

Application for Coverage Notice of Intent To Apply For Coverage Under A Winery General Permit

See Appendix A for inst	tructions on now to compl	lete this form.	
A. Reason For Applying for Permit Coverage			
☐ New permit application for:			
☐ Facility in operation before (effective date of permit)☐ Facility starting operation after (effective date of permit)			
☐ Updated information for permit number: _			
☐ Renewal application for permit number: _			
B. Applicant / Permittee Information			
Name of applicant/permittee:			
Title (e.g. President, Consultant, on-Site Mana	ger):		
Company Name:			
Business mailing address:			
City:	State:	Zip:	
Phone:	Unified Business Identia	fier	
Email:	(UBI):		
C. Facility Information			
Name of Facility:			
Name of Facility Contact:		Phone:	
Facility Contact Title		Cell:	
Email:			
Facility Street Address (or location description	n):		
City:	State:	Zip:	
Date Facility began or will begin operation:	Total size	of facility (acres):	

Is this facility leased to or from another company or individual? If yes, complete the following:				□ Yes □ No		
Leased to / from:						
Name (company or	individual)	:				
Mailing Address:			Ph	one:		
Name of Contact:			En	nail:		
Will this person be	responsible	for permit compl	iance and perm	it fees?	□ Yes □ No	
Does the company have more than one winemaking facility covered by the Winery General Permit? If yes, complete the following:			□ Yes □ No			
Company name of	the other w	inemaking faciliti	ies:			
Permit number(s):						
Use of Other Facilitie	es					
Does the company currently, or have future plans to, rent space at another facility to make wine? If yes, complete the following:			□ Yes □ No			
Company name of	other wine	making facilities:				
Company email:						
Are there other Ecology-issued permits for this facility? If yes, complete the following: \Box Yes \Box No						
NPDES (individual or general) permit number:						
State waste discharge (individual or general) permit number:						
D. Production and Wastewater Generation Data						
Use Appendix B to cho				Cases of wine/jui	ce:	
describes the average a the past 3 years. New f	A 1000		•	Gallons of wine/juice:		
next 3 years.			1		Tons of fruit crushed:	
Do you monitor the volume of wastewater discharged by the facility? If yes, provide approximate annual volumes for the past 3 years (gallons/year). Also include the year and indicate which of the three most closely resembles a typical year for your facility:						
☐ Typical Year ☐ Typical Year		□ Турі	cal Year			
Year 1		Year	r 2	Ye	ar 3	
Year Gal	lons/year	Year	Gallons/year	Year	Gallons/year	

Can you demonstrate that your winemaking facility is more water efficient than the industry standard of using 6 gallons of water for every 1 gallon of wine produced (for instance, 3:1 rather than 6:1)? If yes, include the documentation when you submit this application to Ecology.			
Does the facility crush fruit? ☐ Yes ☐ No			
If yes, what type of fruit does the facility crush?			
Check all of the following that are produced at the facility:			
☐ Red Wine ☐ White Wine ☐ Blush ☐ Rose ☐ Sparkling Wine ☐ Other:			
Does the facility produce a beverage other than wine? If yes, check all that apply: \Box Yes \Box No			
☐ Juice ☐ Mead ☐ Hard ☐ Beer ☐ Distilled ☐ Other (specify): cider beverages			
How much wine/juice was the facility designed to produce in a typical year?			
What is the maximum volume of winery process wastewater the waste management system at the facility was designed to manage?			
Does the facility only store wine/juice and not produce wine? If yes, and you have wastewater analysis data that demonstrates that the strength of the wastewater is consistent throughout the year, include the data with your application for coverage.			
E. Discharge Methods			
Will there be any wastewater discharges (other than domestic sewage) from this facility to a WWTP? If yes, complete the following table and have the relevant certifications signed by the appropriate authorities at the WWTP (APPENDIX C). Permit coverage will NOT be granted without this signature. \Box			
Do you have a contract or user agreement with the WWTP receiving your discharge? ☐ Yes ☐ No			
If yes, list the discharge limits from the WWTP user agreement or contract. Include the name of the parameter, the limit for the parameter, and the units.			
pH BOD ₅ TOC TDS TSS			
What are the sampling requirements in your agreement/contract with the WWTP?			

