



## National Fish & Oyster Co., Inc.

5028 Meridian Road N.E. • Olympia, Washington 98516-2339

Office: (360) 489-0066

Plant: (360) 491-5550

Fax: (360) 918-8633

Fax: (360) 438-3681

Gary-

Here are the hard copies of the permit application. I am hand delivering them via a staff member as I am once again headed across the country. I will be back in the office Thursday.

Thank you again for all your help

Best Regards,

Miranda Ross

MAY 19 2017

Please print or type in the unshaded areas only  
(fill-in areas are spaced for elite type, i.e., 12 characters/inch).

<b>FORM</b> <b>1</b> <b>GENERAL</b>	 U.S. ENVIRONMENTAL PROTECTION AGENCY/ECOLGY <b>GENERAL INFORMATION</b> <i>Consolidated Permits Program</i> (Read the "General Instructions" before starting.)	<b>1. Current permit I.D.</b> <div style="border: 1px solid black; padding: 5px; display: inline-block; margin: 5px;">WA0038407</div>	T/A C D 14 15
<b>II. POLLUTANT CHARACTERISTICS</b> INSTRUCTIONS: Complete A through J to determine whether you need to submit a NPDES permit application forms to Ecology. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.			
		<b>MARK "X"</b> YES NO FORM ATTACHED	<b>MARK "X"</b> YES NO FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> FORM ATTACHED	B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> FORM ATTACHED
C. Is this facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C) Does this facility operate a cooling water intake structure? (FORM 2C Supplemental)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> FORM ATTACHED  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> FORM ATTACHED	D. Is this proposal facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> FORM ATTACHED
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> FORM ATTACHED	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> FORM ATTACHED
G. Do you or will you inject at this facility any produced water other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> FORM ATTACHED	H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> FORM ATTACHED
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> FORM ATTACHED	J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> FORM ATTACHED
<b>III. NAME OF FACILITY</b> C. 1 <b>National Fish &amp; Oyster Co. Inc.</b>			
<b>IV. FACILITY CONTACT</b>			
A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
C. 2 <b>Ries, Miranda, Business Manager</b>		360 489 0066	
B. EMAIL ADDRESS		C. Does the facility have or can it obtain broadband internet access?	
C. 2 <b>miranda@nationaloyster.com</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>V. FACILITY MAILING ADDRESS</b>			
A. STREET OR P.O. BOX			
C. 3 <b>5028 Meridian Rd. NE</b>			
B. CITY OR TOWN	C. STATE	D. ZIP CODE	
C. 4 <b>Olympia</b>	<b>WA</b>	<b>98516</b>	
<b>VI. FACILITY LOCATION</b>			
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
C. 5 <b>5028 Meridian Rd. NE</b>			
B. COUNTY NAME			
<b>Thurston</b>			
C. CITY OR TOWN		D. STATE	E. ZIP CODE
C. 6 <b>Olympia</b>		<b>WA</b>	<b>98516</b>
D. LATITUDE/LONGITUDE (NAD 83 DATUM)		F. COUNTY CODE	
7 LATITUDE AS DECIMAL DEGREES - N4 47.103377		<b>53 067</b>	
LONGITUDE AS DECIMAL DEGREES - W1 -122.737092			

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**VII. SIC, NAICS CODES** (in order of priority) **AND UBI NUMBER** Place additional on an attachment.

SIC FIRST		SIC SECOND	
C 7	<b>3304</b> (specify) <b>Seafood Processor</b>	C 7	(specify)
EQUIVALENT NAICS FIRST		EQUIVALENT NAICS SECOND	
C 7	(specify)	C 7	(specify)

UBI NUMBER -342-010-181

**VIII. OPERATOR INFORMATION**

A. NAME		B. Is the name listed in Item VIII-A also the owner?	
C 8	<b>National Fish &amp; Oyster Co. Inc.</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other," specify.)		D. PHONE (area code & no.)	
F = FEDERAL S = STATE P = PRIVATE	M = PUBLIC (other than federal or state) O = OTHER (specify)	P (specify) <b>Private Corp.</b>	C A <b>360 491 5550</b>

E. STREET OR PO BOX			
<b>5028 Meridian Rd. NE</b>			
F. CITY OR TOWN		G. STATE	H. ZIP CODE
C B	<b>Olympia</b>	<b>WA</b>	<b>98516</b>
		IX. INDIAN LAND	
		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

