

For Office Use Only	
Date Received	_____
Application/Permit No.	_____
Waterbody No.	_____
SIC	_____

MARINE/FRESHWATER SALMONID NET-PEN NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM WASTE DISCHARGE PERMIT APPLICATION FORM

The following information is required to be submitted on this form to the Department of Ecology, in order for the applicant to obtain a waste discharge permit in accordance with RCW 90.48.160, Chapter 173-220 and Title 33 USC, Section 1251 et seq. 33. Ecology may require that the applicant submit other information as determined necessary by Ecology. All questions must be answered completely and accurately. If a question does not apply, answer with NA.

SECTION A. GENERAL INFORMATION

1. Name of Facility: Site 4 – Hope Island

2. Operator Name and Mailing Address:

<u>Cooke Aquaculture Pacific, LLC</u>		
<small>Name</small>		
<u>PO Box 79003</u>		
<small>Street</small>		
<u>Seattle</u>	<u>WA</u>	<u>98119</u>
<small>City</small>	<small>State</small>	<small>Zip</small>

3. Facility Location: Skagit Bay near Hope Island

Approximate coordinates Lat. 48 degrees 24' 28" N by Long. 122 degrees 33' 32" W

Note: Provide a brief description of the location of the facility: name of the waterbody, nearest town or city, and Latitude/Longitude. Enclose a vicinity map showing the net-pen location in relation to local geographic land marks (Minimum Scale 1" = 1000' or USGS 7.5 minute map) and diagram of the site plan.

4. Owner Name and Mailing Address (If different from the operator):

<u>Same as above</u>		
<small>Name</small>		
<small>Street</small>		
<small>City</small>	<small>State</small>	<small>Zip</small>

5. Primary Contact Person:

<u>Innes Weir</u>	<u>General Manager</u>	<u>(206) 402-2247</u>
<small>Name</small>	<small>Title</small>	<small>Phone Number</small>

6. Alternate Contact Person:

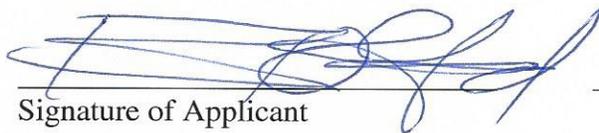
<u>Kevin Bright</u>	<u>Permit Coordinator</u>	<u>(360) 391-2409</u>
<small>Name</small>	<small>Title</small>	<small>Phone Number</small>

Ecology is an Equal Opportunity and Affirmative Action Employer. For special accommodation needs, contact the Water Quality Program at (360) 407-6600, TDD (360) 407-6006.

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 individuals immediately responsible for obtaining the information, 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.

Rodney D. Gould
Printed Name of Person Signing

Chief Legal Officer
Title


Signature of Applicant

March 28, 2017
Date Applicant Signed

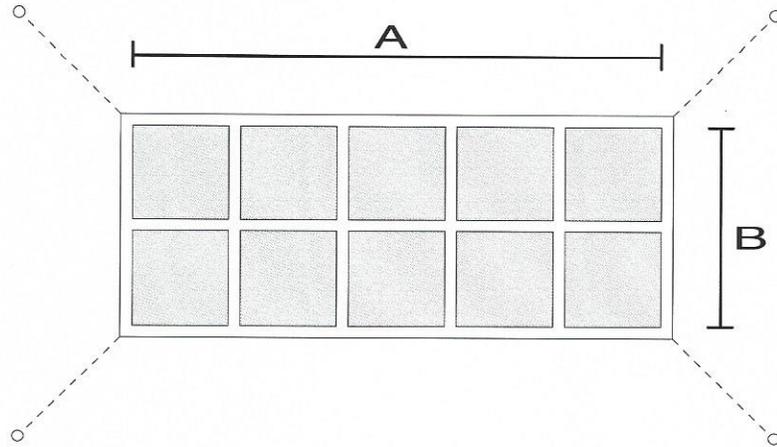
NOTE: Federal regulations require this application to be signed as follows: A.) for corporation, by a principal executive officer of at least the level of vice president; B.) For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or C.) For a municipality, State, Federal, or other public facility, by either a principal executive officer or ranking elected official.

