

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	 U.S. ENVIRONMENTAL PROTECTION AGENCY/ECOLOGY GENERAL INFORMATION DEPARTMENT OF ECOLOGY State of Washington Consolidated Permits Program (Read the "General Instructions" before starting.)	1. Current permit I.D.		T/A	C
		WA-002926-2			D
				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 from 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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	Blau Oyster Co., INC.
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IV. FACILITY CONTACT

A. NAME & TITLE (<i>last, first, & title</i>)		B. PHONE (<i>area code & no.</i>)	
C	2	Blau, Paul Owner	360 766 6171
B. EMAIL ADDRESS		C. Does the facility have or can it obtain broadband internet access?	
C	2	blauoysterco@gmail.com	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX			
C	3	11321 Blue Heron Rd	
B. CITY OR TOWN		C. STATE	D. ZIP CODE
C	4	Bow	WA 98232

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
C	5	11321 Blue Heron Rd	
B. COUNTY NAME			
Skagit			
C. CITY OR TOWN		D. STATE	E. ZIP CODE
C	6	Bow	WA 98232
F. COUNTY CODE			
Sec: 25, Township : 36, Range: 02			
D. LATITUDE/LONGITUDE (NAD 83 DATUM)			
LATITUDE AS DECIMAL DEGREES- N4 48° 34'.36" N			
LONGITUDE AS DECIMAL DEGREES - W1 122° 30'.36" W			

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	2092	(specify) fresh shucked oysters	7 7		(specify)
EQUIVALENT NAICS FIRST			EQUIVALENT NAICS SECOND		
C 7		(specify)	7 7		(specify)

UBI NUMBER - 600 002 062

VIII. OPERATOR INFORMATION

A. NAME					B. Is the name listed in Item VIII-A also the owner?	
C 8	Paul Blau - Owner				<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)		(specify) P	C A	360	766 6171
E. STREET OR PO BOX						
11321 Blue Heron Rd						
F. CITY OR TOWN		G. STATE	H. ZIP CODE	IX. INDIAN LAND		
C B	Bow	WA	98232	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	WA-002926-2	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)

Farming, processing, sales and distribution of marine shellfish (mostly pacific oysters)

XIII. CERTIFICATION (see instructions)

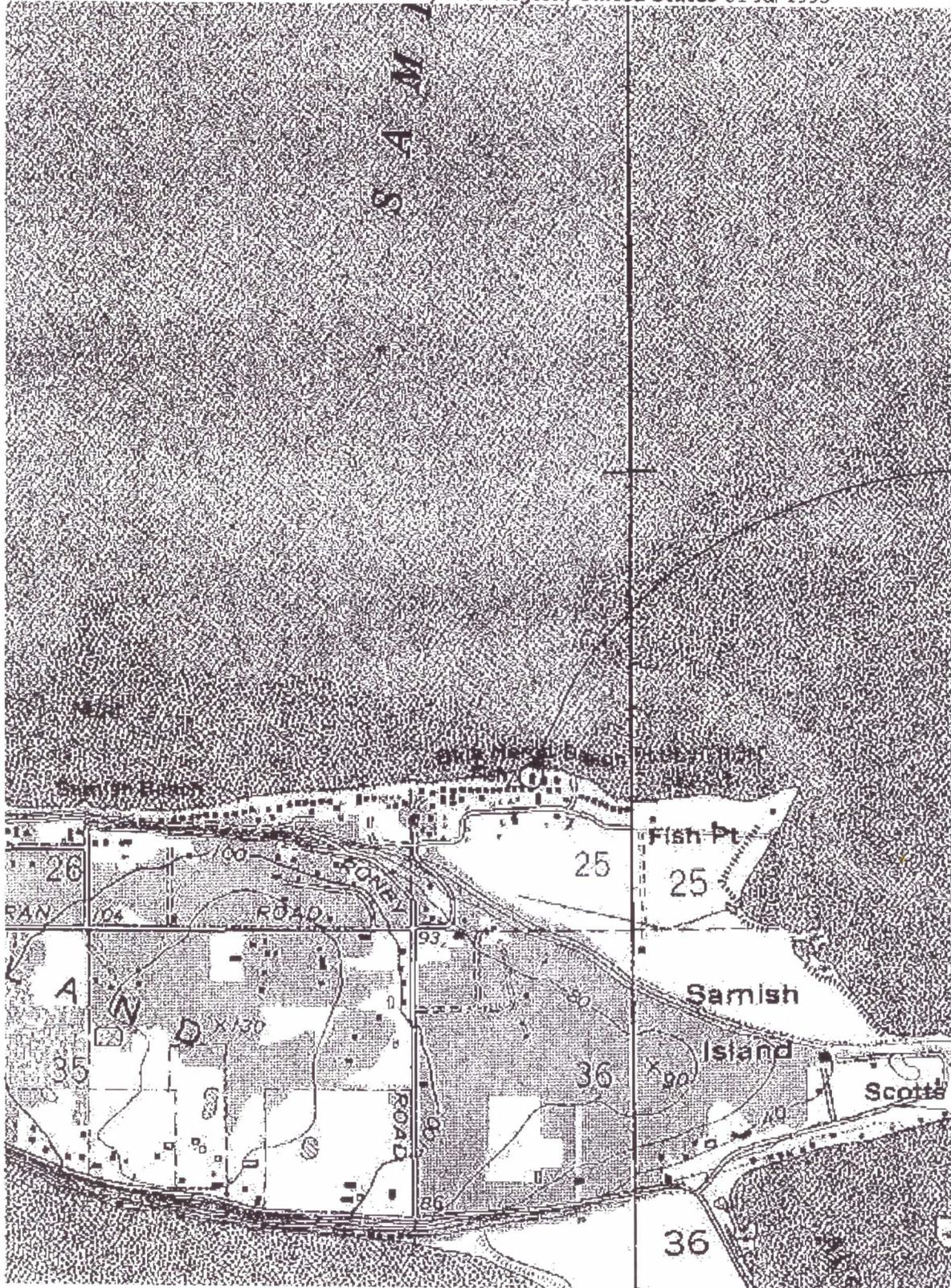
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information 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
Paul Blau	<i>Paul E. Blau</i>	3/24/17

