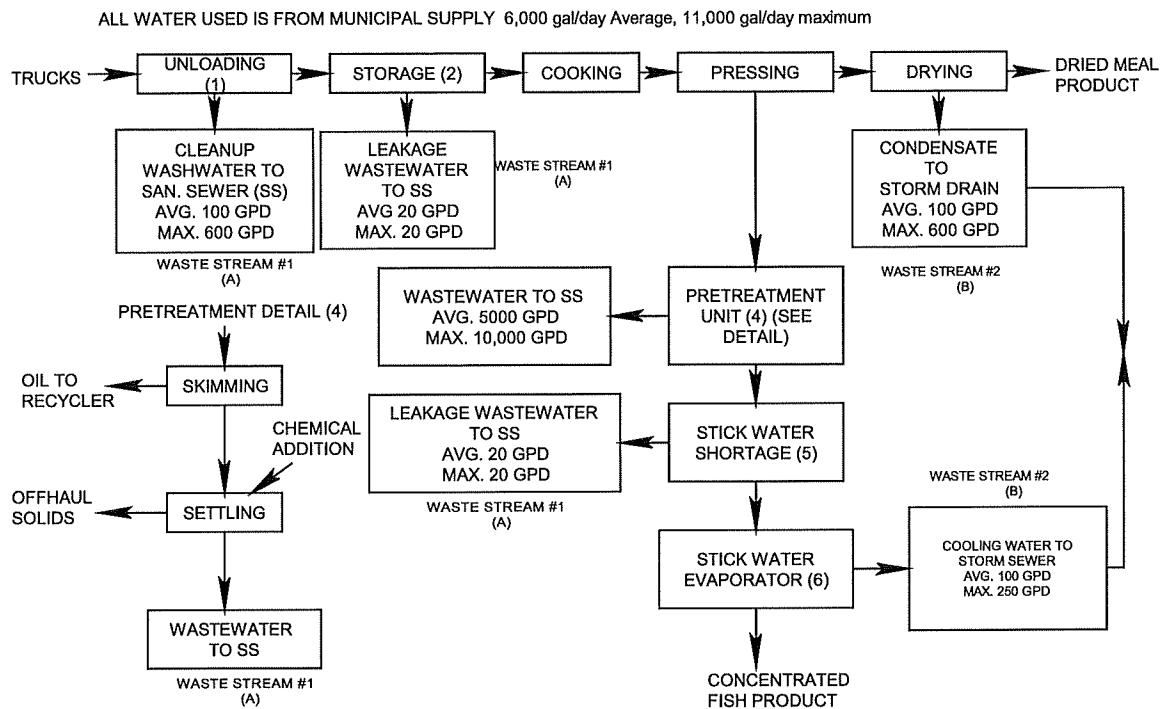
Signature of Sewer System Authority

Date

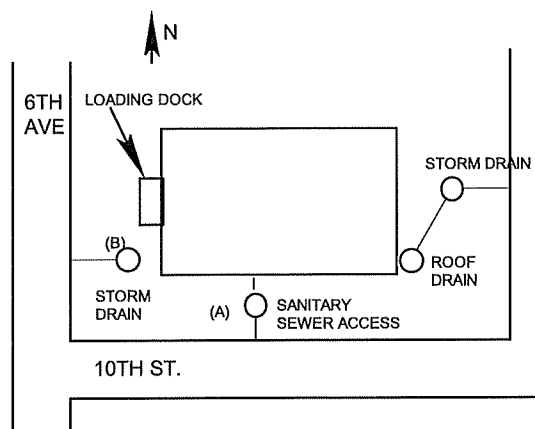
Title

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)

- ☒ C.2. Production schematic flow diagram and water balance
- ☐ C.4. Wastewater treatment improvements
- ☐ C.7. Additional incidental materials
- ☒ E.8. Additional results of effluent testing
- ☒ F.1. Facility site map
- ☐ H.5. Stormwater drainage map

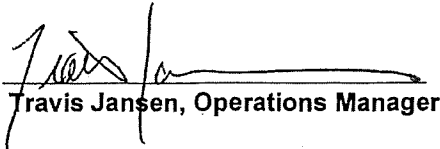
If you need this document in a format for the visually impaired, call the Water Quality Program at 360-407-6600. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.

