

APPLICATION REVIEW ROUTER

WA ECY CRO Water Quality

Date:

Facility Name:

Facility Manager:

New Facility: YES ☐ NO ☐

Submitted via:

STEP	ACTION	DATE
1. Permit Coordinator	Stamp Received:	
	Send Official Receipt:	
	Upload to Sharepoint:	
	Update OneNote:	
	Notify Reviewer:	
2. Lead Reviewer	Reviewer:	
	Due Date:	
	ACCEPT:	
	REJECT:	
2. Secondary Reviewer (If Necessary)	Reviewer:	
	Due Date:	
3. Permit Coordinator	Inform Applicant:	
	Upload to PARIS:	
	Closeout Sharepoint	
	Closeout OneNote	



UPPER WENATCHEE BASIN ACCLIMATION PROGRAM DISCHARGE PERMIT APPLICATION PACKAGE

September 2023

DEPARTMENT OF ECOLOGY
CENTRAL REGIONAL OFFICE

RECEIVED

September 29, 2023



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1. Upper Wenatchee Basin Acclimation Program Discharge Permit

1.1 EPA Application Form 1: NPDES Permit to Discharge Wastewater Application

Water Permits Division




Application Form 1

General Information

NPDES Permitting Program

Note: All applicants to the National Pollutant Discharge Elimination System (NPDES) permits program, with the exception of publicly owned treatment works and other treatment works treating domestic sewage, must complete Form 1. Additionally, all applicants must complete one or more of the following forms: 2B, 2C, 2D, 2E, or 2F. To determine the specific forms you must complete, consult the “General Instructions” for this form.

EPA Identification Number		NPDES Permit Number WA0991018		Facility Name Upper Wentachee Basin Acclimation Program		Form Approved 03/05/19 OMB No. 2040-0004							
Form 1 NPDES			U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater GENERAL INFORMATION										
SECTION 1. ACTIVITIES REQUIRING AN NPDES PERMIT (40 CFR 122.21(f) and (f)(1))													
Activities Requiring an NPDES Permit	1.1		Applicants <i>Not Required</i> to Submit Form 1										
	1.1.1	Is the facility a new or existing publicly owned treatment works ? 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 treatment works treating domestic sewage ? If yes, STOP. Do NOT complete Form 1. Complete Form 2S. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
	1.2		Applicants <i>Required</i> to Submit Form 1										
	1.2.1	Is the facility a concentrated animal feeding operation or a concentrated aquatic animal production facility ? <input checked="" type="checkbox"/> Yes → Complete Form 1 and Form 2B. <input type="checkbox"/> No			1.2.2	Is the facility an existing manufacturing, commercial, mining, or silvicultural facility that is currently discharging process wastewater ? <input type="checkbox"/> Yes → Complete Form 1 and Form 2C. <input checked="" type="checkbox"/> No							
	1.2.3	Is the facility a new manufacturing, commercial, mining, or silvicultural facility that has not yet commenced to discharge ? <input type="checkbox"/> Yes → Complete Form 1 and Form 2D. <input checked="" type="checkbox"/> No			1.2.4	Is the facility a new or existing manufacturing, commercial, mining, or silvicultural facility that discharges only nonprocess wastewater ? <input type="checkbox"/> Yes → Complete Form 1 and Form 2E. <input checked="" type="checkbox"/> No							
	1.2.5	Is the facility a new or existing facility whose discharge is composed entirely of stormwater associated with industrial activity or whose discharge is composed of both stormwater and non-stormwater ? <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											
SECTION 2. NAME, MAILING ADDRESS, AND LOCATION (40 CFR 122.21(f)(2))													
Name, Mailing Address, and Location	2.1		Facility Name										
			Upper Wentachee Basin Acclimation Program										
	2.2		EPA Identification Number										
	2.3		Facility Contact										
			<table border="1"> <tr> <td>Name (first and last) Greg Wolfe</td> <td>Title</td> <td>Phone number (509) 548-9413</td> </tr> <tr> <td colspan="3">Email address wolg@yakamafish-nsn.gov</td> </tr> </table>						Name (first and last) Greg Wolfe	Title	Phone number (509) 548-9413	Email address wolg@yakamafish-nsn.gov	
Name (first and last) Greg Wolfe	Title	Phone number (509) 548-9413											
Email address wolg@yakamafish-nsn.gov													
2.4		Facility Mailing Address											
		<table border="1"> <tr> <td colspan="3">Street or P.O. box 7051 US HWY 97</td> </tr> <tr> <td>City or town Peshastin</td> <td>State WA</td> <td>ZIP code 98847</td> </tr> </table>						Street or P.O. box 7051 US HWY 97			City or town Peshastin	State WA	ZIP code 98847
Street or P.O. box 7051 US HWY 97													
City or town Peshastin	State WA	ZIP code 98847											