**X. EXISTING ENVIRONMENTAL PERMITS**

A. NPDES (Discharges to Surface Water)		D. PSD (Air Emissions from Proposed Sources)	
C 9	T N <b>WA0038407</b>	C 9	T P
B. UIC (Underground Injection of Fluids)		E. OTHER (specify)	
C 9	T U	C 9	T A
C. RCRA (Hazardous Wastes)		E. OTHER (specify)	
C 9	T R	C 9	T A

**XI. MAP**

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

**XII. NATURE OF BUSINESS** (provide a brief description)

**Shellfish Processing, involving the processing of approximately 3500lbs of oyster meat per day. Oysters that are being processes are coming from our adjacent tidelands as well as surrounding tidelands. Our facility also processes manila clams and geoduck which are shipped live, whole and processed.**

**XIII. CERTIFICATION** (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
<b>Miranda Ries- Business Manager</b>	<i>Miranda Ries</i>	<b>May 15, 2017</b> <del>12/5/2016</del>

To ask about the availability of this document in a version for the visually impaired, call the Water Quality Program at 360-407-6600, Relay Service 711, or TTY 877-833-6341.



C Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☒ **NO** (go to Section III)

### III. PRODUCTION

☒ YES (complete Item III-B)

☐ **NO** (go to Section IV)

☒ YES (complete Item III-C)

☐ **NO** (go to Section IV)

### 1. AVERAGE DAILY PRODUCTION

#### IV. IMPROVEMENTS

☐ **YES** (complete the following table)

☒ **NO** (go to Item IV-B)

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction.

☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAM IS ATTACHED

D. Use the space below to list any of the pollutants listed in Tables 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

☒ **NO** (go to Item VI-B)

## VII. BIOLOGICAL TOXICITY TESTING DATA

☐ **YES** (identify the test(s) and describe their purpose below)

☒ **NO** (go to Section VIII)

## VIII. CONTRACT ANALYSIS INFORMATION

☐ **YES** (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

☒ **NO** (go to Section IX)

[illegible]

## IX. 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 gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons 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.

**Miranda Ries**

**(360) 489-0066**

C. SIGNATURE

C. SIGNATURE Miranda Res

D. DATE SIGNED

DATE SIGNED May 15, 2017

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. SEE INSTRUCTIONS.

EPA I.D. NUMBER (copy from Item 1 of Form 1)  
**WA0038407**

**V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)**

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE (optional)	
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		d. NO. OF ANALYSIS	c. LONG TERM AVRG. VALUE (if available)		a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	
a. Biochemical Oxygen Demand (BOD)	1880	12.98						mg/L	lbs per day	
b. Chemical Oxygen Demand (COD)	N/A									
c. Total Organic Carbon (TOC)	N/A									
d. Total Suspended Solids (TSS)	13.08	.13						mg/L	lbs per day	
e. Ammonia (as N)	N/A									
f. Flow	Value	1050	Value				Value	Value		
g. Temperature (winter)	Value	9	Value				Value	°C	Value	
h. Temperature (summer)	Value	11	Value				Value	°C	Value	
i. pH	Minimum 6.7	Maximum 7.2	Minimum	Maximum				STANDARD UNITS		

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitation guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'		3. EFFLUENT						4. UNITS (specify if blank)			5. INTAKE (optional)		
	a. BE LIEVE D PRESENT	b. BE LIEVE D ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVG. VALUE (if available)		d. NO. OF ANALYSIS	a. CONCENTRATION		a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS		(1) CONCENTRATION	(2) MASS			
a. Bromide (24955-67-9)	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
b. Chlorine Total Residual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<50							µg/L				
c. Color	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
d. Fecal Coliform	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<2							mLs				
e. Fluoride (16984-48-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
f. Nitrate-Nitrite (as N)	<input type="checkbox"/>	<input checked="" type="checkbox"/>												

## ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'		3. EFFLUENT				4. UNITS (specify if blank)	5. INTAKE (optional)	
	a. BE LIEVE D. PRESENT	b. BE LIEVE D. ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available)	c. LONG TERM AVG. VALUE (if available)			a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	b. NO. OF ANALYSES
					(2) MASS	(1) CONCENTRATION			
g. Nitrogen, Total Organic (as N)	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
h. Oil and Grease	<input checked="" type="checkbox"/>	<input type="checkbox"/>	156	1.58			mg/L	lbs/Day	
i. Phosphorus (as P), Total (7723-14-0)	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
j. Radioactivity									
(1) Alpha, Total	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
(2) Beta, Total	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
(3) Radium, Total	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
(4) Radium 226, Total	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
k. Sulfate (as SO <sub>4</sub> ) (74808-79-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
l. Sulfide (as S)	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
m. Sulfite (as SO <sub>3</sub> ) (74285-45-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
n. Surfactants	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
o. Aluminum, Total (7429-90-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
p. Barium, Total (7440-39-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
q. Boron, Total (7440-42-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
r. Cobalt, Total (7440-48-4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
s. Iron, Total (7439-89-4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
t. Magnesium, Total (7439-95-4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
u. Molybdenum, Total (7439-98-7)	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
v. Manganese, Total (7439-96-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
w. Tin, Total (7440-31-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
x. Titanium, Total (7440-32-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>							

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PART C: If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GCMS fractions you must test for. Mark "X" in column 2-a for all such GCMS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (Secondary industries, nonprocess wastewater outfalls, and non-required GCMS fractions), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (all 7 pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'			3. EFFLUENT				4. UNITS (specify if blank)		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BE LIVED PRESENT	c. BE LIVED ABSENT	a. MAXIMUM DAILY VALUE	b. MAXIMUM 30 DAY VALUE (if available)	c. LONG TERM AVG. VALUE (if available)	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE	b. NO. OF ANALYSES	
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS
<b>METALS, CYANIDE, AND TOTAL PHENOLS</b>												
1M. Antimony, Total (7440-36-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
2M. Arsenic, Total (7440-38-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
3M. Beryllium, Total (7440-41-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
4M. Cadmium, Total (7440-43-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
5M. Chromium, Total (7440-47-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
6M. Copper, Total (7440-50-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
7M. Lead, Total (7439-92-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
8M. Mercury, Total (7439-97-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
9M. Nickel, Total (7440-02-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
10M. Selenium, Total (7782-49-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
11M. Silver, Total (7440-22-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
12M. Thallium, Total (7440-28-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
13M. Zinc, Total (7440-66-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
14M. Cyanide, Total (57-12-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
15M. Phenols, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
<b>DIOXIN</b>												
2,3,7,8-Tetra-chlorodibenzo-p-Dioxin (1764-01-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
				DESCRIBE RESULTS								

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1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'			3. EFFLUENT				4. UNITS (specify if blank)			5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BE- LIEVED PRE-SENT	c. BE- LIEVED ABSENT	a. MAXIMUM DAILY VALUE	b. MAXIMUM 30 DAY VALUE (if available)	c. LONG TERM AVG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE	b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS		(1) CONCENTRATION	(2) MASS			
<b>GC/MS - VOLATILE COMPOUNDS</b>													
1.V. Acrolein (107-02-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
2.V. Acrylonitrile (107-13-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
3.V. Benzene (71-43-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
4.V. Bis (Chloromethyl) Ether (542-88-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
5.V. Bromoform (75-25-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
6.V. Carbon Tetrachloride (58-23-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
7.V. Chlorobenzene (108-90-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
8.V. Chloro-dibromomethane (124-48-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
9.V. Chloroethane (75-00-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
10.V. 2-Chloro-ethylvinyl Ether (116-75-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
11.V. Chloroform (67-66-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
12.V. Dichlorodimethylsilane (75-27-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
13.V. Dichlorodimethylsilane (75-71-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
14.V. 1,1-Dichloroethane (78-07-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
15.V. 1,2-Dichloroethane (107-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
16.V. 1,1-Dichloroethane (75-35-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
17.V. 1,2-Dichloroethane (78-07-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
18.V. 1,3-Dichloropropane (542-75-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
19.V. Ethylbenzene (100-41-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
20.V. Methyl Bromide (74-83-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
21.V. Methyl Chloride (74-87-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										

