

DEPARTMENT OF ECOLOGY

SEP 10 2024

WATER QUALITY PROGRAM

Please print, sign and mail this form to the following address:

Washington State Department of Ecology  
ATTN: Water Quality Program – Zostera Japonica Permit Manager  
PO Box 47696  
Olympia, WA 98504-7696

**Application Id:** 48828

**Certification Received:**  
(Ecology use)

**Facility/Site Name:** Long Island Oyster Company

**Permit Number:** WAG993003  
(Ecology use)

**Facility Address:** 19316 SANDRIDGE RD  
LONG BEACH, WA 98631

**Facility County:** Pacific

**Permittee Name:** Chase Metzger

**Permittee Title:**

**Permittee Email:** chasecoastalag@gmail.com

**Permittee Phone:** 2062769115

**Permittee Address:** 12507 Y PI  
Long Beach, WA 98631-5602

**Company Name:** Coastal AG LLC

**Certification Statement**

*"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 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 fine and imprisonment for knowing violations."*

**Permittee Signature**

*Chase Metzger Coastal AG LLC owner*

Printed Name / Company

Title

*[Signature]*

*8/27/24*

Signature of Permittee \*

Date

\* Federal regulations require this application is signed by one of the following:

- A. For a corporation: By a responsible corporate officer, of at least the level of vice president.
- B. For a partnership or sole proprietorship: By a general partner or the proprietor, respectively.
- C. For a municipality, state, federal, or other public facility: By either a principal executive officer or ranking elected official.

**Sponsor Name:** James Kemmer

**Sponsor Title:**

**Sponsor Email:** jaoskemmer@gmail.com

**Sponsor Phone:** 3606422692

**Sponsor Address:** PO Box 1054  
Long Beach, WA 98631-1054

**Company Name:** Long Island Oyster

**Sponsor Signature**

James J Kemmer

OWNER

Printed Name / Company

Title

James J Kemmer

Aug 29 - 24

Signature of Sponsor

Date