PORT OF SUNNYSIDE INDUSTRIAL WASTEWATER TREATMENT FACILITIES

MONTH: FEB 2024 FACILITY: WINDMILL FARMS

| | DATE | FLOW CU FT | FLOW GAL | COD mg/L | BOD mg/L | TSS mg/L | TKN mg/L | TOTAL P mg/L | CHLORIDE mg/L | AMMONIA mg/L |
|----------------|-------|-------------------|---------------|----------|----------|----------|----------|--------------|---------------|--------------|
| | 1 | | | | | | | | | |
| | 2 | | | | | | | | | |
| | 3 | | | | | | | | | |
| | 4 | | | | | | | | | |
| | 5 | | | | | | | | | |
| | 6 | | | | | | | | | |
| | 7 | | | | | | | | | |
| | 8 | | | | | | | | | |
| | 9 | | | | | | | | | |
| | 10 | | | | | | | | | |
| | 11 | | | | | | | | | |
| | 12 | | | | | | | | | |
| 8 LOADS | 13 | 6417 | 48000 | 8,280 | | 1,060.0 | 378.9 | | 1,125.5 | |
| 6 LOADS | 14 | 4813 | 36000 | 6,810 | | 766.7 | 781.5 | 63.0 | 1,164.4 | |
| 6 LOADS | 15 | 4813 | 36000 | 7,480 | 2690 | 993.3 | | | 1,137.1 | |
| 3 LOADS | 16 | 2406 | 18000 | 8,300 | | | | | 861.9 | 430.0 |
| | 17 | | | | | | | | | |
| | 18 | | | | | | | | | |
| | 19 | | | | | | | | | |
| 9 LOADS | 20 | 7219 | 54000 | 7,280 | | | | | | |
| 6 LOADS | 21 | 4813 | 36000 | 8,080 | 1600 | 850.0 | 793.4 | 54.0 | 919.9 | 560.0 |
| 6 LOADS | 22 | 4813 | 36000 | 9,210 | | | | | | |
| | 23 | | | | | | | | | |
| | 24 | | | | | | | | | |
| | 25 | | | | | | | | | |
| 2 LOADS | 26 | 1604 | 12000 | 7,160 | | | | | | |
| | 27 | | | | | | | | | |
| | 28 | | | | | | | | | |
| 6 LOADS | 29 | 4813 | 36000 | 8,940 | 2971 | 1,320.0 | 784.3 | 62.0 | 1,150.7 | 490.0 |
| | 1 | | | | | | | | | |
| | TOTAL | 41,711 | 312,000 | | | | | | | |
| | MAX | 7,219 | 54,000 | 9,210 | 2,971 | 1,320.0 | 793.4 | 63.0 | 1,164.4 | 560.0 |
| | MIN | 1,604 | 12,000 | 6,810 | 1,600 | 766.7 | 378.9 | 54.0 | 861.9 | 430.0 |
| | AVG | 4,635 | 34,667 | 7,963 | 2,420 | 1,001.9 | 661.0 | 59.7 | 1,080.6 | 506.0 |
| | | | | COD | BOD | TSS | TKN | T-P | CI | NH3 |
| TOTAL MONTHLY | | TOTAL MONTHLY LBS | | 20,736 | 6,302 | 2,609 | 1,721 | 155 | 2,814 | 1,318 |
| HYDRAULIC LOAD | | 41,711 | AVG DAILY LBS | 715 | 217 | 90 | 59 | 5 | 97 | 45 |

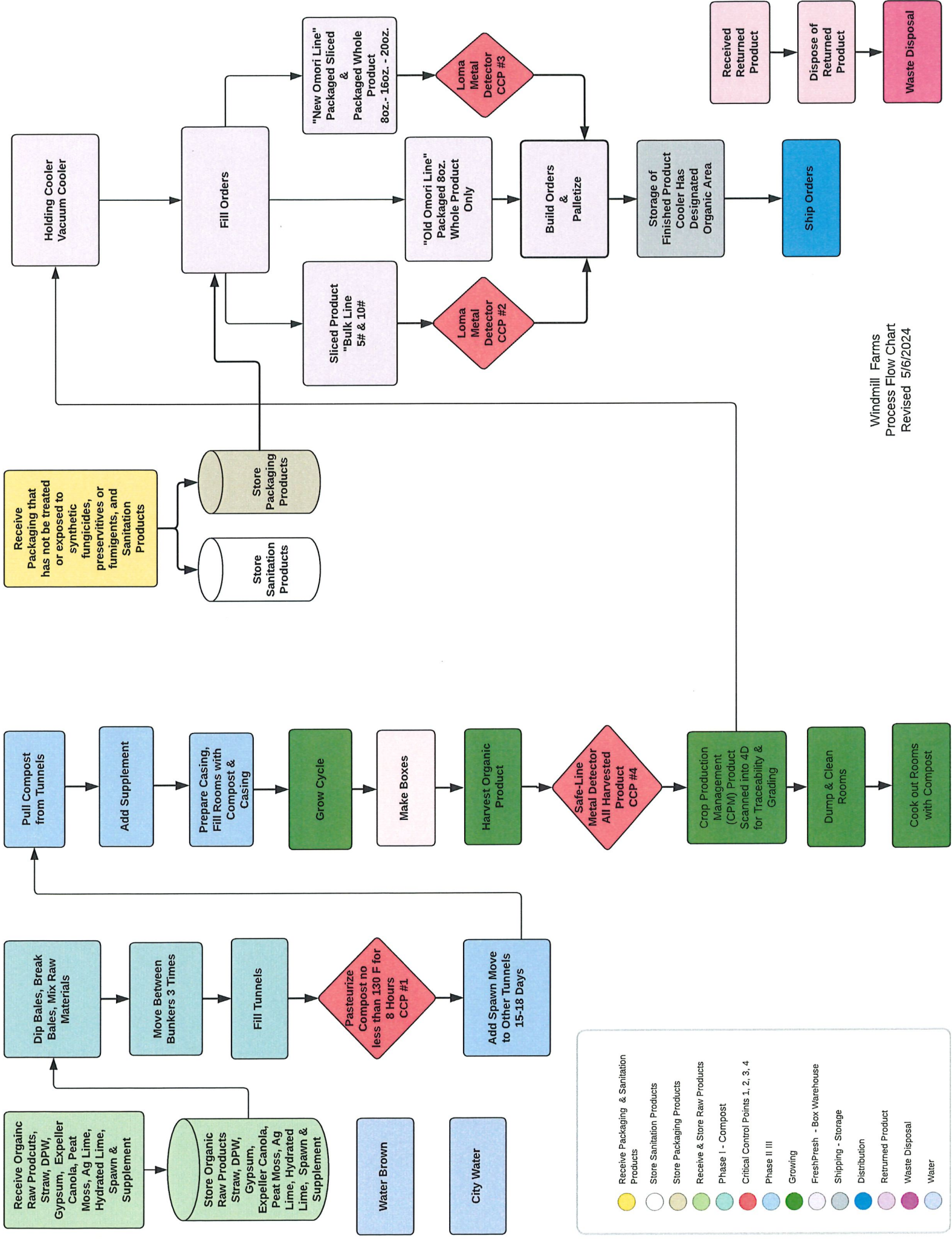
I CERTIFY UNDER PENALTY OF LAW, THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING 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.


