

FOR

WATER POLLUTION CONTROL FACILITIES PERMIT
(WPCF-N)

STATE OF OREGON

(Attach additional sheets if necessary.)

Date Received: _____
 Amount Received: _____
 Check No.: _____
 Deposit No.: _____
 NOTES: _____

Received: _____
 Application No.: _____
 File No.: _____
 No.: _____
 ID #1/#9: _____
 Hydrocode: _____
 DOC Conf.: _____

A. REFERENCE INFORMATION

1. Heinz Frozen Foods Company
 Legal Name of Applicant
Heinz Frozen Foods Company
 Facility Name

2. PO Box 10
 Mailing Address
Ontario OR 97914
 City State Zip

3. Charles T. Hensley
 Responsible Official
Factory Manager
 Title
175 N.E. 6th Ave. 541-889-8611
 Address or Location Phone

4. Robert Braun
 Alternate Responsible Official
Principal Environmental Engineer
 Title
Boise, ID 208-383-6404
 Address or Location Phone

5. Facility Location if different from Mailing Address: _____
175 N.E. 6th St.
Ontario, Oregon 97914

6. Enter Site Location by Latitude and Longitude:

LATITUDE			LONGITUDE		
1. Deg.	2. Min.	3. Sec.	1. Deg.	2. Min.	3. Sec.
44	02	08	116	57	12

B. GENERAL DESCRIPTION OF FACILITY

Briefly summarize the proposed facility and primary method of wastewater treatment and disposal. Ink approximately 32,500 gallons of water for dust control. The water is presently stored in a temporary lined impoundment. The water to be spread is contaminated with petroleum hydrocarbons. The TPH level of the water to be spread will be less than 10 ppm.

C. REQUIRED EXHIBIT

As EXHIBIT A, attach two (2) copies of a Preliminary Engineering Report or Facility Plan Report that fully describes the proposed project, using written discussion, maps, diagrams, and any other necessary materials. Specific items contained in the report should include:

1. A complete description of the proposal.	and disposal facilities.
2. The location of the project and adjacent facilities and waterways.	5. Disposal of solid waste and sludges.
3. Schedule for development.	6. Groundwater information.
4. Schematic diagrams of industrial processes, waste streams, and treatment	7. Evaluation of groundwater and surface water impacts.

D. LAND USE APPROVAL

LAND USE COMPATIBILITY STATEMENT: is attached is coming N/A Exhibit B

E. OTHER PERMITS

Attach a list of other permits issued or applied for. x Exhibit C

F. FEES - MUST ACCOMPANY THIS APPLICATION

Filing Fee	\$	<u>50</u>
Processing Fee		<u>155</u>
Compliance Determination Fee		<u>275</u>
TOTAL	\$	<u>480</u>

HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Legally Authorized Representative _____ Title _____ Date _____
 (See Instructions)

GENERAL WPCF PERMIT 1500-B

THIS APPLICATION MUST INCLUDE THE ITEMS BELOW IN ORDER TO BE PROCESSED. OUR APPLICATION WILL BE RETURNED IF YOU FAIL TO INCLUDE THIS INFORMATION:

Applicant (legally responsible party (RP). The RP may be the property owner, or any person or company accepting legal responsibility for the facility. NOTE: DEQ CANNOT ISSUE A PERMIT TO AN ASSUMED BUSINESS NAME.

The person signing the application MUST be as follows:

- 1. Corporations - Principal Executive Officer
2. Partnerships/Sole Proprietorships - General Partner or Proprietor, respectively. (Also provide name(s) and address(es) of General Partner(s).)
3. Government - Principal Executive Officer or ranking elected official
4. Limited Liability Company - Member (Also provide copy of Articles of Organization.)
5. Trusts - Acting Trustee (Also provide name(s) and address(es) of Trustee(s).)

Legal Description must include Section, Township and Range.

Latitude and Longitude Coordinates in degrees, minutes and seconds (to the nearest 15 seconds) at end-of-pipe.

Fees for this permit are:

Table with 2 columns: Fee Name, Amount. Rows: Filing Fee (\$ 50), Application Processing Fee (155), Annual Compliance Determination Fee (275), Total (\$480)

Checks should be made payable to "DEQ."

The complete application packet is to be sent to the following:

DEQ
Eastern Region - Pendleton Office
700 SE Emigrant, Suite 330
Pendleton, OR 97801

Application must be COMPLETELY filled out. No line may be left blank. Where information is not yet available, please note.

The person preparing this application must check all boxes of this form upon completion, and sign below. This form must be included in the application packet.

I hereby certify that the information that is provided in this application is true and accurate to the best of my knowledge. I understand that failure to include any of the above will result in the return of my application for completion and re-submittal to the Department of Environmental Quality.

Name: (Print clearly) Tim Masko

Address 700 Clearwater Lane

Company: CH2M Hill

Boise, ID 83712

Signature: Tim Masko

Date: 10/10/99

Title: Hydrogeologist

Phone No. (208) 345-5310

Would the preparer of this application like to receive a copy of the issued permit? [X] Yes [] No