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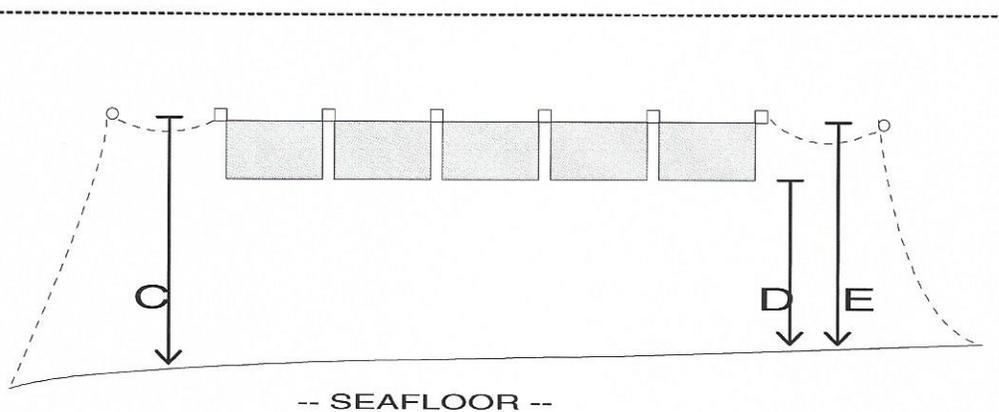
2.8 Has a Department of Fish and Wildlife Hydraulic Project Approval been applied for or secured?
 yes [x] no [] N/A []

If yes, provide the following: HPA number B1-01-0501-02
 Expiration date N/A

2.9 Provide the measurements requested below (Refer to site characterization survey performed to obtain local, state, or federal permits for the facility):



PLAN VIEW



SECTION VIEW

- A Length of aggregate net-pen rearing area in feet: 450'
- B Width of aggregate net-pen rearing area in feet:..... 190'
- C Minimum distance between bottom of net-pens and sea floor at MLLW in feet: 60'
- D Minimum distance between bottom of net-pens and sea/lake floor at MLLW in feet: 15'

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- E Minimum depth at site (at MLLW for marine) in feet: 60'
- F Distance to nearest shoreline (at MLLW for marine) in feet:..... 2,000'
- G Direction of dominant current from the net-pen(s):..... North
- H Estimated mean current speed (midway between the bottom of the net-pen and the sea/lake floor in cm/sec):35
- I Maximum current speed (midway between the bottom of the net-pen and the sea/lake floor in cm/sec):.....96

3. OPERATION

- 3.1 Number of months per year when fish are reared at facility:..... 12
- 3.2 Estimates of the amount of fish on hand and amount of food fed per month for the calendar year of maximum production over the next five years.

lbs. fish		lbs. food	lbs. fish		lbs. food
January	<u>1,800,000</u>	<u>260,000</u>	July	<u>2,200,000</u>	<u>300,000</u>
February	<u>1,800,000</u>	<u>260,000</u>	August	<u>2,000,000</u>	<u>280,000</u>
March	<u>2,000,000</u>	<u>280,000</u>	September	<u>1,600,000</u>	<u>240,000</u>
April	<u>2,400,000</u>	<u>320,000</u>	October	<u>1,600,000</u>	<u>240,000</u>
May	<u>2,700,000</u>	<u>350,000</u>	November	<u>1,400,000</u>	<u>220,000</u>
June	<u>2,600,000</u>	<u>340,000</u>	December	<u>1,400,000</u>	<u>220,000</u>

- 3.3 Maximum net pounds of annual fish production: 2,700,000
- 3.4 Month of maximum feeding: May
- 3.5 Maximum monthly feed (lbs): 350,000

3.6 Method of feeding (check all that apply) and estimate percent of food fed using that method:

Hand _____
 Percent

Automatic 100%
 (timed) Percent

Automatic _____
 (demand) Percent

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- 3.7 List feed additives, disease control chemicals and medications that may be used in the net-pen operation. Include active ingredient(s), intended use rates and treatment concentrations (attach additional sheets if more room is necessary).

