



# Application for Coverage or Modification of Coverage for the Fresh Fruit Packing General Permit

## INSTRUCTIONS FOR COMPLETING THIS APPLICATION

This application is for coverage under the Washington State Department of Ecology-Fresh Fruit Packing General Permit in accordance with provisions of chapter 90.48 RCW and chapter 173-226 WAC. Follow these instructions when completing this application:

- All questions must be answered completely.
- This form must be typed or printed in ink.
- Identify all chemical additives by manufacturer and brand names.
- Add additional sheets where needed and for any question.

Submit completed and signed applications to the appropriate regional office.

**For facilities located in Central Region Counties:**  
Benton, Chelan, Douglas, Kittitas, Klickitat, Okanogan, Yakima.

**ATTN: MARCIA PORTER**  
WASHINGTON STATE DEPARTMENT OF ECOLOGY  
CENTRAL REGION OFFICE  
1250 W. ALDER STREET  
UNION GAP, WA 98903-0009  
509-406-6624  
[marcia.porter@ecy.wa.gov](mailto:marcia.porter@ecy.wa.gov)

**For facilities located in Eastern Region Counties:** Adams, Asotin, Columbia, Ferry, Franklin, Garfield, Grant, Lincoln, Pend Orielle, Spokane, Stevens, Walla Walla, Whitman.

**ATTN: DAVID ENNIS**  
WASHINGTON STATE DEPARTMENT OF ECOLOGY  
EASTERN REGION OFFICE  
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SPOKANE, WA 99205-1295  
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### CERTIFICATION STATEMENT AND SIGNATURES

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision. The information submitted is, to the best of my knowledge, 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.

Signature*	Date Signed
Name (printed)	Title

\*Application must be signed as follows - Corporations: by a principal executive officer of at least vice-president level. Partnership: by a general partner. Sole Proprietorship: by the proprietor. If these titles do not apply within your organization, the application is to be signed by the person who makes budget decisions for this facility.

#### FOR OFFICE USE ONLY

_____	_____
Company Name	Date Received
_____	_____
Facility Name	Date Accepted
_____	_____
Permit Number	Accepted By

To request ADA accommodation or materials in a format for the visually impaired, call Ecology at 360-407-6600. Persons with impaired hearing may call Washington Relay Service at 711. Persons with speech disability may call TTY at 877-833-6341.

**SECTION A – GENERAL INFORMATION**

1. COMPANY NAME: \_\_\_\_\_

2. FACILITY NAME (if different from company name): \_\_\_\_\_

3. PERMIT NUMBER: \_\_\_\_\_ (NOTE: new applicants will not have a permit number)

4. ADDRESSES/LOCATION/CONTACTS:

Mailing: Street/P.O. Box: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Facility Location: Street: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Facility Latitude and Longitude (in decimal degree format): N \_\_\_\_\_ W \_\_\_\_\_

LEGALLY RESPONSIBLE PARTY: Name/Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

FACILITY CONTACT: Name/Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

5. FACILITY OWNERSHIP INFORMATION:

Is this facility leased to or from another company or individual? YES \_\_\_\_\_ NO \_\_\_\_\_

(If yes complete the following)

(Use X where appropriate) Leased to: \_\_\_\_\_ OR Leased From: \_\_\_\_\_

Name (company or individual): \_\_\_\_\_

Mailing Address: Street/P.O. Box \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Will the company or individual listed in Facility Ownership Information be responsible for permit compliance and permit fees? YES \_\_\_\_\_ NO \_\_\_\_\_

6. CONSULTANTS:

Laboratory: \_\_\_\_\_ Contact Name and Phone: \_\_\_\_\_

Cooling System Consultant:

Company Name: \_\_\_\_\_

Contact Name and Phone: \_\_\_\_\_

Other Consultant or Engineer:

Company Name: \_\_\_\_\_

Contact Name and Phone: \_\_\_\_\_

## SECTION B – IDENTIFICATION OF WASTEWATER DISCHARGES

List all of the wastewater discharge sources and their Treatment/Disposal Method(s) (TDM) for the facility in the table below. Discharges from the same source having substantially different characteristics should be treated as separate discharges. For example, packing apples and pears on the same line would be considered two separate discharges if a pear float enhancer is used. Each facility must submit a site sketch or engineering drawing of the facility with discharge outfalls labeled. See Section E for complete labeling information.