Travis Jansen, Operations Manager

Industry Signature



- Blue Oval ● = Pack House
- Blue Triangle ▲ = Pack House Loading Dock
- Blue Square ■ = Growing Rooms, 4,943 sq. ft. x 48 Rooms
- Blue Arrow → = Covered Passage (Corridor B)
- Blue Diamond ◆ = Phase II III
- Blue Hour Glass ⌵ = Soil Room
- Blue Arrow (Pointing South) ↓ = Compost Warf
- Blue Cylinder = North & South Corridors
- Blue Plus Sign = Boiler Room
- Blue Pentagons = Chiller Rooms



Windmill Farms
Process Flow Chart
Revised 5/6/2024

**Department of Ecology
Water Quality Program
Central Regional Office
Permit Application Review Comments**

| | |
|-----------------------------------|---|
| Name of Owner | Greenwood Mushrooms Sunnyside IA LLC |
| Project Name | Greenwood Mushrooms Sunnyside IA LLC |
| Name of Documents Reviewed | Application for a State Waste Discharge Permit to Discharge Industrial Wastewater to Ground water and Publicly-Owned Treatment Works (POTW) |
| Date of Review | 6/13/2024 |
| Reviewer | Stephanie Giesin and Matt Durkee, LHG |

| Comment Number | | Comment |
|-----------------------|-----------------------------------|--|
| ✓ 1 | Section A. #8, page 2 (GW) | Existing unpermitted discharge should be checked since this facility does not have a permit. |
| ✓ 2 | Section B #1 page 3 (GW) | Please describe the manufacturing processes and products at this facility. Provide all applicable Standard Industrial Category (SIC) and the North American Industry Classification System (NAICS) <i>0182 111411</i> |
| ✓ 3 | Section C #3 page 4 (GW) | Please provide estimates for flows. |
| ✓ 4 | Section C #5 page 5 (GW) | Please fill in the table with estimates of monthly flows and check the appropriate box. |
| ✓ 5 | Section C #6 page 5 (GW) | Please provide the size of the lagoon. |
| ✓ 6 | Section E pages 10-11 (GW) | Provide summary of wastewater analytical data in the tables provided. Don't need to have data for all the parameters, but at least include the data for the more basic ones. The lab sheets can be included as an attachment to the application. |
| ✓ 7 | Section F page 15 (GW) | Please provide monitoring well or supply well data if any wells are located and operational on site. |
| ✓ 8 | Section H #1 page 19 (GW) | The permit number indicated on the application is for Construction Stormwater (WAR306476). This permit was terminated as of June 10, 2021. |
| ✓ 9 | Section H #2-6, page 19 & 20 (GW) | Please complete the rest of Section H #2 through #6. |
| ✓ 10 | Attachments (GW) | Please include a facility map and production schematic flow diagram. Ideally it would be good to have soil descriptions, local geology, and hydrology from the other attachments listed on the application. |
| 11 | Applications | Here are links to the applications that are digitally accessible if that works better. State Waste Discharge (SWD) to Ground: https://apps.ecology.wa.gov/publications/SummaryPages/ecy040179.html SWD to POTW: https://apps.ecology.wa.gov/publications/SummaryPages/ecy040177.html |