



STATE OF WASHINGTON  
DEPARTMENT OF ECOLOGY

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NOV 09 2020

WA State Department  
of Ecology (SWRO)

September 1, 2020

Patrick Hulett, Fish Biologist  
WA Department of Fish and Wildlife  
Resource Assessment Division  
804 Allen Street, Suite 3  
Kelso, WA 98626

Re: Application for National Pollutant Discharge Elimination System (NPDES) Wastewater  
Discharge Permit Number WA0040053, WA DFW Lower Deep River Salmon Net Pens

Dear Patrick Hulett:

Chapter 173-220 of the Washington Administrative Code (WAC) requires a Permittee to file an application for replacement.

The application that was submitted on March 5, 2013, is over five years old. An electronic copy of the application may be downloaded by going to the Environmental Protection Agency (EPA) website <https://www.epa.gov/npdes/npdes-applications-and-forms> for the following forms:

**NPDES Application Form 1: General Information**

**NPDES Application Form 2B: Concentrated Animal Feeding Operations and  
Concentrated Aquatic Animal Production Facilities**


Please complete the application and return it no later than **October 31, 2020**, to:

Morgan Dörner  
Permit Administrator  
Department of Ecology  
Southwest Regional Office  
PO Box 47775  
Olympia, WA 98504-7775

Ecology permit manager for your facility is Hiro Kusakabe. Review all the questions to determine if applicable areas apply. Please submit any additional information that may help Ecology determine the impact of your discharge to groundwater.

*Morgan,*  
*Please find enclosed*  
*printed copies of the*  
*NPDES forms 1 and 2b*  
*that were previously*  
*sent electronically*  
*- Pat Hulett*  
*11/5/2020*



EPA Identification Number		NPDES Permit Number WA0040053		Facility Name WA DFW Lower Deep River		Form Approved 03/05/19 OMB No. 2040-0004	
Form 1 NPDES		<b>U.S. Environmental Protection Agency</b> <b>Application for NPDES Permit to Discharge Wastewater</b> <b>GENERAL INFORMATION</b>					
<b>SECTION 1. ACTIVITIES REQUIRING AN NPDES PERMIT (40 CFR 122.21(f) and (f)(1))</b>							
<b>Activities Requiring an NPDES Permit</b>	<b>1.1 Applicants Not Required to Submit Form 1</b>						
	1.1.1	Is the facility a new or existing <b>publicly owned treatment works</b> ? If yes, STOP. Do NOT complete Form 1. Complete Form 2A. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1.1.2	Is the facility a new or existing <b>treatment works treating domestic sewage</b> ? If yes, STOP. Do NOT complete Form 1. Complete Form 2S. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	<b>1.2 Applicants Required to Submit Form 1</b>						
	1.2.1	Is the facility a <b>concentrated animal feeding operation</b> or a <b>concentrated aquatic animal production facility</b> ? <input checked="" type="checkbox"/> Yes → Complete Form 1 and Form 2B. <input type="checkbox"/> No	1.2.2	Is the facility an <b>existing</b> manufacturing, commercial, mining, or silvicultural <b>facility</b> that is <b>currently discharging process wastewater</b> ? <input type="checkbox"/> Yes → Complete Form 1 and Form 2C. <input checked="" type="checkbox"/> No			
	1.2.3	Is the facility a <b>new</b> manufacturing, commercial, mining, or silvicultural <b>facility</b> that has <b>not yet commenced to discharge</b> ? <input type="checkbox"/> Yes → Complete Form 1 and Form 2D. <input checked="" type="checkbox"/> No	1.2.4	Is the facility a <b>new or existing</b> manufacturing, commercial, mining, or silvicultural <b>facility</b> that <b>discharges only nonprocess wastewater</b> ? <input type="checkbox"/> Yes → Complete Form 1 and Form 2E. <input checked="" type="checkbox"/> No			
	1.2.5	Is the facility a <b>new or existing facility</b> whose discharge is composed entirely of <b>stormwater associated with industrial activity</b> or whose discharge is composed of <b>both stormwater and non-stormwater</b> ? <input type="checkbox"/> Yes → Complete Form 1 and Form 2F unless exempted by 40 CFR 122.26(b)(14)(x) or (b)(15). <input checked="" type="checkbox"/> No					
<b>SECTION 2. NAME, MAILING ADDRESS, AND LOCATION (40 CFR 122.21(f)(2))</b>							
<b>Name, Mailing Address, and Location</b>	<b>2.1 Facility Name</b>						
	WA DFW Lower Deep River Salmon Net Pens						
	<b>2.2 EPA Identification Number</b>						
	(TBD)						
	<b>2.3 Facility Contact</b>						
	Name (first and last) Patrick Hulett		Title Fish Biologist (net pen project manager)		Phone number (360) 846-5268		
Email address Patrick.Hulett@dfw.wa.gov							
<b>2.4 Facility Mailing Address</b>							
Street or P.O. box 804 Allen Street, Suite 3							
City or town Kelso		State WA		ZIP code 98626			