FOR EACH DISCHARGE IDENTIFY THE FOLLOWING:

- Wastewater Source (i.e. drencher, pear float tank, apple packing line, non-contact cooling water). You must complete one or more parts of Section C. 1-6 for each discharge source AND Section D. 1-6, for each TDM used for each wastewater source. Choose only from the following TDM's:
  - Lined Evaporative Lagoon (complete Section D1. about your lagoon(s))
  - Dust Abatement (complete Section D2 about your dust abatement site(s))
  - Land Application (complete Section D4 about your land application site(s))
  - Publicly Owned Treatment Works (POTW) (complete Section D3 and obtain signatures of POTW owner/authorities).
  - Percolation Systems (complete Section D5 about your percolation system(s))
  - Surface Water (complete Section D6 about your receiving water(s))
- Chemical additives for each discharge if any are used (i.e., chlorine-based, pear float enhancer, Penbotec®, Scholar®, etc.)

### DESCRIPTIONS OF WASTEWATER DISCHARGE SOURCES

Wastewater Discharge ID Number	WASTEWATER SOURCES	CHEMICAL ADDITIVES	TDM
001			
002			
003			
004			
005			
006			
007			
008			
009			
010			
011			
012			

### SECTION C – WASTEWATER SOURCES

Put an “X” for all operations generating a wastewater discharge at this facility. Complete a separate line in the following tables for each appropriate discharge identified in the discharge source table in Section B.

- Maximum gallons per day (gal/day) = Maximum gallons discharged in a 24-hour period
- Total gallons per year (gal/year) = Total gallons discharged in a 12-month period

**1. DRENCHING**

Will drenching be done at this facility? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, complete one line in the following table for each drencher identified in Section B.

**DRENCHER DISCHARGE AND VOLUME INFORMATION**

ID Number (Section B)	Drencher Type (Truck or Bin)	Maximum gal/day	Maximum gal/year	Chemical Additives: for each additive identify: <ul style="list-style-type: none"> <li>• Manufacturer’s Name</li> <li>• Brand Name</li> <li>• Maximum Use Concentration</li> </ul>

**2. PRE-SIZING**

Will pre-sizing be done at this facility? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, complete one line in the following table for each pre-size line identified in Section B.

**PRE-SIZING DISCHARGE AND VOLUME INFORMATION**

ID Number (Section B)	Maximum gal/day	Maximum gal/year	Chemical Additives: for each additive identify: <ul style="list-style-type: none"> <li>• Manufacturer’s Name</li> <li>• Brand Name</li> <li>• Maximum Use Concentration</li> </ul>

**3. PACKING**

Will packing be done at this facility? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, complete one line in the following table for each pack line discharge identified in Section B.

**PACKING LINE DISCHARGE AND VOLUME INFORMATION**

ID Number (Section B)	FRUIT TYPE (Apple, Pear, Cherry, etc.)	Maximum gal/day	Maximum gal/year	Chemical Additives: for each additive identify: <ul style="list-style-type: none"> <li>• Manufacturer's Name</li> <li>• Brand Name</li> <li>• Maximum Use Concentration</li> </ul>

**4. STORING**

Will storing (CA or Regular) be done at this facility? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, complete one line in the following table for each Non-Contact Cooling Water (NCCW) discharge identified in Section B.

**STORING DISCHARGE AND VOLUME INFORMATION**

ID Number (Section B)	STORAGE TYPE (CA or Regular)	Maximum gal/day	Maximum gal/year	Chemical Additives: for each additive identify: <ul style="list-style-type: none"> <li>• Manufacturer's Name</li> <li>• Brand Name</li> <li>• Maximum Use Concentration</li> </ul>

**5. HYDROCOOLING**

Will hydrocooling be done at this facility? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, complete one line in the following table for each hydrocooling discharge identified in Section B.