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1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'		3. EFFLUENT				4. UNITS (specify if blank)		5. INTAKE (optional)	
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		d. NO. OF ANALYSES	a. LONG TERM AVERAGE VALUE	b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS		(1) CONCENTRATION	(2) MASS
GC/MS - VOLATILE COMPOUNDS (continued)										
23 V. Methylene Chloride (75-09-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
23 V. 1,1,2,2-Tetrachloroethane (79-34-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
24 V. Tetrachloroethylene (127-18-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
25 V. Toluene (109-88-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
26 V. 1,2-Dichloroethylene (156-60-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
27 V. 1,1,1-Trichloroethane (71-55-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
28 V. 1,1,2-Trichloroethane (79-00-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
29 V. Trichloroethylene (79-01-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
30 V. Trichlorofluoromethane (75-68-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
31 V. Vinyl Chloride (75-01-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
GC/MS FRACTION - ACID COMPOUNDS										
1 A. 2-Chlorophenol (95-57-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
2 A. 2,4-Dichlorophenol (120-83-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
3 A. 2,4-Dinitrophenol (105-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
4 A. 4,6-Dinitro-cresol (634-52-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
5 A. 2,4-Dinitrophenol (61-28-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
6 A. 2-Nitro-phenol (88-75-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
7 A. 4-Nitro-phenol (100-02-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
8 A. p-Chloro-4-Cresol (95-60-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
9 A. p-Nitro-chlorophenol (87-86-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
10 A. Phenol (100-95-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
11 A. 2,4,6-Trichlorophenol (68-05-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>							

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1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'			3. EFFLUENT				4. UNITS (specify if blank)				5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BE. LIVED PRE-SENT	c. BE. LIVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE	b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS					
<b>GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS</b>														
1B. Acenaphthene (83-32-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
2B. Acenaphthylene (208-96-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
3B. Anthracene (120-12-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
4B. Benzadine (92-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
5B. Benzo (a) Anthracene (96-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
6B. Benzo (d) Pyrene (103-32-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
7B. 3,4-Benzofluoranthene (205-99-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
8B. Benzo (ghi) Perylene (191-24-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
9B. Benzo (k) Fluoranthene (207-08-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
10B. Bis (2-Chlorophenoxy) Methane (111-91-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
11B. Bis (2-Chloroethyl) Ether (111-44-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
12B. Bis (2-Chloroisopropoxy) Ether (108-80-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
13B. Bis(2-Ethylhexyl) Phthalate (117-81-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
14 B. 4-Bromophenyl Phenyl Ether (101-85-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
15B. Butyl Benzyl Phthalate (85-69-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
16B. 2-Chloronaphthalene (91-59-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
17B. 4-Chlorophenyl Phenyl Ether (7005-72-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
18B. Chrysene (218-01-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
19B. Dibenzo (a,h) Anthracene (531-70-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
20B. 1,2-Dibenzodioxin (95-50-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
21B. 1,3-Dioxin (541-72-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>											

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1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'			3. EFFLUENT				4 if blank			5. INTAKE (optional)		6. NO. OF ANALYSES
	a. TESTING REQUIRED	b. BELIEVED PRE-SENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVERAGE VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				
<b>GCMS - BASE/NEUTRAL COMPOUNDS (continued)</b>													
228. 1,4-Dichlorobenzene (106-66-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
230. 3,3'-Dichlorobenzidine (91-94-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
245. Diethyl Phthalate (84-66-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
250. Dimethyl Phthalate (131-11-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
260. Di-N-Butyl Phthalate (84-74-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
278. 2,4-Dinitrotoluene (121-14-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
285. 2,6-Dinitrotoluene (609-26-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
290. Di-N-Octyl Phthalate (117-84-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
300. 1,2-Diphenylhydrazine (as Acobenzene) (122-66-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
310. Fluoranthene (206-44-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
320. Fluorene (86-73-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
330. Hexachlorobenzene (118-74-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
340. Hexachlorobutadiene (87-58-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
340. Hexachlorocyclopentadiene (77-47-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
360. Hexachlorocyclopentadiene (77-47-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
370. Indeno (1,2,3-cd) Pirene (193-39-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
380. Isophorone (78-58-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
390. Naphthalene (91-20-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
400. Nitrobenzene (98-95-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
410. N-Nitrosodimethylamine (62-75-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
420. N-Nitrosodipropylamine (627-54-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										

