



State of Washington
DEPARTMENT OF FISH AND WILDLIFE
Kelso Field Office 804 Allen Street, Suite 3, Kelso, WA 98626
Telephone: (360) 577-0197

RECEIVED

NOV 16 2020

**WA State Department
of Ecology (SWRO)**

November 10, 2020

Morgan Dorner
Permit Administrator
Department of Ecology
Southwest Regional Office
PO Box 47775
Olympia, WA 98507-7775

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

Dear Morgan Dorner:

Enclosed are the hand-signed signature pages for the following NPDES permit application forms: ESA Form 3510-1 and ESA Form 3510-2B.

Electronic copies of these forms, signed using the form-supplied electronic signature, were sent to you via email on 10-30-2020.

Per your request via Hiro Kusakabe, printed copies of those forms were mailed to you on 11/5/2020.

The signature pages only for both of those forms are now enclosed with original ink signatures, per your request via Hiro Kusakabe.

My apologies for failing to provide the documents in the formats required in the first submission, but I hope this will now complete the submission requirements.

Sincerely,

A handwritten signature in blue ink, reading "Patrick L Hulett". The signature is written in a cursive style with a large, stylized "P" and "H".

Patrick Hulett
SAFE Net Pens Project Manager
WDFW Kelso Field Office
804 Allen Street, Suite 3
Kelso, WA 98626

Enclosures

EPA Identification Number	NPDES Permit Number WA0040053	Facility Name WA DFW Lower Deep River	Form Approved 03/05/19 OMB No. 2040-0004
---------------------------	----------------------------------	--	---

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

Checklist and Certification Statement	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.	
		Column 1	Column 2
	<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	Certification Statement <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>Patricia L Hulett</i>	Date signed 11/10/2020	

EPA Identification Number	NPDES Permit Number WA0040053	Facility Name WA DFW Lower Deep River Salmon	Form Approved 03/05/19 OMB No. 2040-0004
---------------------------	----------------------------------	---	---

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

Checklist and Certification Statement	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.					
		Column 1	Column 2				
		<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	<p>Certification Statement</p> <p><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></p> <table border="1"> <tr> <td>Name (print or type first and last name) Patrick Hulett</td> <td>Official title Area Fish Biologist (net pen project manger)</td> </tr> <tr> <td>Signature <i>Patrick L Hulett</i></td> <td>Date signed <i>11/10/2020</i></td> </tr> </table>		Name (print or type first and last name) Patrick Hulett	Official title Area Fish Biologist (net pen project manger)	Signature <i>Patrick L Hulett</i>	Date signed <i>11/10/2020</i>
Name (print or type first and last name) Patrick Hulett	Official title Area Fish Biologist (net pen project manger)						
Signature <i>Patrick L Hulett</i>	Date signed <i>11/10/2020</i>						