**HYDROCOOLING DISCHARGE AND VOLUME INFORMATION**

ID Number (Section B)	Fruit Type Being Cooled (i.e. Pears and/ or Cherries)	Maximum gal/day	Maximum gal/year	Chemical Additives: for each additive identify: <ul style="list-style-type: none"> <li>• Manufacturer's Name</li> <li>• Brand Name</li> <li>• Maximum Use Concentration</li> </ul>

**6. OTHER WASTEWATER DISCHARGES**

Are there any other wastewater discharges not already specified in Section C being generated at this facility? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, complete one line in the following table for each additional discharged identified in Section B.

**OTHER IDENTIFIED DISCHARGES AND THEIR VOLUME**

ID Number (Section B)	Wastewater Source	Maximum gal/day	Maximum gal/year	Chemical Additives: for each additive identify: <ul style="list-style-type: none"> <li>• Manufacturer's Name</li> <li>• Brand Name</li> <li>• Maximum Use Concentration</li> </ul>

## SECTION D – TREATMENT/DISPOSAL METHODS (TDM’S)

In the following tables, describe each TDM used at this facility (listed in the discharge source table in Section B).

### 1. LINED EVAPORATIVE LAGOONS

Lined evaporative lagoons are imperviously lined and engineered structures that rely upon evaporation and/or sprinkler systems (land application) for water removal. Lined lagoons also include above ground pre-manufactured, fiberglass, or metal tanks. Lagoon geomembrane liners constructed after July 1, 2004, but before July 1, 2009, must meet or exceed the performance specifications of 40 mil HDPE liner. Lagoon geomembrane liners constructed after July 1, 2009, must meet or exceed the performance specifications of a 60 mil HDPE liner. For the purposes of this general permit, clay liners are not acceptable.

Will a lined evaporative lagoon(s) be used at this facility? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, complete a column in the table below for each lagoon.

**Available Depth** = total lagoon depth – two feet of freeboard

**Usable Volume (cubic feet)** = length (feet) X width (feet) X available depth (feet)

	Lagoon 1	Lagoon 2	Lagoon 3
<b>ID Number (Section B):</b>			
<b>Length of Lagoon (feet):</b>			
<b>Width of Lagoon (feet):</b>			
<b>Available Depth (feet):</b>			
<b>Usable Volume (cubic feet):</b>			
<b>Type of Liner (i.e. HDPE):</b>			
<b>Date of Last Liner Inspection:</b>			
<b>Results of Last Liner Inspection:</b>  <b>(Include any actions taken to correct any problems found—attach additional sheets if necessary)</b>			

## 2. DUST ABATEMENT

Dust abatement is the application of wastewater to unpaved bin storage lots and unpaved roads (orchard roads) for the purpose of dust suppression. Although most wastewater can be discharged via dust abatement, this TDM is intended primarily for the discharge of drencher wastewater and pear float tank wastewater containing a pear float enhancer.

A. Will there be any wastewater discharges to dust abatement at this facility?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, complete one column in the table below for each separate dust abatement site.

**Site type** refers to the different types of application sites such as unpaved bin lots or unpaved orchard roads.

**Site location** refers the application sites at separate locations.

	Site 1	Site 2	Site 3
ID Number (Section B)			
Site Type (i.e. bin lot or orchard road):			
Site Location (briefly describe where the site is located):			
Depth to Groundwater (feet):			
Surface Area of Application Site (acres):			
Maximum Application Rate (gallons/acre/day):			

B. A Road Management Plan (RMP) must be developed for each dust abatement site. See Special Condition S5.B.4 in the permit for more information. Has an RMP been completed for each dust abatement site described in the table above?

YES \_\_\_\_\_ NO \_\_\_\_\_ If no, indicate when your facility will complete the RMP: \_\_\_\_\_

C. Is the dust abatement site(s) owned by your company? YES \_\_\_\_\_ NO \_\_\_\_\_

If no, is there a signed and certified contract or agreement which authorizes the use of this land for the discharge of wastewater for the purpose of dust suppression? YES \_\_\_\_\_ NO \_\_\_\_\_



### 3. PUBLICLY OWNED TREATMENT WORKS (POTW)

A POTW is a municipal or regional wastewater treatment plant.