What are the pretreatment standards and requirements in your agreement/contract with the WWTP?			
Will there be discharges of wastewater as land treatment via irrigation to managed vegetation at this facility? If yes, complete the following:	□ Yes □ No		
Include the number of acres of land under the applicant's control that are available for land treatment of winery process wastewater (acres).	acres		
What is the total dissolved solids (TDS) concentration (mg/L) of the water coming into the facility (influent)?	mg/L		
Permittees are required to comply with benchmarks; see Special Condition S4.1 of the Winery General Permit. Wineries that are considered Group 1 (see the Fact Sheet for more information) may choose to comply with the Group 1 benchmarks or Group 2 benchmarks. Indicate which of the following you would choose to comply with:			
☐ Group 1 benchmarks ☐ Group 2 benchmarks			
Will there be discharges of wastewater to a lagoon or other liquid storage structure at this facility?	□ Yes □ No		
If yes, do you discharge to a lagoon that was constructed before (effective date of general permit)?	□ Yes □ No		
Will there be discharges of wastewater as road dust abatement at this facility?	☐ Yes ☐ No		
Will there be a discharge of wastewater to a subsurface infiltration system at this facility? If yes, complete the following:	☐ Yes ☐ No		
	☐ Yes ☐ No		
facility? If yes, complete the following: Is the subsurface infiltration system a residential septic system designed to treat domestic sewage? What type of wastewater was the subsurface infiltration system designed to treat apply.	□ Yes □ No		
facility? If yes, complete the following: Is the subsurface infiltration system a residential septic system designed to treat domestic sewage? What type of wastewater was the subsurface infiltration system designed to treat	□ Yes □ No		
facility? If yes, complete the following: Is the subsurface infiltration system a residential septic system designed to treat domestic sewage? What type of wastewater was the subsurface infiltration system designed to treat apply.	☐ Yes ☐ No		
facility? If yes, complete the following: Is the subsurface infiltration system a residential septic system designed to treat domestic sewage? What type of wastewater was the subsurface infiltration system designed to treat apply. □ Winery process wastewater □ Domestic sewage Do you discharge to a subsurface infiltration system that was constructed	☐ Yes ☐ No ? Check all that		

F. SEPA			
Did you begin operation after (effective date of general permit)?	☐ Yes ☐ No		
If yes, has a SEPA review been completed?	☐ Yes ☐ No		
Type of SEPA determination:			
	rated Determination of ignificance (MDNS)		
Name of agency issuing DNS, MDNS, Final EIS, or exemption:			
Date Issued:			
G. Public Notice			
Did you begin operation after (effective date of general permit)?	☐ Yes ☐ No		
If yes, complete the following (a public notice template is included in Appendix	D):		
Date of the first public notice:			
Date of the second public notice:			
Name of the newspaper that published the public notice:			
H. Certification			
"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. Unless the Department of Ecology Aquatic Invasive Species Management General Permit has more stringent requirements, all FIFRA label directions and requirements will be followed."			
Applicant Printed Name:			

direction or supervision in accordance with a syste properly gathered and evaluated the information su- persons who manage the system, or those persons of information submitted is, to the best of my knowle aware that there are significant penalties for submi- fine and imprisonment for knowing violations. Uni- Species Management General Permit has more stri- requirements will be followed."	abmitted. Based on my indirectly responsible for gadge and belief, true, accurating false information, in less the Department of Ec	quiry of the person or athering information, the rate, and complete. I am cluding the possibility of cology Aquatic Invasive
Applicant Printed Name:		
Company Name		
Title:		
Applicant Signature:		Date:
Sign and return this document to the address below (360) 407-7118 or Stacey.Callaway@ecy.wa.gov.	v. For questions contact S	tacey Callaway at
Washington Department of Ecology Water Quality Program Winery General Permit PO Box 47600 Olympia, WA 98504-7600	format for the visually Quality Program at 36 hearing loss may call 7	ability of this document in a impaired, call the Water 0-407-6401. Persons with 711 for Washington Relay a speech disability may call

APPENDIX A

Instructions

Instructions will be added before the issuance of the Winery General Permit.



