

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>	 <b>U.S. ENVIRONMENTAL PROTECTION AGENCY/ECOLOGY</b> <b>GENERAL INFORMATION</b> <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	<b>1. Current permit I.D.</b> WA-002926-2	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 <b>bold-faced terms</b> .				
	MARK "X"			
	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 ( <i>either existing or proposed</i> ) 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)
C. Is this facility which currently results in <b>discharges</b> to <b>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 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 <b>discharge</b> to <b>waters of the U.S.</b> ? (FORM 2D)
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)
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)
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)

III. NAME OF FACILITY	
C 1	Blau Oyster Co., INC.

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

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

VI. FACILITY LOCATION	
C 5	A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER 11321 Blue Heron Rd
C 5	B. COUNTY NAME Skagit
C 6	C. CITY OR TOWN Bow
C 6	D. STATE WA
C 6	E. ZIP CODE 98232
C 6	F. COUNTY CODE Sec: 25, Township : 36, Range: 02
C 7	D. LATITUDE/LONGITUDE (NAD 83 DATUM)
C 7	LATITUDE AS DECIMAL DEGREES— N4 48° 34'.36" N
C 7	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	8		
B. UIC (Underground Injection of Fluids)				E. OTHER (specify)				(Specify)
C 9	T U	I		C 9	T	8		
C. RCRA (Hazardous Wastes)				E. OTHER (specify)				(Specify)
C 9	T R	I		C 9	T	8		

**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	Paul E. Blau	3/24/17

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.

**CONTINUE ON REVERSE**

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

☒ **NO** (go to Section IV)

☐ **NO** (go to Section IV)

### 1. AVERAGE DAILY PRODUCTION

## IV. IMPROVEMENTS

☒ **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)

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☒ **NO** (go to Section IX)

## IX. CERTIFICATION

A. NAME & OFFICIAL TITLE (type or print)

B. PHONE NO. (area code & no.)
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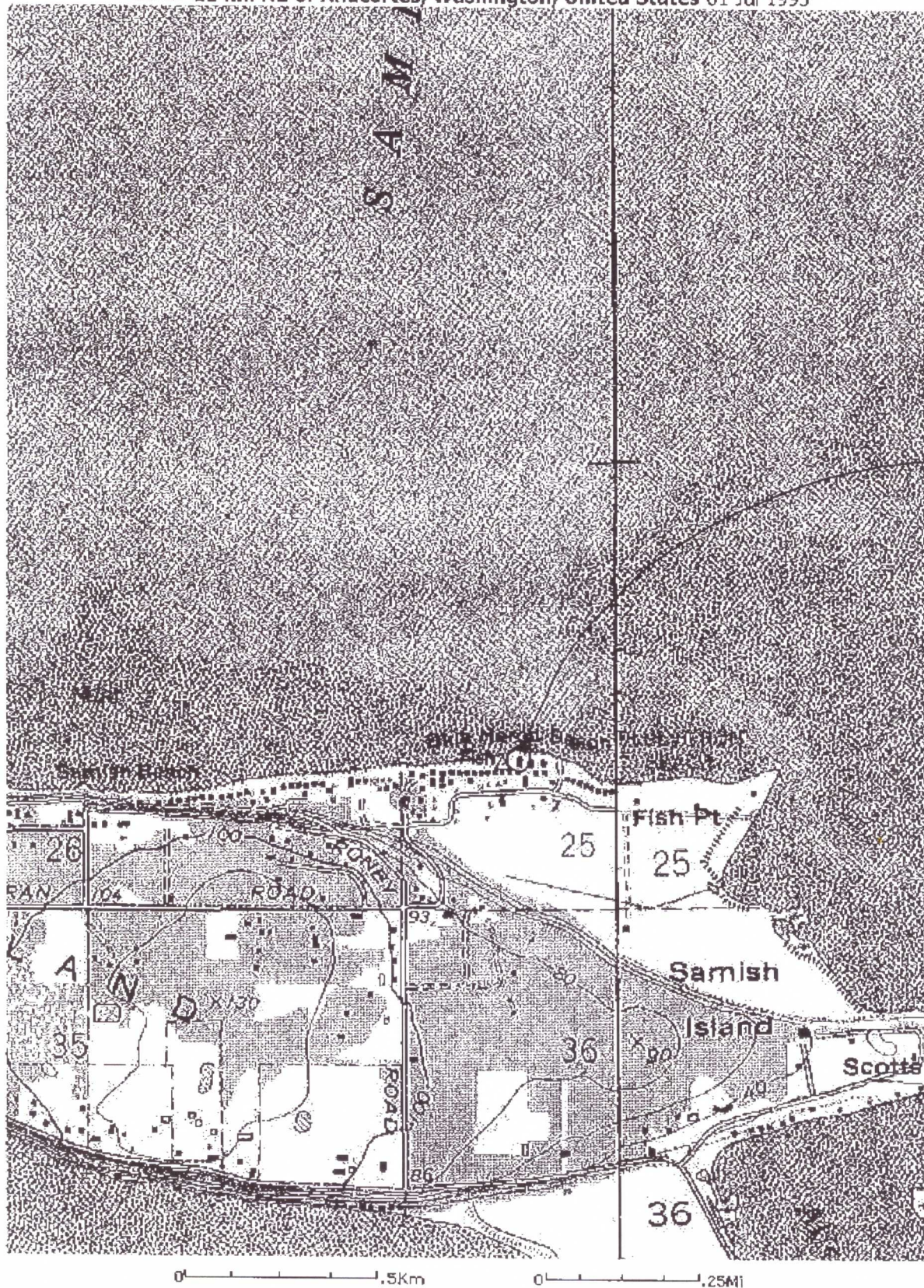
C. SIGNATURE

D. DATE SIGNED
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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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N

#2 discharge  
(surface)

# I discharge