A. Will there be any wastewater discharges (other than sanitary wastewater) from this facility to a POTW?  
 YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, complete the following table and have the relevant certifications signed by the appropriate authorities:

Name of POTW:	
ID Numbers (Section B):	

#### B. POTW Certification

If wastewater other than sanitary wastewater is discharged or will be discharged to a POTW, the following certification must be signed by the proper POTW authority.

Name of POTW:	
Address (Street/City, State/Zip):	
POTW Authority Name (printed):	
POTW Authority Title:	
POTW Authority Signature:	
Date Signed:	

Certification Statement for POTW Authority: I have reviewed this application and based upon that review, I have determined that the POTW specified above has adequate hydraulic and treatment capacity to accept the flows from this facility as described in this application.

#### C. Contributory Collection System Certification

A contributory collection system is a system that provides no treatment, but only collects wastewater and then discharges it into a separate wastewater treatment system. An example of such a system is the Union Gap Collection System that discharges to the Yakima Regional Wastewater Treatment System (Yakima POTW). If wastewater other than sanitary wastewater is discharged or will be discharged to a contributory collection system, the following certification must be signed by the proper contributory collection system authority.

Name of Collection System:	
Address (Street/City, State/Zip):	
Collection System Authority Name (printed):	
Collection System Authority Title:	
Collection System Authority Signature:	
Date Signed:	

Certification Statement for Collection System Authority: I have reviewed this application and based upon that review, I have determined that the collection system specified above has adequate hydraulic capacity to accept the flows from this facility as described in this application.

#### 4. LAND APPLICATION

Land application uses an engineered system for applying wastewater to a vegetated land surface. The applied wastewater is treated but the chemical, biological, and physical processes as it flows through the plant-soil matrix. The system consists of the land application site, a distribution system (i.e., sprinklers) for evenly distributing the wastewater, and a lined lagoon (or other Ecology-approved, self-contained storage system) for storing wastewater during periods when it cannot be applied (i.e., frozen ground).

A. Will there be any wastewater discharges to a land application site at this facility?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, complete one column in the table below for each land application site.

**Site type** refers to different types of application sites, such as irrigated cropland, irrigated orchard land, or un-irrigated non-cropland.

	Site 1	Site 2	Site 3
ID Number (Section B):			
Site Type:			
Site Location (give a brief description of where the site is located):			
Depth to Groundwater (feet):			
Surface Area of Application Site (acres):			
Maximum Application Rate (gallons/acre/day):			

B. Is the land application site(s) owned by your company?

YES \_\_\_\_\_ NO \_\_\_\_\_

If no, is there a signed and certified contract or agreement which authorizes the use of this land for the discharge of wastewater?

YES \_\_\_\_\_ NO \_\_\_\_\_

## 5. PERCOLATION SYSTEM

A percolation system is an engineered system for the treatment of wastewater as it percolates through the soil matrix. The system is designed to account for hydraulic and nutrient loading rates, wet and dry cycles to maintain aerobic conditions, even wastewater distribution, and other relevant design parameters. Ecology will strictly review plans to discharge wastewater to percolation systems before permitting.

A. Will there be any wastewater discharges to a percolation system at this facility?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, complete one column in the table below for each percolation system.

**The Wet/Dry Cycle** refers to the function of the soil type, percolation rates, climate, and dosing cycles.

**Application Days** = number of days per cycle that wastewater is discharged to the system.

**Percolation Days** = number of days per cycle that it takes the applied wastewater to completely percolate into the ground.

**Dry Days** = number of days the system stays dry before the next wastewater application.

	System 1	System 2	System 3
ID Number (Section B):			
Depth to Groundwater (feet):			
Surface Area of System (feet):			
Maximum Application Rate (gallons/acre/day):			
Number of Application Days:			
Number of Percolation Days:			
Number of Dry Days:			

B. Is the percolation system(s) owned by your company?

YES \_\_\_\_\_ NO \_\_\_\_\_

If no, is there a signed and certified contract or agreement which authorizes the use of this percolation system for the discharge of wastewater?