EPA Identification Number		NPDES Permit Number WA0991018		Facility Name Upper Wentachee Basin Acclimation Program		Form Approved 03/05/19 OMB No. 2040-0004	
Name, Mailing Address, and Location Continued	2.5	Facility Location					
		Street, route number, or other specific identifier See Attachment 1.1.1					
		County name		County code (if known)			
		City or town		State		ZIP code	
SECTION 3. SIC AND NAICS CODES (40 CFR 122.21(f)(3))							
SIC and NAICS Codes	3.1	SIC Code(s)		Description (optional)			
		0273		Animal Aquaculture			
		0921		Fish Hatcheries and Preserves			
	3.2	NAICS Code(s)		Description (optional)			
		112511		Finfish production / Finfish acclimation			
SECTION 4. OPERATOR INFORMATION (40 CFR 122.21(f)(4))							
Operator Information	4.1	Name of Operator					
		Greg Wolfe					
	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	Operator Status					
		<input type="checkbox"/> Public—federal <input type="checkbox"/> Public—state <input checked="" type="checkbox"/> Other public (specify) <u>Tribal</u> <input type="checkbox"/> Private <input type="checkbox"/> Other (specify) _____					
4.4	Phone Number of Operator						
(509) 548-9413							
Operator Information Continued	4.5	Operator Address					
		Street or P.O. Box 7051 US HWY 97					
		City or town Peshastin		State WA		ZIP code 98847	
		Email address of operator wolg@yakamafish-nsn.gov					
SECTION 5. INDIAN LAND (40 CFR 122.21(f)(5))							
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 WA0991018	Facility Name Upper Wentachee Basin Acclimation Program	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	Existing Environmental Permits (check all that apply and print or type the corresponding permit number for each)	
		<input checked="" type="checkbox"/> NPDES (discharges to surface water) WA0991018	<input type="checkbox"/> RCRA (hazardous wastes)
		<input type="checkbox"/> PSD (air emissions)	<input type="checkbox"/> UIC (underground injection of fluids)
		<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.)
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SECTION 8. NATURE OF BUSINESS (40 CFR 122.21(f)(8))

Nature of Business	8.1	Describe the nature of your business. The Yakama Nation is requesting a National Pollutant Discharge Elimination System (NPDES) individual permit application for the acclimation sites proposed as part of the Mid-Columbia Coho Restoration Program (MCCRP). The MCCRP is sponsored by the Yakama Nation and funded by Bonneville Power Administration (BPA), Chelan, Grant and Douglas County Public Utility Districts to help mitigate for impacts of the Federal and Public Utility Districts' Columbia River Power System dams on anadromous fish. The MCCRP includes improving several acclimation sites in the Wenatchee and Methow watersheds.
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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))

