

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: Orchard Rocks-Saltwater IV
2. Operator Name and Mailing Address:  
Cooke Aquaculture Pacific, LLC  
Name  
PO Box 79003  
Street  
Seattle WA 98119  
City State Zip
3. Facility Location: Rich Passage south of Orchard Rocks near Bainbridge Island  
Approximate coordinates Lat. 47 degrees 34' 30" N and Long. 122 degrees 25'07" 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):  
Same as above  
Name  
Street  
City State Zip
5. Primary Contact Person:  
Innes Weir General Manager (206) 402-2247  
Name Title Phone Number
6. Alternate Contact Person:  
Kevin Bright Permit Coordinator (360) 391-2409  
Name Title Phone Number

*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]  
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.**

## SECTION B. BACKGROUND INFORMATION

### 1. LOCATION

- 1.1 Waterbody: ..... Rich Passage WA-15-0030
- 1.2 County: ..... Kitsap
- 1.3 Latitude: ..... 47° 34' 30" N
- 1.4 Longitude: ..... 122° 31' 50" W
- 1.5 Section, Township, Range: ..... Sect. 15, T 24, R 2E

### 2. FACILITY

- 2.1 Is this facility (check one): ☒ Existing? ☐ Proposed?
- 2.2 Species of fish raised: ..... Atlantic Salmon (Salmo salar)
- 2.4 Note the Final SEPA action taken:
- |                       |                                     |
|-----------------------|-------------------------------------|
| EIS                   | <input type="checkbox"/>            |
| DNS                   | <input checked="" type="checkbox"/> |
| Mitigated DNS         | <input type="checkbox"/>            |
| Date: <u>06/07/96</u> |                                     |
- Attach copy of the Final SEPA determination, checklist and EIS. Existing permitted facility.
- 2.5 Has a shoreline permit been issued for this project? ☒ yes ☐ no
- If **yes**, what is the permit number? 502 Date of permit? 06/13/88
- Shoreline permit issuing agency: Kitsap County Dept. of Community Development
- 2.6 Is this facility sited on state owned tidelands? yes ☒ no ☐ N/A ☐
- If **yes**, provide the following: DNR lease number 20-B10237
- Lease expiration date 11/10/2022
- If no, provide the legal owners name: \_\_\_\_\_
- 2.7 Has an Army Corps of Engineers Section 10 Permit been applied for or secured?  
yes ☒ no ☐ N/A ☐
- If yes, provide the following: Permit number 071-OYB-1-011934

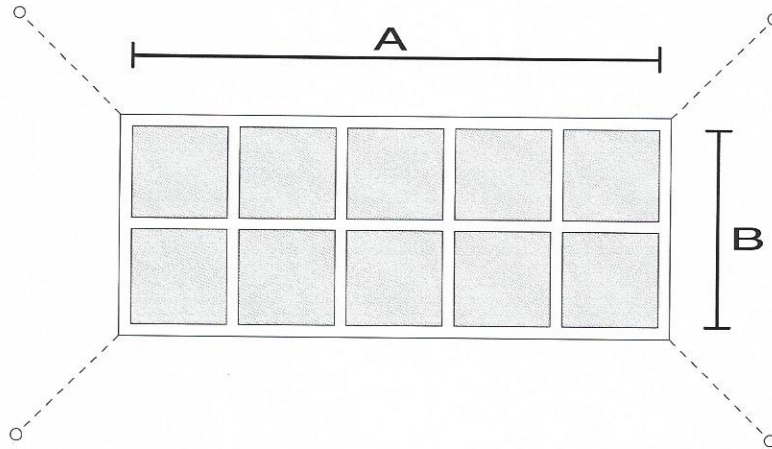
*Ecology is an Equal Opportunity and Affirmative Action Employer. For special accommodation needs, contact the Water Quality Program at (360) 407-6600, TDD (360) 407-6006.*