APPENDIX B

Annual Production Totals

Indicate which of the following categories best represents the total cases of wine/juice produced at your facility in the previous year.

Produced greater than or equal to:	Produced less than:
(cases)	(cases)
0	7,500
7,500	23,780
10,000	21,000
21,000	42,000
42,000	84,000
84,000	168,000
168,000	336,000
336,000	672,000
672,000	1,344,000
1,344,000	2,688,000
2,688,000+	

Indicate which of the following categories best represents the total gallons of wine/juice produced at your facility in the previous year.

Produced greater than or equal to:	Produced less than:
(gallons)	(gallons)
0	17,835
17,835	23,780
23,780	50,000
50,000	100,000
100,000	200,000
200,000	400,000
400,000	800,000
800,000	1,600,000
1,600,000	3,200,000
3,200,000	6,400,000
6,400,000+	

Indicate which of the following categories best represents the total tons of fruit crushed at your facility in the previous year.

Crushed greater than or equal to:	Crushed less than:
(tons)	(tons)
0	40
40	119
119	159
159	333
333	667
667	1,333
1,333	2,667
2,667	5,333
5,333	10,667
10,667	21,333
21,333	42,667
42,667+	

APPENDIX C

Wastewater Treatment Plant (WWTP)

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

"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. Unless the Department of Ecology Aquatic Invasive Species Management General Permit has more stringent requirements, all FIFRA label directions and requirements will be followed."

POTW Representative Print Name:		Date:	
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POTW Representative Signature:

Sign and return this document to the address below. For questions contact Stacey Callaway at (360) 407-7118 or Stacey. Callaway @ecy.wa.gov.

Washington Department of Ecology Water Quality Program Aquatic Pesticides PO Box 47600 Olympia, WA 98504-7600 To ask about the availability of this document in a format for the visually impaired, call the Water Quality Program at 360-407-6401. Persons with hearing loss may call 711 for Washington Relay Service. Persons with a speech disability may call 877-833-6341.

APPENDIX D

Public Notice Template and Instructions

The public notice must be published at least **once** each week for **2 consecutive weeks**, in a **single** newspaper that has general circulation in the county in which the project is to take place. See the NOI instructions for the public notice language requirements. Permit coverage will not be granted sooner than **31 days** after the date of the second public notice. **Note: This NOI must be submitted to Ecology on or before the date of the first public notice.**

Provide the **exact** dates (m/d/y) that the first and second public notices will appear in the newspaper:

First public notice date:

Second public notice date:

Newspaper publishing the public notice:

PUBLIC NOTICE TEMPLATE

The words in italics are guidance for the Permittee. Remove italicized words before printing notice. The Permittee must publish this notice **once** each week for **two** consecutive weeks, in a **single** newspaper of general circulation in the county in which the chemical treatment is to take place. The non-italicized language is required by WAC 173-226-130 and must be included as part of the public notice in its entirety. Information may be added to this template, but no information may be removed or changed.

(Applicant Name) is seeking coverage under the NPDES Waste Discharge General Permit for Wineries. (Applicant Name) is located at (Applicant Address and Phone Number).

This general permit covers wastewater discharges from wineries anywhere in the state of Washington. The permit limits, conditions, and regulates the discharges of wastewater.

Any person desiring to present their views to the Department of Ecology regarding this application must do so in writing within 30 days of the last date of publication of this notice. Comments must be submitted to the Department of Ecology. Any person interested in the Department's action on the application may notify the Department of their interest within 30 days of the last date of publication of this notice.

Submit comments to:
Department of Ecology
Water Quality Program
Attn: Winery General Permit Manager
P.O. Box 47600
Olympia, WA 98504-7600