

DEPARTMENT OF ECOLOGY

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

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

OCT 01 2024

WATER QUALITY PROGRAM

Application Id: 48926**Certification
Received:**
(Ecology use)**Facility/Site Name:** Goose Point Oysters**Permit Number:** WAG993012
(Ecology use)**Facility Address:** PO Box 338
Bay Center, WA 98527**Facility County:** Pacific**Permittee Name:** Kathleen Nisbet Moncy**Permittee Title:****Permittee Email:** kathleen@goosepoint.com**Permittee Phone:** 3608756629**Permittee Address:** PO Box 338
Bay Center, WA 98527-0338**Company Name:** Nisbet Oyster Co.**Certification Statement**

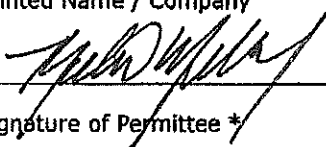
"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage 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

Kathleen Nisbet Moncy Goose Point Oysters
Nisbet Oyster Co. Inc.

Printed Name / Company

COO

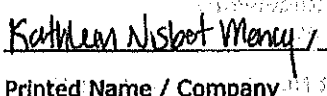
Title**Signature of Permittee ***

9-27-24

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: Kathleen Nisbet Moncy**Sponsor Title:****Sponsor Email:** kathleen@goosepoint.com**Sponsor Phone:** 3608756629**Sponsor Address:** PO Box 338
Bay Center, WA 98527-0338**Company Name:** Nisbet Oyster Co.**Sponsor Signature**
Kathleen Nisbet Moncy, Goose Point Oysters
Nisbet Oyster Co. Inc.

COO

Printed Name / Company**Title**

9-27-24

Signature of Sponsor**Date**