See Attachment A.

- 3.8 Describe how the nets will be cleaned, the land disposal or treatment of net foulants, the frequency of cleaning. (Note: The use of any antifoulants to prevent net fouling is prohibited).

See Attachment A.

- 3.9 Describe any chemicals or toxic materials used. Include all chemicals including gasoline/oil, disease control chemicals, medications, anesthetics, therapeutants, antifoulants, disinfectants, pesticides, etc.

See Attachment A.

- 3.10 Describe the solid waste disposal practices for the facility. Include specific descriptions on collection, storage and disposal of fish mortalities, how sanitary wastes are collected and disposed, and how feed bags and other solid wastes are collected, stored and disposed. Include the average amount generated on a monthly basis for each of the above items (use appropriate units).

See Attachment A.

4. ENVIRONMENTAL MONITORING

Ecology must receive enough information about the environmental conditions at the location of your facility to adequately characterize the impact of the discharge on the receiving water. If available, attach copies of the following:

- 4.1 Site characterization survey performed to obtain local, state, or federal permits for the facility. Note: Proposed facilities need to contact Ecology for survey requirements.
- 4.2 Baseline surveys performed to obtain local, state, or federal permits for the facility.
- 4.3 Summaries of annual benthic monitoring results performed to meet DNR lease or other local, state, or federal permit requirements for the facility.
- 4.4 Summaries of any water quality or sediment monitoring results. Give dates of sediment monitoring.

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

FORM 1 GENERAL	 EPA DEPARTMENT OF ECOLOGY State of Washington	U.S. ENVIRONMENTAL PROTECTION AGENCY/ECOLOGY GENERAL INFORMATION <i>Consolidated Permits Program</i> (Read the "General Instructions" before starting.)	1. Current permit I.D.		
		WA-003159-3		T/A	C
				14	15

II. POLLUTANT CHARACTERISTICS

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**.

	MARK "X"				MARK "X"		
	YES	NO	FORM ATTACHED		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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	B. Does or will this facility (<i>either existing or proposed</i>) 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D. Is this proposal facility (<i>other than those described in A or B above</i>) which will result in a discharge to waters of the U.S.? (FORM 2D)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

III. NAME OF FACILITY

C 1	Site 4-Hope Island Net Pen Site
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IV. FACILITY CONTACT

A. NAME & TITLE (<i>last, first, & title</i>)		B. PHONE (<i>area code & no.</i>)		
C 2	Bright, Kevin- Permit Coordinator	360	391	2409
B. EMAIL ADDRESS		C. Does the facility have or can it obtain broadband internet access?		
C 2	Kevin.Bright@CookeAqua.com	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX			
C 3	PO Box 79003		
B. CITY OR TOWN		C. STATE	D. ZIP CODE
C 4	Seattle	WA	98119

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
C 5	Skagit Bay adjacent to Hope Island, WA				
B. COUNTY NAME					
Skagit					
C. CITY OR TOWN			D. STATE	E. ZIP CODE	F. COUNTY CODE
C 6	Anacortes		WA	98221	
7	D. LATITUDE/LONGITUDE (NAD 83 DATUM)				
	LATITUDE AS DECIMAL DEGREES- N48.40831				
	LONGITUDE AS DECIMAL DEGREES - W122.56181				

CONTINUED FROM THE FRONT

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

SIC FIRST				SIC. SECOND			
C 7	0273	(specify) Animal Aquaculture	7 7			(specify)	
EQUIVALENT NAICS FIRST				EQUIVALENT NAICS SECOND			
C 7		(specify)	7 7			(specify)	