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1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'			2. EFFLUENT				3. UNITS (specify if blank)		4. INTAKE (optional)		
	a. TEST-ING REQUIRED	b. BE- LIVED PRE-SENT	c. BE- LIVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG VALUE (if available)	d. NO. OF ANALYSIS	a. CONCENTRATION	b. MASS	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS					(1) CONCENTRATION
<b>GCMS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)</b>												
43B: N-Nitro-2-chlorophenylamine (68-30-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
44B: Polychlorinated biphenyls (65-51-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
45B: Pyrene (129-00-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
46B: 1,2,4-Trichlorobenzene (120-92-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
<b>GCMS FRACTION - PESTICIDES</b>												
1P: Aldrin (500-100-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
2P: D-BHC (319-94-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
3P: $\beta$ -BHC (319-95-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
4P: $\delta$ -BHC (59-68-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
5P: $\gamma$ -BHC (319-96-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
6P: Chlordane (57-74-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
7P: 4,4'-DDT (50-28-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
8P: 4,4'-DDE (72-55-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
9P: 4,4'-DDD (72-54-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
10P: Dieldrin (60-57-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
11P: $\alpha$ -Endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
12P: $\beta$ -Endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
13P: Endosulfan Sulfate (1031-07-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
14P: Endrin (72-20-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
15P: Endrin Aldophos (1421-83-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
16P: Heptachlor (76-44-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>									

1. POLLUT- ANT AND CAS NO. (if available)	2. MARK 'X'		c. BE- LIEVED PRE- SENT	c. BE- LIEVED ABSENT	3. EFFLUENT				4. UNITS (specify if blank)				5. INTAKE (optional)			b. NO. OF ANALYSES
	a. TEST- ING RE- QUIRED	b. BE- LIEVED			a. MAXIMUM DAILY VALUE	b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYS- ES	a. CONCENT- RATION		b. MASS	a. LONG TERM AVERAGE VALUE		
						(1) CONCENT- RATION	(2) MASS	(1) CONCENT- RATION	(2) MASS		(1) CONCENT- RATION	(2) MASS		(1) CONCENTRA- TION	(2) MASS	
GC/MS - PESTICIDES (continued)																
17P: Heptachlor Epoxide (1024-57-3)	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>												
18P: PCB-1242 (53469-21-9)	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>												
19P: PCB-1254 (11097-69-1)	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>												
20P: PCB-1221 (11104-28-2)	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>												
21P: PCB-1232 (11141-16-5)	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>												
22P: PCB-1246 (12672-28-6)	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>												
23P: PCB-1260 (11066-82-5)	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>												
24P: PCB-1016 (12674-11-2)	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>												
25P: Toxaphene (6001-35-2)	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>												



# EPA Form 2-C Supplemental Cooling Water Intake Structures

CWA §316(b) requires that the location, design, construction, and capacity of cooling water intake structures reflect the best technology available for minimizing adverse environmental impact. EPA has promulgated rules for new facilities at 40 CFR 125 Subpart I and for existing facilities at 40 CFR 125 Subpart J. This form requests information from applicants using EPA Form 2-C to determine applicability of CWA 316(b) requirements and inform applicants of additional application requirements that may apply to the facility.

Facility Name: National Fish & Oyster Co. Inc.

NPDES Permit Number: WA0038407

## SECTION A. APPLICABILITY

☐ Yes ☒ No Is there a cooling water intake associated with this facility? Cooling water intake means a structure withdrawing cooling water, for contact or noncontact cooling, from a surface water source. Withdrawal from groundwater or a public water system is not applicable. If No, STOP.

1. What is the design intake flow (in gallons per day)? \_\_\_\_\_
2. What percentage of the flow is used exclusively for cooling? \_\_\_\_\_
3. What is the maximum intake velocity? \_\_\_\_\_
4. Describe the cooling water system (e.g., once-through, closed-cycle). \_\_\_\_\_
5. Name the surface water body from which cooling water is withdrawn. \_\_\_\_\_
6. Provide latitude/longitude of the cooling water intake(s) (NAD83/WGS84). \_\_\_\_\_ / \_\_\_\_\_  
To ensure accurate locations provide at least 5 significant digits.
7. Describe the configuration of the intake(s) (e.g., dimensions, screen type). \_\_\_\_\_  
If as-built plans and specifications are available, please provide.
8. When was the intake(s) installed, including any major modifications? \_\_\_\_\_
9. When was the intake(s) last inspected? If regular inspections are scheduled, provide frequency. \_\_\_\_\_
10. Have there been any studies to determine the impact of the intake(s) on aquatic organisms (e.g., impingement/entrainment studies). ☐ Yes ☐ No  
If yes, please provide

## SECTION B. APPLICATION REQUIREMENTS

CWA §316(b) requirements apply to all industrial NPDES permitted facilities with cooling water intake structures. EPA has promulgated best technology available (BTA) effluent guidelines for facilities meeting certain thresholds:

- Design intake flow greater than two million gallons per day.
- Greater than 25 percent of the water withdrawn is used for cooling purposes.