EPA Identification Number		NPDES Permit Number WA0040053		Facility Name WA DFW Lower Deep River		Form Approved 03/05/19 OMB No. 2040-0004	
Name, Mailing Address, and Location Continued	2.5	<b>Facility Location</b>					
	Street, route number, or other specific identifier 123 Oneida Road						
	County name Wahkiakum		County code (if known)				
	City or town Naselle		State WA		ZIP code 98638		
<b>SECTION 3. SIC AND NAICS CODES (40 CFR 122.21(f)(3))</b>							
SIC and NAICS Codes	3.1	<b>SIC Code(s)</b>		<b>Description (optional)</b>			
	0921		net pen rearing/release of juvenile salmon for harvest of returning adults				
	3.2	<b>NAICS Code(s)</b>		<b>Description (optional)</b>			
	112511		net pen rearing/release of juvenile salmon for harvest of returning adults				
<b>SECTION 4. OPERATOR INFORMATION (40 CFR 122.21(f)(4))</b>							
Operator Information	4.1	<b>Name of Operator</b>					
	Washington Department of Fish and Wildlife						
	4.2	Is the name you listed in Item 4.1 also the owner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
	4.3	<b>Operator Status</b> <input type="checkbox"/> Public—federal <input checked="" type="checkbox"/> Public—state <input type="checkbox"/> Other public (specify) _____ <input type="checkbox"/> Private <input type="checkbox"/> Other (specify) _____					
Operator Information Continued	4.4	<b>Phone Number of Operator</b>					
	(360) 846-5268						
Operator Information Continued	4.5	<b>Operator Address</b>					
	Street or P.O. Box 804 Allen Street, Suite 3						
	City or town Kelso		State WA		ZIP code 98626		
	Email address of operator Patrick.Hulett@dfw.wa.gov						
<b>SECTION 5. INDIAN LAND (40 CFR 122.21(f)(5))</b>							
Indian Land	5.1	Is the facility located on Indian Land? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

EPA Identification Number	NPDES Permit Number WA0040053	Facility Name WA DFW Lower Deep River	Form Approved 03/05/19 OMB No. 2040-0004
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**SECTION 6. EXISTING ENVIRONMENTAL PERMITS (40 CFR 122.21(f)(6))**

Existing Environmental Permits	6.1	<b>Existing Environmental Permits</b> (check all that apply and print or type the corresponding permit number for each)		
		<input type="checkbox"/> NPDES (discharges to surface water)	<input type="checkbox"/> RCRA (hazardous wastes)	<input type="checkbox"/> UIC (underground injection of fluids)
		<input type="checkbox"/> PSD (air emissions)	<input type="checkbox"/> Nonattainment program (CAA)	<input type="checkbox"/> NESHAPs (CAA)
		<input type="checkbox"/> Ocean dumping (MPRSA)	<input type="checkbox"/> Dredge or fill (CWA Section 404)	<input type="checkbox"/> Other (specify)

**SECTION 7. MAP (40 CFR 122.21(f)(7))**

Map	7.1	Have you attached a topographic map containing all required information to this application? (See instructions for specific requirements.)
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CAFO—Not Applicable (See requirements in Form 2B.)

