

FEB 21 2018



Notice of Intent (NOI) Application Form WATER QUALITY PROGRAM
***Zostera japonica* Control On Commercial Clam Beds**
General Permit

Permit Number: WAG 99 _ _ _ _

☒ New Application☐ Updated Application**I. Applicant/Permittee Information (Licensed Pesticide Applicator)**

Entity Name: Nisbet Oyster Co	
Contact Name: Kathleen Nisbet Moncy	
Mailing Address: PO Box 338	
City: Bay Center	State: WA Zip: 98527
Phone Number: (360) 875-6629	E-Mail: kathleen@goosepoint.com
Cell Phone Number (Optional):	UBI: 601-899-424

II. Sponsor Information (Business Proposing *Zostera japonica* Treatment)

Entity Name: Goose Point Oysters	
Contact Name: Kathleen Nisbet Moncy	
Mailing Address: PO Box 338	
City: Bay Center	State: WA Zip: 98527
Phone Number: (360) 875-6629	E-Mail:
Cell Phone Number (Optional):	UBI: 601-899-424

III. Aquatic Pesticide License Information

WSDA Pesticide Applicator License Number: 91659
WSDA Pesticide Applicator License Expiration Date: 12/18
Does the licensee have or will be supervised by someone with an Aquatic License? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
Is the licensed applicator's renewal satisfied for this year and will it remain current? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No

IV. Project Information (Where treatment will occur)

Parcel Number	Commercial clam bed boundaries if different from parcel boundaries (Lat/Long of corners)
79000000059	46.7204 -123.9165, 46.7238 -123.9188, 46.7224 -123.9182, 46.7223 -123.9226
79001000166	46.6691 -123.9281, 46.6695 -123.9240, 46.6609 -124.9223, 46.6611 -123.9243, 46.6583 -123.9259, 46.6634 -123.9255, 46.6637 -123.9267, 46.6669 -123.9269
If more space is needed, continue on a separate sheet of paper. Attach the separate sheet to this form.	
Attach a map of the commercial clam beds where treatment of <i>Zostera japonica</i> is proposed to this form.	

V. Public Notice

Public notice must be published at least once each week, for 2 consecutive weeks, in a single newspaper that has general circulation in the county in which the project is to take place. Permit coverage will not be granted sooner than 31 days after the date of the second public notice. **Note: The NOI must be submitted to Ecology on or before the date of the first public notice.**

Provide the exact dates (mm/dd/yyyy) that the public notice will appear in the newspaper

First public notice date: 02/21/2018

Second public notice date: 02/28/2018

Newspaper publishing the public notice: Chinook Observer

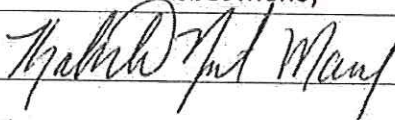
VI. Sponsor Certification

"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 gathered and evaluated the information submitted. Based on my inquiries of the person or persons who manage the system, or those persons directly responsible for gathering 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 fines and imprisonment for knowing violations. Unless the Department of Ecology Permit has more stringent requirements, all FIFRA label requirements will be followed."

Sponsor Print Name: Kathleen Nisbet Moncy

Date: 2-16-18

Sponsor Signature:



VII. Applicant 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 gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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. Unless the Department of Ecology Permit has more stringent requirements, all FIFRA label requirements will be followed."

Applicant Print Name: Kathleen Nisbet Moncy

Date: 2-16-18

Applicant Signature:



Sign and return this document to the address below. For questions call 360-407-6283.

Washington Department of Ecology
Water Quality Program
Aquatic Pesticides
PO Box 47600
Olympia, WA 98504-7600

If you need this document in a format for the visually impaired, call the Water Quality Program at 360-407-6600. Persons with hearing loss may call 711 for Washington Relay Service. Persons with a speech disability may call 877-833-6341.