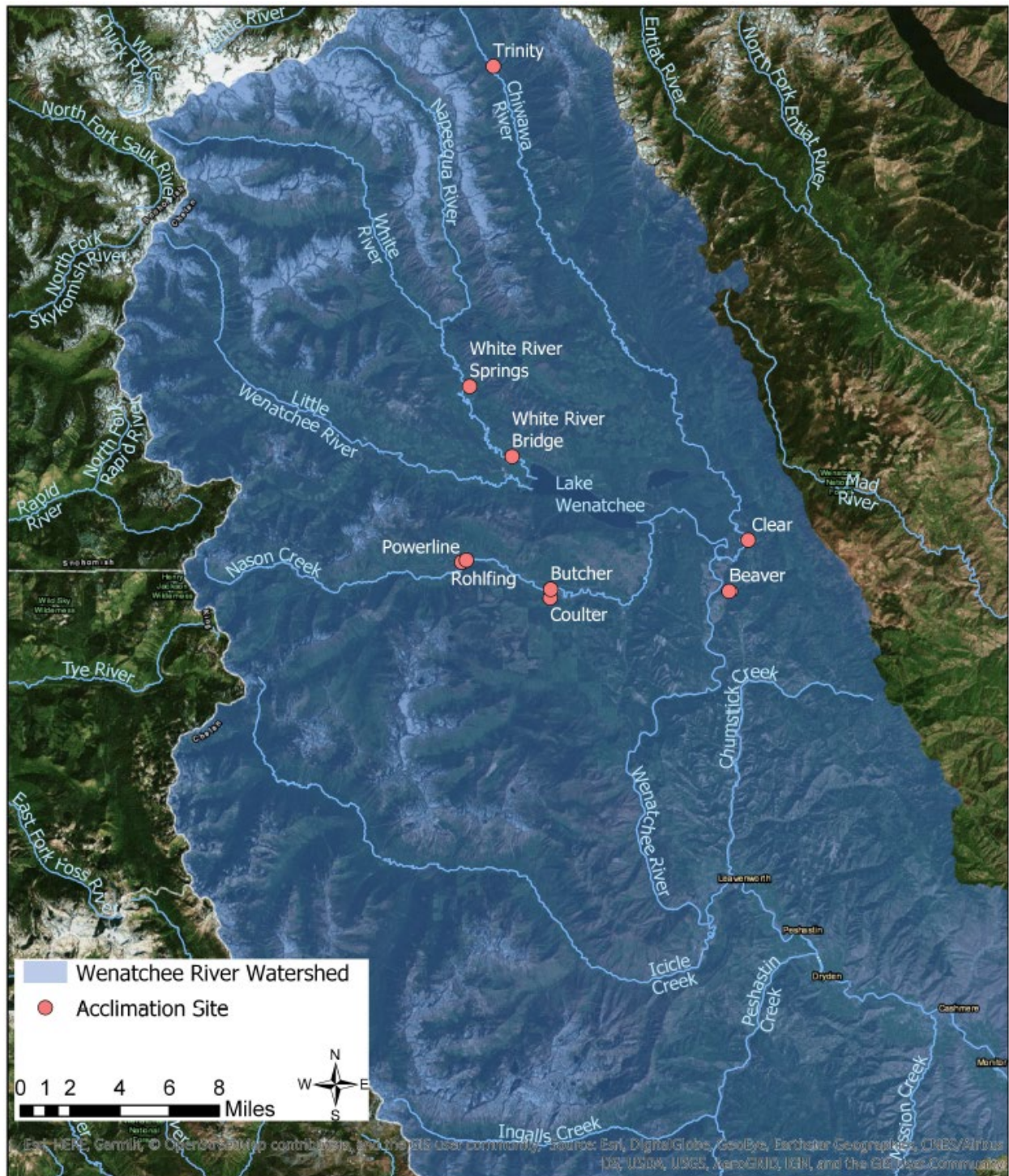
Variance Requests	10.1	Do you intend to request or renew one or more of the variances authorized at 40 CFR 122.21(m)? (Check all that apply. Consult with your NPDES permitting authority to determine what information needs to be submitted and when.)
		<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Fundamentally different factors (CWA Section 301(n)) </div> <div style="width: 50%;"> <input type="checkbox"/> Water quality related effluent limitations (CWA Section 302(b)(2)) </div> <div style="width: 50%;"> <input type="checkbox"/> Non-conventional pollutants (CWA Section 301(c) and (g)) </div> <div style="width: 50%;"> <input type="checkbox"/> Thermal discharges (CWA Section 316(a)) </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> Not applicable </div> </div>

EPA Identification Number	NPDES Permit Number WA0991018	Facility Name Upper Wentachee Basin Acclimation Program	Form Approved 03/05/19 OMB No. 2040-0004
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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 checked="" 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)	Official title	
	Gerald Lewis	Yakama Nation Tribal Council Chairman	
	Signature	Date signed	

Attachment 1.1.1-Upper Wenatchee Basin Acclimation Sites Map



1.2 EPA Application Form 2B: Concentrated Animal Feeding Operations and Concentrated Aquatic Animal Production Facilities NPDES Permit Application

Water Permits Division




Application Form 2B

Concentrated Animal Feeding Operations and Concentrated Aquatic Animal Production Facilities

NPDES Permitting Program

Note: Complete this form *and* Form 1 if your facility is a new or existing concentrated animal feeding operation or concentrated aquatic animal production facility.

EPA Identification Number		NPDES Permit Number WA0991018	Facility Name Upper Wentachee Basin Acclimation Program	Form Approved 03/05/19 OMB No. 2040-0004
Form 2B NPDES		U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater CONCENTRATED ANIMAL FEEDING OPERATIONS and CONCENTRATED AQUATIC ANIMAL PRODUCTION FACILITIES		
SECTION 1. GENERAL INFORMATION (40 CFR 122.21(l)(1))				
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		
SECTION 2. CAFO OWNER/OPERATOR CONTACT INFORMATION (40 CFR 122.21(f)(2) and (4) and 122.21(i)(1)(i))				
CAFO Owner/Operator Contact Information	2.1	Owner/Operator Contact		
		Name (first and last)		Title
		Phone number		Email address
	2.2	Owner/Operator Mailing Address		
		Street or P.O. box		
City or town		State	Zip code	
SECTION 3. CAFO LOCATION AND CONTACT INFORMATION (40 CFR 122.21(i)(1)(ii and iii))				
CAFO Location and Contact Information	3.1	CAFO Location and Contact		
		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	Latitude/Longitude of Entrance to Production Area (see instructions)		
		Latitude		Longitude
		° ' "		° ' "