**SECTION 8. NATURE OF BUSINESS (40 CFR 122.21(f)(8))**

Nature of Business	8.1	Describe the nature of your business.
		WDFW operates a net pen aquaculture facility for rearing juvenile salmon (Coho salmon and spring Chinook salmon) in Deep River (a tidally influenced backwater in the lower Columbia River (see attachments 1 and 2) for release into the natural environment. The intent is for the released salmon to mature in the ocean and be harvested in a gillnet fishery in Deep River when they return as adults. The program is intended to provide commercial gillnet harvest opportunity within the backwater channel area of Deep River, where there is substantially less likelihood of capture of ESA protected stocks of salmon and steelhead than might occur in the main-stem waters of the lower Columbia River. Coho salmon juveniles are loaded into the pens in October or November at a size of about 29 fish/lb. and reared to a size of about 17 fish/lb. when they are released the following May. Spring Chinook juveniles are released at a smaller size after a much shorter 4-5 week acclimation period in the net pens. One release group is released in the spring at 100-400 fish/lb. and another group of the same cohort is released in the fall at 50-60 fish/lb.

**SECTION 9. COOLING WATER INTAKE STRUCTURES (40 CFR 122.21(f)(9))**

Cooling Water Intake Structures	9.1	Does your facility use cooling water?
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 10.1.
	9.2	Identify the source of cooling water. (Note that facilities that use a cooling water intake structure as described at 40 CFR 125, Subparts I and J may have additional application requirements at 40 CFR 122.21(r). Consult with your NPDES permitting authority to determine what specific information needs to be submitted and when.)

**SECTION 10. VARIANCE REQUESTS (40 CFR 122.21(f)(10))**

Variance Requests	10.1	Do you intend to request or renew one or more of the variances authorized at 40 CFR 122.21(m)? (Check all that apply. Consult with your NPDES permitting authority to determine what information needs to be submitted and when.)	
		<input type="checkbox"/> Fundamentally different factors (CWA Section 301(n))	<input type="checkbox"/> Water quality related effluent limitations (CWA Section 302(b)(2))
		<input type="checkbox"/> Non-conventional pollutants (CWA Section 301(c) and (g))	<input type="checkbox"/> Thermal discharges (CWA Section 316(a))
		<input type="checkbox"/> Not applicable	



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**SECTION 11. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))**

<b>Checklist and Certification Statement</b>	11.1	In Column 1 below, mark the sections of Form 1 that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.	
		<b>Column 1</b>	<b>Column 2</b>
	<input checked="" type="checkbox"/>	Section 1: Activities Requiring an NPDES Permit	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 2: Name, Mailing Address, and Location	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 3: SIC Codes	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 4: Operator Information	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 5: Indian Land	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 6: Existing Environmental Permits	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 7: Map	<input checked="" type="checkbox"/> w/ topographic map <input checked="" type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/>	Section 8: Nature of Business	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 9: Cooling Water Intake Structures	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 10: Variance Requests	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/>	Section 11: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments
	11.2	<b>Certification Statement</b> <i>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 gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the 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.</i>	
	Name (print or type first and last name) Patrick Hulett	Official title Area Fish Biologist (net pen project manager)	
	Signature <i>Patrick Hulett</i>	Date signed 10/30/2020	