### Submittal requirements for facilities subject to BTA effluent guidelines:

- New facilities must submit information specified in 40 CFR 122.21(r) and 40 CFR 125.86.
- Existing facilities must submit information specified in 40 CFR 122.21(r) and 40 CFR 125.95.

Facilities subject to BTA guidelines are encouraged to contact Ecology early in the application process. Ecology may consider this application administratively incomplete until the required information is received.

### Submittal requirements for existing facilities and new facilities below BTA thresholds:

- Ecology will evaluate the information submitted with this form and may request additional information to assess the need for requirements under 40 CFR 125.90(b) or 40 CFR 125.80(c).

## SECTION C. INSTRUCTIONS

All applicants required to submit EPA Form 2C, available here: [www.ecy.wa.gov/programs/wq/permits/forms.html](http://www.ecy.wa.gov/programs/wq/permits/forms.html) must also submit this supplemental form to determine the applicability of CWA §316(b) and any additional application requirements. Enter all applicable information and submit this form as an attachment to Form 2C.

### APPLICABILITY

CWA §316(b) requirements apply only to point sources (facilities that have or are required to have an NPDES permit) withdrawing cooling water from waters of the U.S. (surface waters). Withdrawal from groundwater, a public water system, or the use of treated effluent that would otherwise be discharged to waters of the state does not constitute use of a cooling water intake structure. Select Yes or No to the first question. If you answer No, you do not need to complete the remainder of the form.

1. Design intake flow (DIF) means the value assigned during the facility's design representing the maximum instantaneous rate of flow of water the cooling water intake system is capable of withdrawing from a source waterbody. Existing facilities may adjust this value to reflect any permanent changes to the maximum capabilities of the intake system including but not limited to permanent removal of pumps, flow limit devices, and physical limitations of piping. DIF doesn't include emergency capacity or redundant pumps. Report this value in gallons per day (gpd).
2. Report the percentage of water withdrawn that is used exclusively for cooling purposes, measured on an average monthly (new facilities) or average annual over the past three years (existing facilities) basis. Cooling water that is used in a manufacturing process either before or after it is used for cooling is not considered cooling water for the purposes of calculating this percentage.
3. Provide the maximum actual or design intake velocity as water passes through the structural components of the intake screen, measured perpendicular to the screen mesh. Report this value in feet per second (fps). Indicate which value is reported, design or actual.
4. Describe the cooling water system, including if the water is used once (once-through) or recirculated (closed-cycle). If recirculated, provide the minimum number of cycles the water is recirculated and average blowdown flow in gpd.
5. Provide the name of the surface water body your intake structure withdraws water from (e.g., ABC river)
6. Provide an accurate location for each intake structure associated with the facility.
7. Describe the cooling water system including a description of the intake screen dimensions, perforation sizes (if known), and screen type (e.g., traveling screens, wedgewire, barrier nets, trash racks). Provide any design drawings and specifications available.
8. Give the date the intake was first installed and the date(s) of any major modifications to the structure(s).
9. Provide the date of last intake inspection and the frequency of any regularly scheduled inspections.
10. Please provide any available studies of the impact to aquatic life from your cooling water intake structure. These may include studies of entrainment and impingement of fish and shellfish.

### APPLICATION REQUIREMENTS

Facilities with design intake flows greater than two million gallons per day, of which greater than 25 percent of the water withdrawn is used exclusively for cooling purposes, must comply with applicable application requirements in federal rule. Please refer directly to the applicable rules, cited in Section B, to determine requirements specific to your facility. Existing facilities should also contact their permit manager for technical assistance. New facility applicants should contact their regional office permit coordinator ([www.ecy.wa.gov/programs/wq/permits/permit\\_coord.html](http://www.ecy.wa.gov/programs/wq/permits/permit_coord.html)) for assistance.

All applicants are encouraged to provide thorough answers to the questions on this form, along with any additional information that may be useful in determining applicability and application requirements. Ecology may request additional information from facilities with cooling water intake structures operating below the design intake and percentage flow thresholds. Ecology will use the information provided to make a case-by-case determination of the need for additional requirements per 40 CFR 125.80(c) and 40 CFR 125.90(b).

*For special accommodations or documents in alternate format, call the Water Quality Program at 360-407-6600. Persons with hearing loss, call 711 for Washington Relay Service. Persons with a speech disability, call 877-833-6341.*