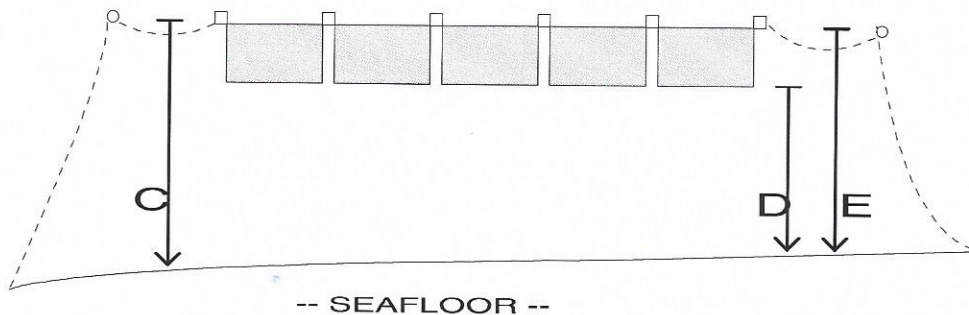
- 2.8 Has a Department of Fish and Wildlife Hydraulic Project Approval been applied for or secured?  
yes ☒ no ☐ N/A ☐

If yes, provide the following: HPA number B1-11934  
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: ..... 900'
- B Width of aggregate net-pen rearing area in feet:..... 185'
- C Minimum distance between bottom of net-pens and sea floor at MLLW in feet: ..... 45'
- D Minimum distance between bottom of net-pens and sea/lake floor at MLLW in feet:...10'

*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.*

- E Minimum depth at site (at MLLW for marine) in feet: ..... 45'
- F Distance to nearest shoreline (at MLLW for marine) in feet: ..... 2,000'
- G Direction of dominant current from the net-pen(s):..... West
- 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):.....115

### 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>4,500,000</u>	<u>640,000</u>	July	<u>3,500,000</u>	<u>570,000</u>
February	<u>4,500,000</u>	<u>640,000</u>	August	<u>3,500,000</u>	<u>570,000</u>
March	<u>4,800,000</u>	<u>660,000</u>	September	<u>3,500,000</u>	<u>570,000</u>
April	<u>5,600,000</u>	<u>750,000</u>	October	<u>3,500,000</u>	<u>570,000</u>
May	<u>5,000,000</u>	<u>680,000</u>	November	<u>4,000,000</u>	<u>620,000</u>
June	<u>4,200,000</u>	<u>600,000</u>	December	<u>4,000,000</u>	<u>620,000</u>

- 3.3 Maximum net pounds of annual fish production: ..... 5,600,000
- 3.4 Month of maximum feeding: ..... April
- 3.5 Maximum monthly feed (lbs): ..... 750,000
- 3.6 Method of feeding (check all that apply) and estimate percent of food fed using that method:

☐ Hand \_\_\_\_\_ ☒ Automatic 100% ☐ Automatic \_\_\_\_\_  
 Percent (timed) Percent (demand) Percent

*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.*

- 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.

*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.*



<b>FORM</b> <b>1</b> <b>GENERAL</b>	 U.S. ENVIRONMENTAL PROTECTION AGENCY/ECOLOGY <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: 2px;">WA-003154-2</div>	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 <b>publicly owned treatment works</b> which results in a <b>discharge</b> to <b>waters of the U.S.</b> ? (FORM 2A)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	B. Does or will this facility (either existing or proposed) include a <b>concentrated animal feeding operation</b> or <b>aquatic animal production facility</b> which results in a <b>discharge</b> to <b>waters of the U.S.</b> ? (FORM 2B)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Is this facility which currently results in <b>discharges to waters of the U.S.</b> 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 (other than those described in A or B above) which will result in a <b>discharge</b> to <b>waters of the U.S.</b> ? (FORM 2D)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Does or will this facility treat, store, or dispose of <b>hazardous wastes</b> ? (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 <b>stationary source</b> 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 <b>attainment area</b> ? (FORM 5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	J. Is this facility a proposed <b>stationary source</b> 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 <b>attainment area</b> ? (FORM 5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**III. NAME OF FACILITY**  
 Orchard Rocks-Saltwater IV Net Pen Site