UBI NUMBER 602-825-648

VIII. OPERATOR INFORMATION

A. NAME						B. Is the name listed in Item VIII-A also the owner? X YES <input type="checkbox"/> NO			
C 8	Cooke Aquaculture Pacific, LLC								
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other," specify.)						D. PHONE (area code & no.)			
F = FEDERAL	M = PUBLIC (other than federal or state)	P	(specify)	C A	360	391	2409		
S = STATE	O = OTHER (specify)								
P = PRIVATE									
E. STREET OR PO BOX									
PO Box 79003									
F. CITY OR TOWN				G. STATE	H. ZIP CODE	IX. INDIAN LAND			
C B	Seattle			WA	98119	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	I 3	WA-003159-3	C 9	T P	B	
B. UIC (Underground Injection of Fluids)				E. OTHER (specify)			
C 9	T U	I		(Specify)			
C. RCRA (Hazardous Wastes)				E. OTHER (specify)			
C 9	T R	I		(Specify)			

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)

Existing floating marine net pen aquaculture facility cultivating marine finfish species for the purposes of producing seafood to the U.S. seafood marketplace.

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) Rodney D. Gauld Chief Legal Officer	B. SIGNATURE 	C. DATE SIGNED March 28, 2014
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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.

See the instructions on the reverse.
Please print or type in the unshaded areas.

EPA ID Number (copy from item I of Form 1)
WA-03159-3

Form Approved.
OMB No. 2040-0086
Approval expires 7-31-88

Form 2B NPDES		United States Environmental Protection Agency Application for Permit to Discharge Wastewater Concentrated animal feeding operations and aquatic animal production facilities <i>Consolidated Permits Program</i>
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I. GENERAL INFORMATION		
A. TYPE OF BUSINESS CONCENTRATED ANIMAL FEEDING <input type="checkbox"/> 1. OPERATION (complete items B, C, and Section II) CONCENTRATED QUATIC ANIMAL <input checked="" type="checkbox"/> 2. PRODUCTION FACILITY (complete items B, C, and Section III)	B. LEGAL DESCRIPTION OF FACILITY LOCATION Section 28, Township 34 North, Range 2 East; Skagit Bay, near Hope Island, Skagit County, WA; approximate coordinates are Lat. 48 24' 28" N and Long. 122 33' 32" W. SITE - 4	C. FACILITY OPERATION STATUS <input checked="" type="checkbox"/> 1. EXISTING FACILITY <input type="checkbox"/> 2. PROPOSED FACILITY

II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS			
A. TYPE & NUMBER OF ANIMALS IN OPEN CONFINEMENT & HOUSEHOLD UNDER ROOF			B. NO. OF ACRES FOR CONFINEMENT FEEDING
1. TYPE	2. NO. IN OPEN CONFINEMENT	3. NO. HOUSED UNDER ROOF	
			C. If there is open confinement, has a runoff diversion and control system been constructed? <input type="checkbox"/> YES (complete items 1, 2, & 3 below) <input type="checkbox"/> NO (go to Section IV)

1. What is the design basis for the control system?							
<input type="checkbox"/> a. 10 YEAR	INCHES	<input type="checkbox"/> b. 25 YEAR	INCHES	<input type="checkbox"/> c. OTHER	INCHES	TYPE	
<input type="checkbox"/> 24-HOUR STOMR (specify inches)		<input type="checkbox"/> 24-HOUR STOMR (specify inches)		(specify inches & type)			
2. Report the number of acres of contributing drainage.				ACRES	3. Report the design safety factor.		SAFETY FACTOR

III. CONCENTRATED AQUATIC ANIMAL PRODUCTION FACILITY CHARACTERISTICS						
A. For each outfall give the maximum daily flow, maximum 30 day flow, and the long term average flow.				B. Indicate the total number of ponds, raceways, and similar structures in your facility.		
1. OUTFALL NO.	2. FLOW (gallons per day)			1. PONDS	2. RACEWAYS	3. OTHER
	a. MAXIMUM DAILY	b. MAXIMUM 30 DAY	c. LONG TERM AVERAGE	None	None	Marine Net Pen
None	Not applicable	Not applicable	Not applicable	C. Provide the name of the receiving water and the source of water used by your facility.		
				1. RECEIVING WATER	2. WATER SOURCE	
				WA-PS-0010 Skagit Bay	Strait of Juan de Fuca, Puget Sound	