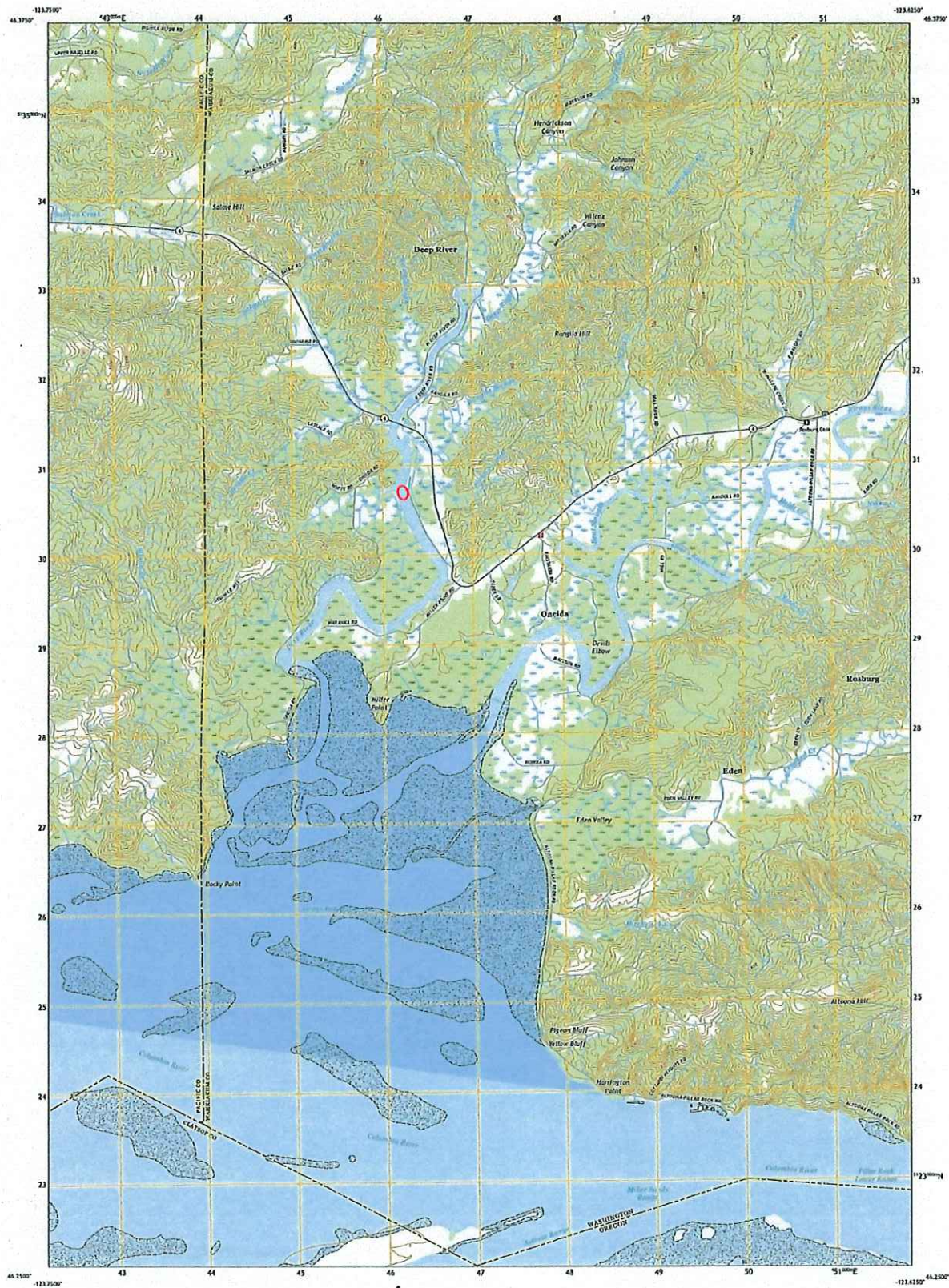
# Attachment 1: 7.5 Minute US Topo of Deep River Net Pen Location (O); see details in attachment 2.



