



## Notice of Intent

# Zostera Japonica Management on Commercial Clam Beds in Willapa Bay General Permit

NOI Version: 1

Application Type: ☐ New ☒ Renewal

Permit Number: WAG993006

Application Id: 48822

### I. Contact Information

<b>Co-Permittee</b>		
<b>Honorific:</b>	<b>First Name:</b> Ken	<b>Last Name:</b> Weigardt
<b>Organization Name:</b>	Weigardt & Sons Inc.	
<b>Mailing Address:</b>	PO Box 309	
<b>City:</b> Ocean Park	<b>State:</b> WA	<b>Zip Code:</b> 98640-0309
<b>Email:</b>	oysterman72@hotmail.com	
<b>Primary Phone:</b>	360-665-4111	<b>Secondary Phone:</b>
<b>UBI Number:</b>		
<b>Permittee</b>		
<b>Honorific:</b>	<b>First Name:</b> Ken	<b>Last Name:</b> Wiegardt
<b>Organization Name:</b>	Wiegardt & Sons Inc.	
<b>Mailing Address:</b>	PO Box 309	
<b>City:</b> Ocean Park	<b>State:</b> WA	<b>Zip Code:</b> 98640-0309
<b>Email:</b>	oysterman72@hotmail.com	
<b>Primary Phone:</b>	360-665-4111	<b>Secondary Phone:</b>
<b>UBI Number:</b>		
<b>Sponsor</b>		
<b>Honorific:</b>	<b>First Name:</b> Ken	<b>Last Name:</b> Wiegardt
<b>Organization Name:</b>	Wiegardt & Sons Inc.	
<b>Mailing Address:</b>	PO Box 309	
<b>City:</b> Ocean Park	<b>State:</b> WA	<b>Zip Code:</b> 98640-0309
<b>Email:</b>	oysterman72@hotmail.com	
<b>Primary Phone:</b>	360-665-4111	<b>Secondary Phone:</b>
<b>UBI Number:</b>		

**Pesticide Applicator**

**Honorific:** \_\_\_\_\_ **First Name:** Chase **Last Name:** Metzger  
**Organization Name:** Coastal AG LLC **Title:** \_\_\_\_\_  
**Mailing Address:** 12507 Y PI  
**City:** Long Beach **State:** WA **Zip Code:** 98631-5602  
**Email:** chasecoastalag@gmail.com  
**Primary Phone:** 206-627-9115 **Secondary Phone:** \_\_\_\_\_  
**UBI Number:** \_\_\_\_\_

**II. Site Location****Facility Name:** Wiegardt & Sons, Inc.**Street Address:** PO Box 309**City:** Ocean Park**County:** Pacific**Zip Code:** 98640**Latitude:** 46.499565**Longitude:** -124.028053**III. Project Info** (Locations where *Zostera japonica* treatment is proposed by the Sponsor)

**NOTE:** This form section describes the commercial clam bed area proposed to be included under permit coverage by the Applicant/Permittee and Sponsor. Only areas described in this section may be treated with imazamox if permit coverage is issued.

Bed Name	Parcel Numbers	Commercial Clam Bed Acreage	Latitude/Longitude (in decimal degrees) of commercial clam bed corners if different from the parcel corners
D91, D74, D4, D5, D6, D75, D76	79004000091 79004000074 79004000004 79004003075 79004001075 79004003004	85	46.4538 -124.0268, 46.4539 -124.0194, 46.4636 -124.0195, 46.4634 -124.0259
D51	79004000051	20	46.4502 -124.0211, 46.4502 -124.0142, 46.4492 -124.0148, 46.4480 -124.0195
TL67, TL380A	13112255067 13112755380	90	46.5952 -124.0341, 46.5956 -124.0302, 46.5942 -124.0240, 46.5845 -124.0202, 46.5843 -124.0251, 46.5902 -124.0289
D110A, TL499, D92, D110B	79004000092	5	46.4788 -124.0267, 46.4788 -124.0256, 46.4727 -124.0238, 46.4728 -124.0265, 46.4773 -124.0269
D103 N 1/2, D103 S 1/2, D72, D108	79004001103 79004003103 79004000072 79004000108	35	46.4885 -123.9940, 46.4883 -123.9930, 46.4729 -123.9949, 46.4698 -123.9947, 46.4698 -123.9942

**NOTE:** If you need more space for additional parcels, continue on a separate sheet of paper. Attach the separate sheet to this form.

**IV. Public Notice** (new applicants only)

You must publish a public notice at least **once** a week for **two** consecutive weeks with **seven days** between publications, in at least a **single** newspaper of general circulation in the county in which the facility is located. Ecology cannot grant permit coverage sooner than the end of the 30-day public comment period, which begins on the date of the **second** public notice.

Newspaper Name	First Public Notice Date	Second Public Notice Date