**IV. FACILITY CONTACT**  

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

**V. FACILITY MAILING ADDRESS**  

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

**VI. FACILITY LOCATION**  

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
Rich Passage adjacent to Bainbridge Island, WA					
B. COUNTY NAME					
Kitsap					
C. CITY OR TOWN			D. STATE	E. ZIP CODE	F. COUNTY CODE
Winslow			WA	98110	
D. LATITUDE/LONGITUDE (NAD 83 DATUM)					
LATITUDE AS DECIMAL DEGREES- N47.57661					
LONGITUDE AS DECIMAL DEGREES - W122.53063					



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) <b>Animal Aquaculture</b>	7		(specify)		
EQUIVALENT NAICS FIRST				EQUIVALENT NAICS SECOND			
C 7		(specify)	7		(specify)		

UBI NUMBER 602-825-648

**VIII. OPERATOR INFORMATION**

A. NAME				B. Is the name listed in Item VIII-A also the owner?			
C 8	<b>Cooke Aquaculture Pacific, LLC</b>			X 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)	C A	360	391	2409

E. STREET OR PO BOX				IX. INDIAN LAND			
PO Box 79003				Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
F. CITY OR TOWN		G. STATE	H. ZIP CODE				
C B	Seattle	WA	98119				

**X. EXISTING ENVIRONMENTAL PERMITS**

A. NPDES (Discharges to Surface Water)				D. PSD (Air Emissions from Proposed Sources)			
C 9	T N	I WA-003154-2		C 9	T P	8	
B. UIC (Underground Injection of Fluids)				E. OTHER (specify)			
C 9	T U			C 9	T	8	(Specify)
C. RCRA (Hazardous Wastes)				E. OTHER (specify)			
C 9	T R			C 9	T	8	(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)	B. SIGNATURE	C. DATE SIGNED
Rodney D. Gould Chief Legal Officer		March 28, 2017

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.