U.S. DEPARTMENT OF THE INTERIOR  
U.S. GEOLOGICAL SURVEY

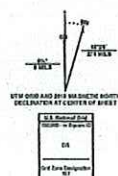


ROSBURG QUADRANGLE  
WASHINGTON - OREGON  
7.5-MINUTE SERIES



Produced by the United States Geological Survey  
North American Datum of 1983 (NAD83)  
World Geologic Map of 1984 (WGM84). Projection and  
1:50,000-scale geologic map of the area, June 1985.  
This map is not a legal document. Boundaries may be  
generalized for this map scale. Private lands within government  
jurisdiction may not be shown. Citations provided for  
information only.

Imagery: Aerial, July 2015 - September 2016  
Base: U.S. Census Bureau, 2014  
Hydrography: National Hydrography Dataset, 1999 - 2015  
Contours: National Elevation Dataset, 1999 - 2014  
Boundaries: Multiple sources: 184 - includes the 2014 - 2015  
Public Land Survey System  
Roads: National Wetlands Inventory, 1999 - 2015



SCALE 1:24,000  
1 0.5 1 1.5 2  
1000 500 0 500 1000  
1000 0 1000 2000 3000 4000 5000 6000 7000 8000 9000 10000  
FEET  
1 0.5 1 1.5 2  
1000 500 0 500 1000  
METERS  
CONTOUR INTERVAL 40 FEET  
NORTH AMERICAN DATUM OF 1983  
This map was produced in conformance with the  
National Geospatial Program 10 Year Product Standard, 2014.  
A metadata file associated with this product is available at [www.usgs.gov](http://www.usgs.gov).



1	2	3	4	5	6	7	8	9	10	11	12
1	2	3	4	5	6	7	8	9	10	11	12

ALASKA QUADRANGLES

ROAD CLASSIFICATION	
Expressway	Local Connector
Secondary Road	Local Road
Range	4WD
Interstate Route	US Route
	State Route