D. List the species of fish or aquatic animals held and fed at your facility. For each species, give the total weight produced by your facility per year in pounds of harvestable weight, and also give the maximum weight present at any one time.					
1. COLD WATER SPECIES			2. WARM WATER SPECIES		
a. SPECIES	b. HARVESTABLE WEIGHT (pounds)		a. SPECIES	b. HARVESTABLE WEIGHT (pounds)	
	(1) TOTAL YEARLY	(2) MAXIMUM		(1) TOTAL YEARLY	(2) MAXIMUM
Atlantic Salmon - <i>Salmo salar</i>	2,700,000	2,700,000			

E. Report the total pounds of food fed during the calendar month of maximum feeding.	1. MONTH May	2. POUNDS OF FOOD 350,000
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IV. CERTIFICATION
 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 individuals immediately responsible for obtaining the information, 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 (print or type) Rodney D. Gould, Chief Legal Officer	B. PHONE NO. (area code & no.) (509) 694-4922
C. SIGNATURE 	C. DATE SIGNED March 28, 2017

S.R.A. Data: Section 28, Township 34 North, Range 2 East, W.M.



WSDOT "GP29020-89"
Grid N: 537341.88
Grid E: 1221903.82
Latitude: 48°27'36.760"
Longitude: -122°33'29.955"
Scale Factor: 0.99995008
Theta: -1°17'03.438"

WSDOT "GP29020-90"

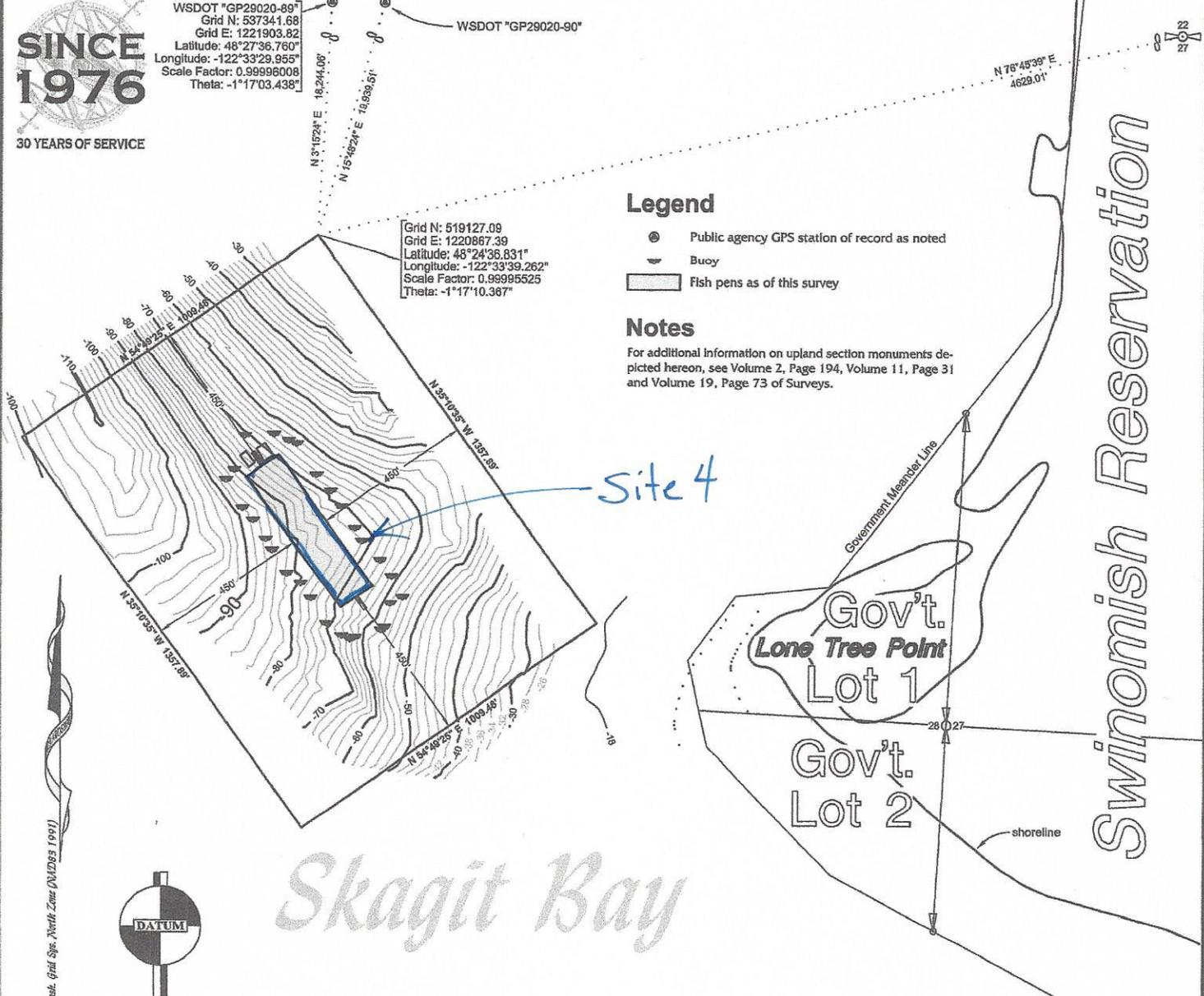
Grid N: 519127.09
Grid E: 1220867.39
Latitude: 48°24'36.831"
Longitude: -122°33'39.262"
Scale Factor: 0.99995525
Theta: -1°17'10.367"