YES \_\_\_\_\_ NO \_\_\_\_\_

**6. SURFACE WATER**

Surface waters include but are not limited to: lakes, rivers, ponds, streams, creeks, inland waters, wetlands, irrigation canals, return ditches or drains, stormwater, and drainage ditches, and all other surface waters and watercourses within the jurisdiction of Washington State.

**NOTE** – discharges of process wastewater to surface waters require monthly discharge monitoring reports (DMR’s). Facilities with treatment facilities must submit an Operation and Maintenance manual (see permit Special Condition S10.A). Discharges of NCCW with chemical additives to surface waters need to pass a Whole Effluent Toxicity (WET) test for acute toxicity within one year of receiving coverage under the permit or within three months of any changes in chemical additives. See permit Special Condition S5.F.7 for more information regarding WET tests.

A. Will there be any wastewater discharges to surface waters at this facility?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, complete one column in the table below for each surface water discharge outfall.

	Outfall 1	Outfall 2	Outfall 3
ID Number (Section B):			
Name of Receiving Water Body:			
Maximum Discharge Rate (gallons/day):			
Latitude (decimal degrees):	N	N	N
Longitude (decimal degrees):	W	W	W
Description of Outfall (i.e. submerged 6” pipe to river, open ditch to river, etc.):			

B. Are any of the above discharges to a collection system (i.e. municipal stormwater system, irrigation return canal, stormwater ditch, etc.) that eventually discharge to a surface water?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, complete one column in the table below for each discharge.

	Outfall 1	Outfall 2	Outfall 3
ID Number (Section B):			
Name of Collection System:			
Owner of Collection System:			
Description of Collection System (i.e. open ditch, closed pipe, etc.)			
Approximate Distance Wastewater Travels in Collection System:			

C. Has the discharge(s) to a collection system been authorized via a signed and certified contract or agreement?

YES \_\_\_\_\_ NO \_\_\_\_\_

## **SECTION E – FACILITY SITE SKETCH**

In the space below or on an attached sheet, sketch a map of this facility. You may also attach a copy of an already existing map. It does not need to be exactly to scale, but should be as close as possible. Within the map, the following items must be labeled on the drawing or map:

- All buildings located on the property
- Wastewater sources (i.e. packing lines, drenchers, hydrocoolers, engine rooms with NCCW, etc.)
- TDM's (i.e. dust abatement sites such as bin lots, lined lagoons, land application sites, pipes to POTW's or surface waters, etc.). If this facility uses a TDM off-site (i.e. orchard road on the other side of town), sketch an additional map for that TDM site.
- Nearby roads, driveways, and parking lots
- Any nearby surface waters (i.e. creeks, rivers, lakes, irrigation canals, and return ditches, etc.)

## SECTION F – ADDITIONAL INFORMATION

### 1. ENVIRONMENTAL COMPLIANCE PLAN (ECP)

Has an ECP containing the following four sections been completed for this facility?

- Treatment/Disposal Methods Operations Plan
- Solid Waste Management Plans
- Spill Prevention Plan
- Stormwater Pollution Prevention Plan

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, indicate when it was last reviewed and updated: \_\_\_\_\_

If no, indicate when your facility will complete an ECP: \_\_\_\_\_

### 2. PRODUCTION

In the table below, give approximate annual production numbers (for new facilities, estimations are allowed).

	Annual Maximum	Annual Maximum (SMALL Cherry Bins)	Annual Average (last three years)
Number of bins packed:			
Number of bins stored:			
Number of bins drenched:			

### 3. USE OF OTHER FACILITIES TO PACK OR STORE

Does this facility currently or have future plans to rent storage space or packing lines to or from any other company?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, complete the following table.