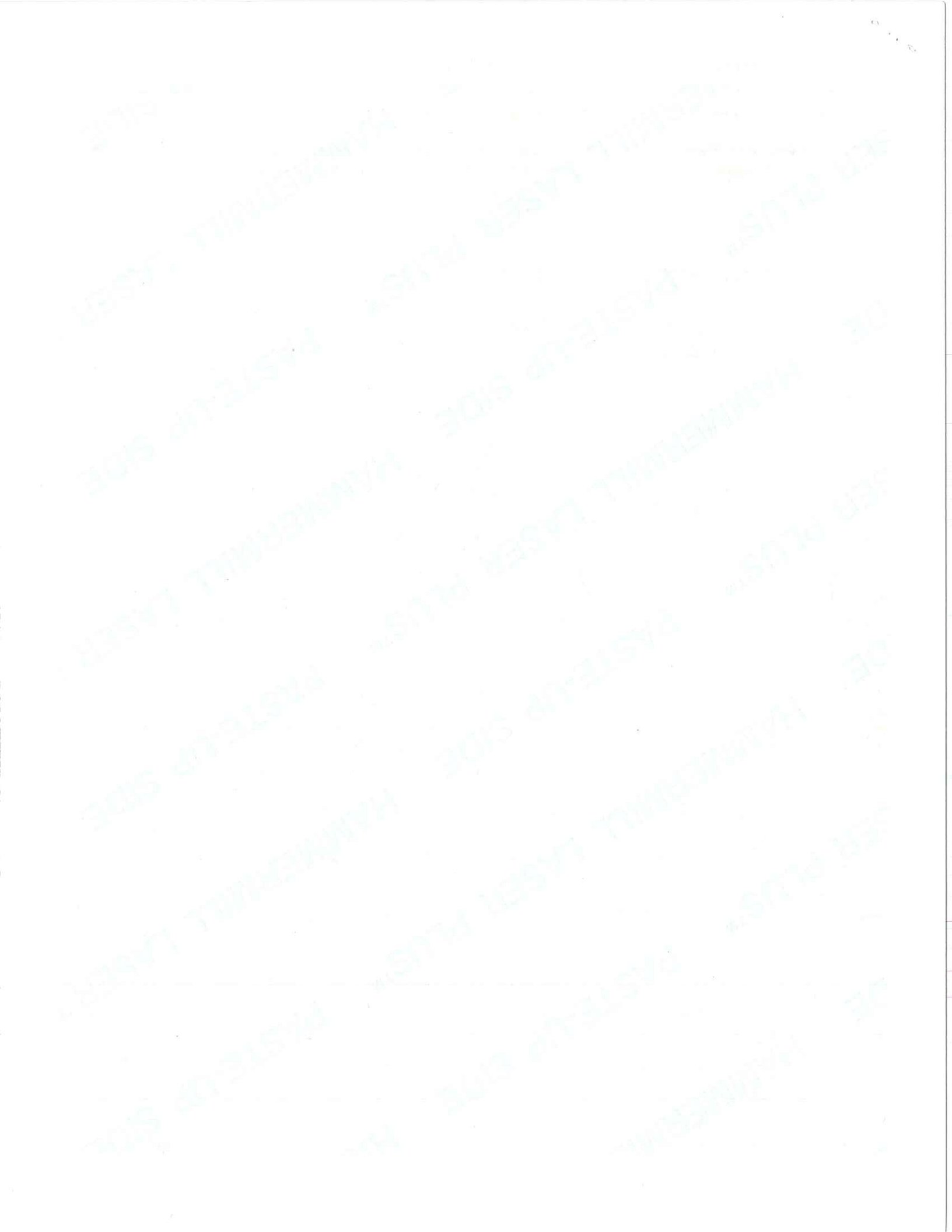
ROSBURG, WA, OR  
2020






Attachment 2: Satellite photo details of Deep River net pen location and configuration.







EPA Identification Number		NPDES Permit Number WA0040053	Facility Name WA DFW Lower Deep River Salm	Form Approved 03/05/19 OMB No. 2040-0004
Form 2B NPDES		<b>U.S. Environmental Protection Agency</b> <b>Application for NPDES Permit to Discharge Wastewater</b> <b>CONCENTRATED ANIMAL FEEDING OPERATIONS and</b> <b>CONCENTRATED AQUATIC ANIMAL PRODUCTION FACILITIES</b>		
<b>SECTION 1. GENERAL INFORMATION (40 CFR 122.21(i)(1))</b>				
General Information	1.1	Indicate the facility/business type. (Check only one response.) <input type="checkbox"/> CAFO → Complete Sections 1 through 6 and Section 8. <input checked="" type="checkbox"/> CAAP → Complete Sections 1, 7, and 8.		
	1.2	Indicate the operational status of the facility. (Check one.) <input checked="" type="checkbox"/> Existing facility <input type="checkbox"/> Proposed facility		
<b>SECTION 2. CAFO OWNER/OPERATOR CONTACT INFORMATION (40 CFR 122.21(f)(2) and (4) and 122.21(i)(1)(i))</b>				
CAFO Owner/Operator Contact Information	2.1	<b>Owner/Operator Contact</b>		
		Name (first and last)	Title	
		Phone number	Email address	
	2.2	<b>Owner/Operator Mailing Address</b>		
		Street or P.O. box		
	City or town	State	Zip code	
<b>SECTION 3. CAFO LOCATION AND CONTACT INFORMATION (40 CFR 122.21(i)(1)(ii and iii))</b>				
CAFO Location and Contact Information	3.1	<b>CAFO Location and Contact</b>		
		Name		
		Address (street, route number, or other specific identifier)	County	
		City or town	State	Zip code
		Facility contact name	Phone number	Email address
	3.2	<b>Latitude/Longitude of Entrance to Production Area (see instructions)</b>		
		Latitude	Longitude	
	°   '   "	°   '   "		

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CAFO Location and Contact Information Continued	3.3	<b>Integrator Name and Address</b>		
		Name		
		Street address		
		City or town	State	Zip code