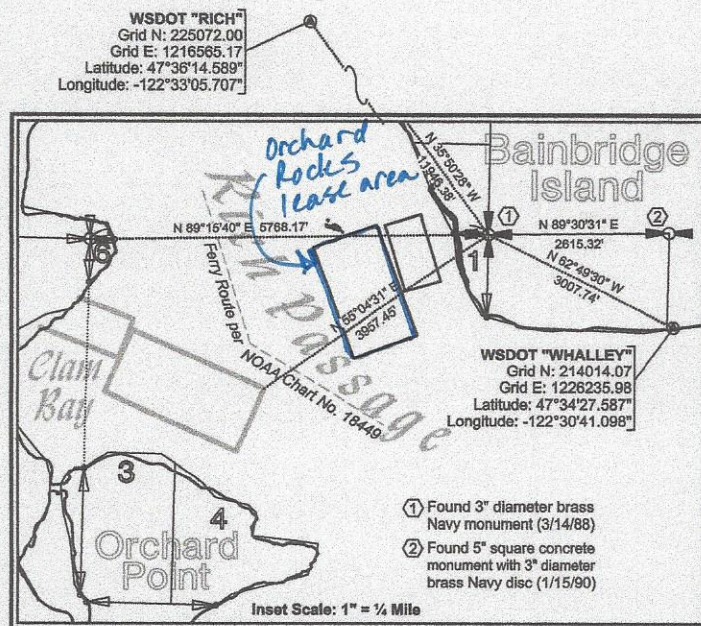


<b>Form</b> <b>2B</b> <b>NPDES</b>		United States Environmental Protection Agency <b>Application for Permit to Discharge Wastewater</b> <b>Concentrated animal feeding operations and aquatic animal production facilities</b> <i>Consolidated Permits Program</i>			
<b>I. GENERAL INFORMATION</b>					
<b>A. TYPE OF BUSINESS</b> CONCENTRATED ANIMAL FEEDING <input type="checkbox"/> 1. OPERATION (complete items B, C, and Section II) CONCENTRATED AQUATIC ANIMAL <input checked="" type="checkbox"/> 2. PRODUCTION FACILITY (complete items B, C, and Section III)	<b>B. LEGAL DESCRIPTION OF FACILITY LOCATION</b> <b>Section 15, Township 24 North, Range 2 East; Rich Passage South of Bainbridge Island near Manchester; approximate coordinates are Lat. 47 34' 30" N and Long. 122 31' 50" W ORCHARD ROCKS SITE</b>	<b>C. FACILITY OPERATION STATUS</b> <input checked="" type="checkbox"/> 1. EXISTING FACILITY <input type="checkbox"/> 2. PROPOSED FACILITY			
<b>II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS</b>					
<b>A. TYPE &amp; NUMBER OF ANIMALS IN OPEN CONFINEMENT &amp; HOUSEHOLD UNDER ROOF</b>		<b>B. NO. OF ACRES FOR CONFINEMENT FEEDING</b>			
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? <table style="width: 100%;"> <tr> <td style="width: 33%;"> <input type="checkbox"/> a. 10 YEAR 24-HOUR STORM (specify inches)         </td> <td style="width: 33%;"> <input type="checkbox"/> b. 25 YEAR 24-HOUR STORM (specify inches)         </td> <td style="width: 34%;"> <input type="checkbox"/> c. OTHER (specify inches &amp; type)         </td> </tr> </table>			<input type="checkbox"/> a. 10 YEAR 24-HOUR STORM (specify inches)	<input type="checkbox"/> b. 25 YEAR 24-HOUR STORM (specify inches)	<input type="checkbox"/> c. OTHER (specify inches & type)
<input type="checkbox"/> a. 10 YEAR 24-HOUR STORM (specify inches)	<input type="checkbox"/> b. 25 YEAR 24-HOUR STORM (specify inches)	<input type="checkbox"/> c. OTHER (specify inches & type)			
2. Report the number of acres of contributing drainage.		3. Report the design safety factor.			
<b>III. CONCENTRATED AQUATIC ANIMAL PRODUCTION FACILITY CHARACTERISTICS</b>					
<b>A. For each outfall give the maximum daily flow, maximum 30 day flow, and the long term average flow.</b>		<b>B. Indicate the total number of ponds, raceways, and similar structures in your facility.</b>			
1. OUTFALL NO.	2. FLOW (gallons per day)	1. PONDS			
	a. MAXIMUM DAILY b. MAXIMUM 30 DAY c. LONG TERM AVERAGE	2. RACEWAYS			
None	Not applicable	None			
		3. OTHER			
	Not applicable	Marine Net Pen			
		C. Provide the name of the receiving water and the source of water used by your facility.			
		1. RECEIVING WATER <b>WA-PS-15-0030 Rich Passage, Puget Sound</b>			
		2. WATER SOURCE <b>Puget Sound</b>			
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.					
<b>1. COLD WATER SPECIES</b>					
a. SPECIES	b. HARVESTABLE WEIGHT (pounds)				
	(1) TOTAL YEARLY	(2) MAXIMUM			
<b>Atlantic Salmon - <i>Salmo salar</i></b>	<b>5,600,000</b>	<b>5,600,000</b>			
<b>2. WARM WATER SPECIES</b>					
a. SPECIES	b. HARVESTABLE WEIGHT (pounds)				
	(1) TOTAL YEARLY	(2) MAXIMUM			
E. Report the total pounds of food fed during the calendar month of maximum feeding.		1. MONTH <b>April</b>			
		2. POUNDS OF FOOD <b>750,000</b>			
<b>IV. CERTIFICATION</b>					
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) <b>Radney D. Gould, Chief Legal Officer</b>		B. PHONE NO. (area code & no.) <b>(509) 694-4922</b>			
C. SIGNATURE 		C. DATE SIGNED <b>March 28, 2017</b>			





S.R.A. Data: NE 1/4, Section 15, Township 24 North, Range 2 East, W.M.