Rental Status (check one):	To _____ From _____	To _____ From _____	To _____ From _____
Type of Rental (check all that apply)	Storage _____ or Packing _____	Storage _____ or Packing _____	Storage _____ or Packing _____
Company Name:			
Address:			
City/State/Zip:			
Phone/Email:			

**4. WATER CONSUMPTION**

Indicate Water Source(s) (check all that apply):	Private Well _____ Surface Water _____ Public System _____
Water Right Permit or Certification Number (if applicable):	
Is Water Metered:	YES _____ NO _____
Water Usage, Average gal/day	
Water Usage, Maximum gal/day	

**5. RECYCLING**

Is there any water recycling or reclamation processes currently in use that may affect any of the wastewater discharges identified in Section B?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, complete the table below:

ID Number (Section B)	Description of Recycling or Reclamation Process	Date Implemented

**6. SLUDGE/SOLID WASTE HANDLING**

Will any sludge or other solid waste be generated at this facility? This includes but is not limited to, culled fruit (non-juice), rotted fruit, leaves and sludge from sedimentation basins or lined lagoons.

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, describe in the table below how they are disposed of.

Description of Solid Waste or Sludge (i.e. leaves, rotted fruit, culled fruit, etc.)	Description of How Solid Waste and/or Sludge is disposed of (i.e. landfill, permitted composting facility, etc.)

**7. HAULED DISCHARGES**

A. Does this facility haul, or intend to haul, off-site any process wastes, sludge, or wastewater? This can include bin lots or orchard roads located off-site, landfills, and/or permitted composting facilities.

YES \_\_\_\_\_ NO \_\_\_\_\_

B. Will the hauling be done by an outside contract hauler?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes to either question, complete the table below.

	Hauled Discharge 1	Hauled Discharge 2
Who Will do the Hauling:	Self _____ Contractor _____	Self _____ Contractor _____
Type of Waste to be Hauled:		
Destination of Waste Material:		
Contracted Hauler Company Name:		
Contact Name Contract Hauler:		
Street Address of Contracted Hauler, including City/State/Zip:		
Phone Number:		

**8. DANGEROUS WASTE**

Does this facility produce or store (on-site or off-site) any wastes that are designated as dangerous or extremely hazardous under the provisions of Chapter 173-303 WAC, Dangerous Waste Regulations?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, complete the following table.

Description of Waste(s)	Permit Number



**9. STORED MATERIALS**

List any materials (i.e. oils, solvents, lubricants, cleaners, chemical products, etc.) that are stored on-site in 55 gallon or larger containers. Materials in smaller containers should be listed if they have the potential to cause groundwater or surface water contamination.

Material	Quantity Stored

## 10. PRETREATMENT

Are there any pretreatment processes used to improve wastewater quality operated at your facility?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, list the ID Number (Section B) for all the wastewater discharges which utilize the pretreatment processes listed in the table below.

ID Number (Section B)	Pretreatment Process
	Air Flotation
	Centrifuge
	Chemical Precipitation
	Chlorination
	Cyclone Screen/Filter
	Dechlorination
	Filtration
	Flow Equilization
	Grease or Oil Separation
	Grease Trap
	Grit Removal
	Ion Exchange
	pH Correction
	Ozonation
	Reverse Osmosis
	Screens (metal, fabric, etc.)
	Sedimentation
	Septic Tank
	Solvent Separation
	Constructed Wetland (lined)
	Rock or Reed Filter (lined)
	Stormwater Diversion
	Bio-Treatment (specify)
	Chemical Treatment (specify)
	Physical Treatment (specify)
	Other (specify)
	Other (specify)
	Other (specify)
	Other (specify)
	Other (specify)

### 11. SEASONAL WASTEWATER DISCHARGE VARIATIONS

Do any of the wastewater discharges listed in Section B seasonally vary? In other words, are there any months that your wastewater discharges have reduced flows or zero discharges?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, complete the following table by writing:

- “N” in each month that a particular waste stream is discharged at normal flows
- “R” in each month that a particular waste stream is substantially reduced (i.e. less than half of normal flow)
- “0” in each month that a particular waste stream has zero discharge.

ID Number (Section B)	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
001												
002												
003												
004												
005												
006												
007												
008												
009												
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011												
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