Legend

- Public agency GPS station of record as noted
- Buoy
- Fish pens as of this survey

Notes

For additional information on upland section monuments depicted hereon, see Volume 2, Page 194, Volume 11, Page 31 and Volume 19, Page 73 of Surveys.



Skagit Bay

Swinomish Reservation

Gov't. Lone Tree Point Lot 1

Gov't. Lot 2



NAVD88 1996
WSDOT "GP29020-89"

Survey Field Methods & Instruments

This survey was accomplished with a Leica 500 dual-frequency GPS system using real-time kinematic measurements with WSDOT "GP29020-89" as a primary base and WSDOT "GP29020-90" as a secondary reference point. Soundings were measured with a Marinetek Super Max 6, synchronized with a dual-frequency rover.



Date: 5/21/2007

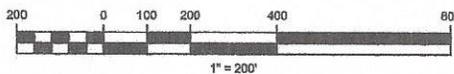
Legal Description

That portion of the beds of Skagit Bay fronting Government Lots 1 and 2, Section 28, Township 34 North, Range 2 East, in Skagit County, Washington, described as follows: Beginning at the north quarter corner of said Section 27, said township and range, thence South 76°45'39" West 4,629.01 feet to the True Point of Beginning, which bears South 11°26'03" East, 17,501.82 feet from Washington State Department of Transportation GPS control point designated "GP29020-89," thence South 54°49'25" West 1,009.48 feet; thence South 35°10'35" East 1,357.89 feet; thence North 54°49'25" East 1,009.48 feet; thence North 35°10'35" West 1,357.89 feet to the True Point of Beginning.

Containing 31.47 acres, more or less.

Auditor's Certificate

Filed for record this _____ day of _____, 20____
at _____ m., in Book _____ of _____ on page _____
Auditor's File No. _____
Survey No. _____
James J. [Signature]
County Auditor



Hope Island

American Gold Seafoods, LLC
Aquatic Lease No. 20-A12356

Drawn By: BAM Date: March 27, 2007 Job No. 6093
Checked By: BAM Scale: 1" = 200' Sheet 1 of 1

SURVEYOR'S CERTIFICATE

This map correctly represents a survey made by me or under my direction in conformance with the requirements of the Survey Recording Act at the request of: American Gold Seafoods, LLC in January, 2007

Bruce A. Maclearnsberry
Certificate No. 32439



MACLEARNSBERRY, Inc.
Land Surveyors • Civil Engineers • Planners
159 Wyatt Way NE Bainbridge Island, WA 98110
phone: (206) 842-5514 facsimile: (206) 780-2408