Week Grid Sys. North Zone (NAD83 1997)

## Legal Descriptions

### Fort Ward

That portion of the beds of Rich Passage fronting Government Lot 1, Section 15, Township 24 North, Range 2 East, in Kitsap County, Washington, described as follows:

Beginning at the northeast corner of said section, which bears South 89°30'31" East, 2,615.32 feet from the north quarter corner of adjoining Section 14; thence North 73°41'34" West 1,026.35 feet to the True Point of Beginning; thence South 73°29'17" West 537.88 feet; thence South 16°30'43" East 1,030.72 feet; thence North 73°29'17" East 537.88 feet; thence North 16°30'43" West 1,030.72 feet to the True Point of Beginning.

Containing 12.73 acres.

### Orchard Rocks

That portion of the beds of Rich Passage fronting Government Lot 1, Section 15, Township 24 North, Range 2 East, in Kitsap County, Washington, described as follows:

Beginning at the northeast corner of said section, which bears South 89°30'31" East, 2,615.32 feet from the north quarter corner of adjoining Section 14; thence South 34°53'30" West, 1,809.23 feet to the True Point of Beginning; thence North 19°53'54" West 1,725.24 feet; thence South 70°06'06" West 978.80 feet; thence South 19°53'54" East 1,725.24 feet; thence North 70°06'06" East 978.80 feet to the True Point of Beginning.

Containing 38.77 acres.

## Survey Field Methods & Instruments

This survey was accomplished with a Leica 500 dual-frequency GPS system using static and real-time kinematic measurements with WSDOT "Rich" and "Whalley" as bases. Soundings were measured with a Marinetek Super Max 6, synchronized with a dual-frequency rover.

## Notes

All cadastral dimensions hereon are state plane values (0.99998762 of ground for this locale).

NAD83 (Geoid96) is 2.46 feet above Mean Lower Low Water (1983-2001 epoch) in this locale, based on NOAA Vertcon.

## American Gold Seafoods, LLC

Fort Ward Aquatic Lease No. 10237A  
Orchard Rocks Aquatic Lease No. 20-012584

Drawn By: BAM	Date: April 16, 2008	Job No. 8006-7
Checked By: BAM	Scale: 1" = 1/4 Mile	Sheet 2 of 2