**SECTION 4. CAFO TOPOGRAPHIC MAP (40 CFR 122.21(i)(1)(iv))**

CAFO Topographic Map	4.1	Have you attached a topographic map containing all required information to this application? (See instructions for specific requirements.)
		<input type="checkbox"/> Yes → SKIP to Section 5. <input type="checkbox"/> No

**SECTION 5. CAFO CHARACTERISTICS (40 CFR 122.21(i)(1)(v ix))**

CAFO Characteristics	5.1	Provide information on the type and number of animals in the table below.					
		Animal Type	Number in Open Confinement	Number Housed Under Roof	Animal Type	Number in Open Confinement	Number Housed Under Roof
		<input type="checkbox"/> Mature dairy cows			<input type="checkbox"/> Sheep or lambs		
		<input type="checkbox"/> Dairy heifers			<input type="checkbox"/> Chickens (broilers)		
		<input type="checkbox"/> Veal calves			<input type="checkbox"/> Chickens (layers)		
		<input type="checkbox"/> Cattle (not dairy or veal calves)			<input type="checkbox"/> Ducks		
		<input type="checkbox"/> Swine (55 lbs. or more)			<input type="checkbox"/> Other (specify)		
		<input type="checkbox"/> Swine (under 55 lbs.)			<input type="checkbox"/> Other (specify)		
		<input type="checkbox"/> Horses			<input type="checkbox"/> Other (specify)		
	<input type="checkbox"/> Turkeys			Total Animals			
	5.2	Indicate the type of containment and storage, total number of days, and total capacity for manure, litter, and process wastewater storage in the table below.					
		Type of Containment and Storage	Total Number of Days	Total Capacity (specify gallons or tons)	Type of Containment and Storage	Total Number of Days	Total Capacity (specify gallons or tons)
		<input type="checkbox"/> Anaerobic lagoon			<input type="checkbox"/> Belowground storage tanks		
		<input type="checkbox"/> Evaporation			<input type="checkbox"/> Roofed storage shed		
		<input type="checkbox"/> Aboveground storage tanks			<input type="checkbox"/> Concrete pad		
		<input type="checkbox"/> Storage pond			<input type="checkbox"/> Impervious soil pad		
	<input type="checkbox"/> Underfloor pit			<input type="checkbox"/> Other (specify)			
	5.3	Indicate the total number of acres drained and collected in the containment and storage structure(s) reported under Item 5.2.					
_____ acres							



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<b>CAFO Characteristics Continued</b>	<b>Manure, Litter, and/or Process Wastewater Production and Use</b>		
	5.4	How many tons of manure or litter and gallons of process wastewater are generated annually at the CAFO?	
		Manure	tons
		Litter	tons
		Process wastewater	gallons
	5.5	Is manure, litter, and/or process wastewater generated at the CAFO land applied? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 5.8.	
	5.6	How many acres of land under the control of the applicant are available for applying the CAFO's manure, litter, or process wastewater? _____ acres	
	5.7	Check all land application best management practices that are being implemented. <input type="checkbox"/> Buffers <input type="checkbox"/> Infiltration field <input type="checkbox"/> Setbacks <input type="checkbox"/> Grass filter <input type="checkbox"/> Conservation tillage <input type="checkbox"/> Terrace <input type="checkbox"/> Constructed wetlands <input type="checkbox"/> Other (specify)	
	5.8	Is manure, litter, and/or process wastewater transferred to any other persons? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 5.10.	
	5.9	How many tons of manure or litter and gallons of process wastewater, produced by the CAFO, are transferred annually to other people?	
	Manure	tons	
	Litter	tons	
	Process wastewater	gallons	
5.10	Describe alternative use(s) of manure, litter, or process wastewater, if any.		