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Send To Printer Back To TerraServer Change to 11x17 Print Size Show Grid Lines Change to Landscape

USGS 11 km NE of Anacortes, Washington, United States 01 Jul 1995



Blau Oyster Co., Inc.
 Discharge #1 @ N.E. corner
 Discharge #2 @ N.W. corner

Image courtesy of the U.S. Geological Survey
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No. 1910 P. 10

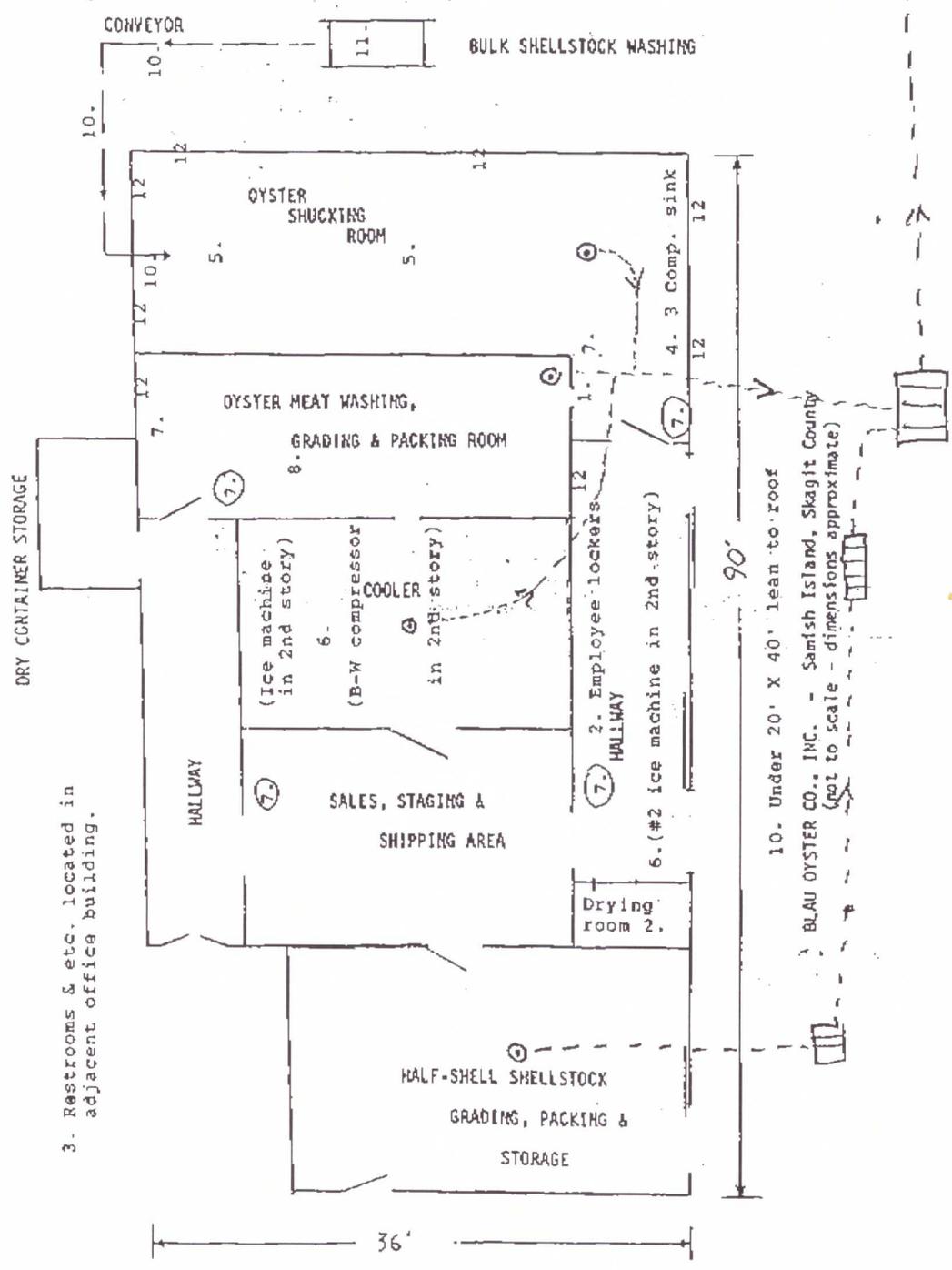
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N

Mean High Tide

#2 discharge (surface)

#1 discharge



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