**MACLEARNBERRY, Inc.**  
Land Surveyors • Civil Engineers • Planners

159 Wyatt Way NE Bainbridge Island, WA 98110  
phone: (206) 842-5514 facsimile: (206) 780-2408

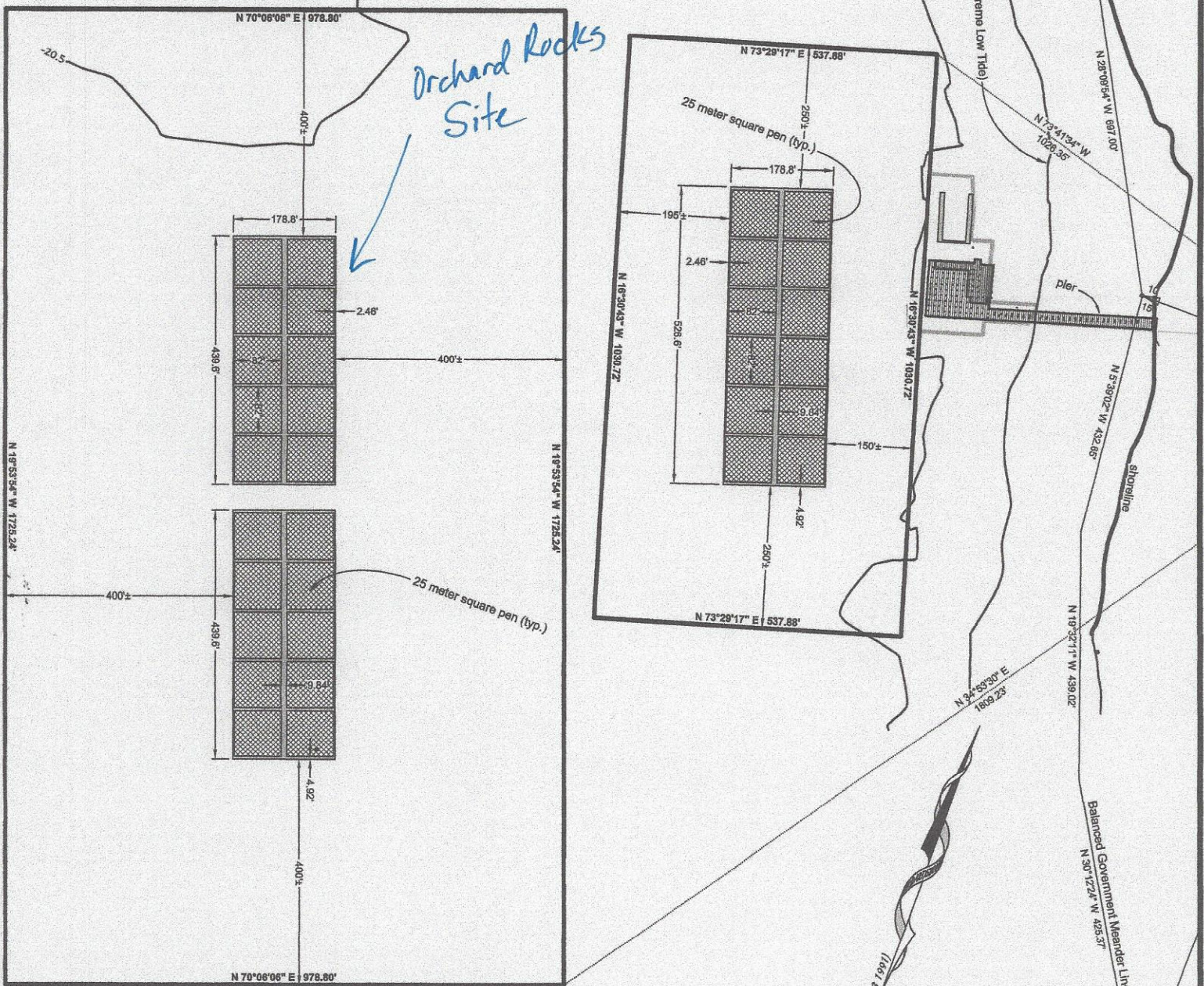


**SINCE  
1976**

**Orchard Rocks**

**S.R.A. Data: NE 1/4, Section 15, Township 24 North, Range 2 East, W.M.**

*Orchard Rocks  
Site*



Date: 4/16/2008



NAVD88 1996  
WSDOT "Rich" & "Whalley"

**Auditor's Certificate**

Filed for record this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
at \_\_\_\_\_ m., In Book \_\_\_\_\_ of \_\_\_\_\_, on page \_\_\_\_\_

Auditor's File No. \_\_\_\_\_  
Survey No. \_\_\_\_\_

County Auditor

**American Gold Seafoods, LLC**  
**Fort Ward Aquatic Lease No. 10237A**  
**Orchard Rocks Aquatic Lease No. 20-012584**

**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, 2008

*Bruce A. MacLearnsberry*  
Certificate No. 32439



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

Drawn By: BAM	Date: April 16, 2008	Job No. 8006-7
Checked By: BAM	Scale: 1:1,500	Sheet 1 of 2