<b>SECTION 6. CAFO NUTRIENT MANAGEMENT PLANS (40 CFR 122.21(i)(1)(x))</b>			
<b>CAFO Nutrient Management Plans</b>	6.1	Has the applicant attached a nutrient management plan that satisfies the requirements at 40 CFR 122.42(e) and, if applicable, the requirements at 40 CFR 412.4(c)? <b>Note:</b> A permit application is not complete until a nutrient management plan is submitted to the NPDES permitting authority. <input type="checkbox"/> Yes → SKIP to Item 6.3. <input type="checkbox"/> No	
	6.2	Explain why a nutrient management plan is not attached to the application.	
	6.3	Is a nutrient management plan being implemented at the CAFO? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	6.4	What was the date of the last review or revision of the nutrient management plan? Date _____	

EPA Identification Number	NPDES Permit Number WA0040053	Facility Name WA DFW Lower Deep River Salmon	Form Approved 03/05/19 OMB No. 2040-0004
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**SECTION 7. CAAP FACILITY CHARACTERISTICS (40 CFR 122.21(i)(2))**

CAAP Facility Characteristics	7.1	Is the CAAP facility located on land? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.3.				
	7.2	Provide the maximum daily and maximum average monthly discharge at CAAP by outfall.				
		Outfall Number	Discharge			
			Maximum Daily Discharge		Maximum Average Monthly Discharge	
				gpd		gpd
			gpd		gpd	
			gpd		gpd	
	7.3	Indicate the type and number of discharge structures at the CAAP. Provide a brief description of each structure. Also note the name of the receiving water and the source of the intake water for each structure.				
		Structure Type	Number of Each	Description	Receiving Water Name	Source of Intake Water
		Ponds				
		Raceways				
		Net pens	1 thru 27	20"x20"x10"	ver/Tidal water from C	Not applicable
		Submerged cages				Not applicable
		Similar structures (specify)				
	7.4	List the cold-water and/or warm-water aquatic species raised/produced in the table below. For each species listed, indicate the total yearly and maximum harvestable weight (in pounds).				
Species		Cold Water Species		Warm Water Species		
		Harvestable Weight		Harvestable Weight		
		Total Yearly	Maximum	Total Yearly	Maximum	
Spring Chinook		10300 lbs.	15000 lbs.	lbs.	lbs.	
Type-N Coho		46600 lbs.	50000 lbs.	lbs.	lbs.	
		lbs.	lbs.	lbs.	lbs.	
		lbs.	lbs.	lbs.	lbs.	
7.5	Indicate the calendar month of maximum feeding and the total mass of food fed (in pounds) during that month.					
	Month of Maximum Feeding			Total Mass of Food Fed		
	April			3500 lbs.		



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**SECTION 8. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))**

<b>Checklist and Certification Statement</b>	8.1	In Column 1, below, mark the sections of Form 2B that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.	
		<b>Column 1</b>	<b>Column 2</b>
		<input checked="" type="checkbox"/> Section 1: General Information	<input type="checkbox"/> w/ attachments
		<input type="checkbox"/> Section 2: CAFO Owner/Operator Contact Information	<input type="checkbox"/> w/ attachments
		<input type="checkbox"/> Section 3: CAFO Location and Contact Information	<input type="checkbox"/> w/ attachments
		<input type="checkbox"/> Section 4: CAFO Topographic Map	<input type="checkbox"/> w/ topographic map <input type="checkbox"/> w/ additional attachments
		<input type="checkbox"/> Section 5: CAFO Characteristics	<input type="checkbox"/> w/ attachments
		<input type="checkbox"/> Section 6: CAFO Nutrient Management Plans	<input type="checkbox"/> w/ nutrient management plan <input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 7: CAAP Facility Characteristics	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 8: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments
	8.2	<b>Certification Statement</b> <i>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 gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the 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.</i>	
		Name (print or type first and last name) Patrick Hulett	Official title Area Fish Biologist (net pen project manger)
		Signature <i>Patrick Hulett</i>	Date signed 10/30/2020