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CAFO Location and Contact Information Continued	3.3	Integrator Name and Address				
	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.																																																									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">Animal Type</th> <th style="width: 15%;">Number in Open Confinement</th> <th style="width: 15%;">Number Housed Under Roof</th> <th style="width: 20%;">Animal Type</th> <th style="width: 15%;">Number in Open Confinement</th> <th style="width: 15%;">Number Housed Under Roof</th> </tr> <tr> <td><input type="checkbox"/> Mature dairy cows</td> <td></td> <td></td> <td><input type="checkbox"/> Sheep or lambs</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Dairy heifers</td> <td></td> <td></td> <td><input type="checkbox"/> Chickens (broilers)</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Veal calves</td> <td></td> <td></td> <td><input type="checkbox"/> Chickens (layers)</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Cattle (not dairy or veal calves)</td> <td></td> <td></td> <td><input type="checkbox"/> Ducks</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Swine (55 lbs. or more)</td> <td></td> <td></td> <td><input type="checkbox"/> Other (specify)</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Swine (under 55 lbs.)</td> <td></td> <td></td> <td><input type="checkbox"/> Other (specify)</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Horses</td> <td></td> <td></td> <td><input type="checkbox"/> Other (specify)</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Turkeys</td> <td></td> <td></td> <td>Total Animals</td> <td></td> <td></td> </tr> </table>					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		
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	<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.																																																									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">Type of Containment and Storage</th> <th style="width: 15%;">Total Number of Days</th> <th style="width: 15%;">Total Capacity (specify gallons or tons)</th> <th style="width: 20%;">Type of Containment and Storage</th> <th style="width: 15%;">Total Number of Days</th> <th style="width: 15%;">Total Capacity (specify gallons or tons)</th> </tr> <tr> <td><input type="checkbox"/> Anaerobic lagoon</td> <td></td> <td></td> <td><input type="checkbox"/> Belowground storage tanks</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Evaporation</td> <td></td> <td></td> <td><input type="checkbox"/> Roofed storage shed</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Aboveground storage tanks</td> <td></td> <td></td> <td><input type="checkbox"/> Concrete pad</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Storage pond</td> <td></td> <td></td> <td><input type="checkbox"/> Impervious soil pad</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Underfloor pit</td> <td></td> <td></td> <td><input type="checkbox"/> Other (specify)</td> <td></td> <td></td> </tr> </table>					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)																				
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	<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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CAFO Characteristics Continued	Manure, Litter, and/or Process Wastewater Production and Use		
	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. <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Buffers <input type="checkbox"/> Setbacks <input type="checkbox"/> Conservation tillage <input type="checkbox"/> Constructed wetlands </div> <div> <input type="checkbox"/> Infiltration field <input type="checkbox"/> Grass filter <input type="checkbox"/> Terrace <input type="checkbox"/> Other (specify) </div> </div>	
	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.		

SECTION 6. CAFO NUTRIENT MANAGEMENT PLANS (40 CFR 122.21(i)(1)(x))		
CAFO Nutrient Management Plans	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)? Note: 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 _____

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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 checked="" type="checkbox"/> Yes <input 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	
		See Section 2. Supplemental Applications for Acclimation Sites	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				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).				
		Cold Water Species			Warm Water Species	
Species		Harvestable Weight		Species	Harvestable Weight	
		Total Yearly	Maximum		Total Yearly	Maximum
		lbs.	lbs.		lbs.	lbs.
		lbs.	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		
	See Section 2. Supplemental Applications for Acclimation Sites			lbs.		

EPA Identification Number		NPDES Permit Number WA0991018	Facility Name Upper Wentachee Basin Acclimation Program	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 checked="" type="checkbox"/> w/ attachments	
		<input checked="" type="checkbox"/> Section 8: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments	
	8.2	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)	Official title	
	Gerald Lewis	Yakama Nation Tribal Council Chairman		
	Signature	Date signed		

2. Supplemental Applications for Acclimation Sites

2.1 Rohlfing Acclimation Site CAAP Facility Characteristics Form

EPA Identification Number	NPDES Permit Number WA0991018	Facility Name Upper Wentachee Basin Acclimation Program	Form Approved 03/05/19 OMB No. 2040-0004
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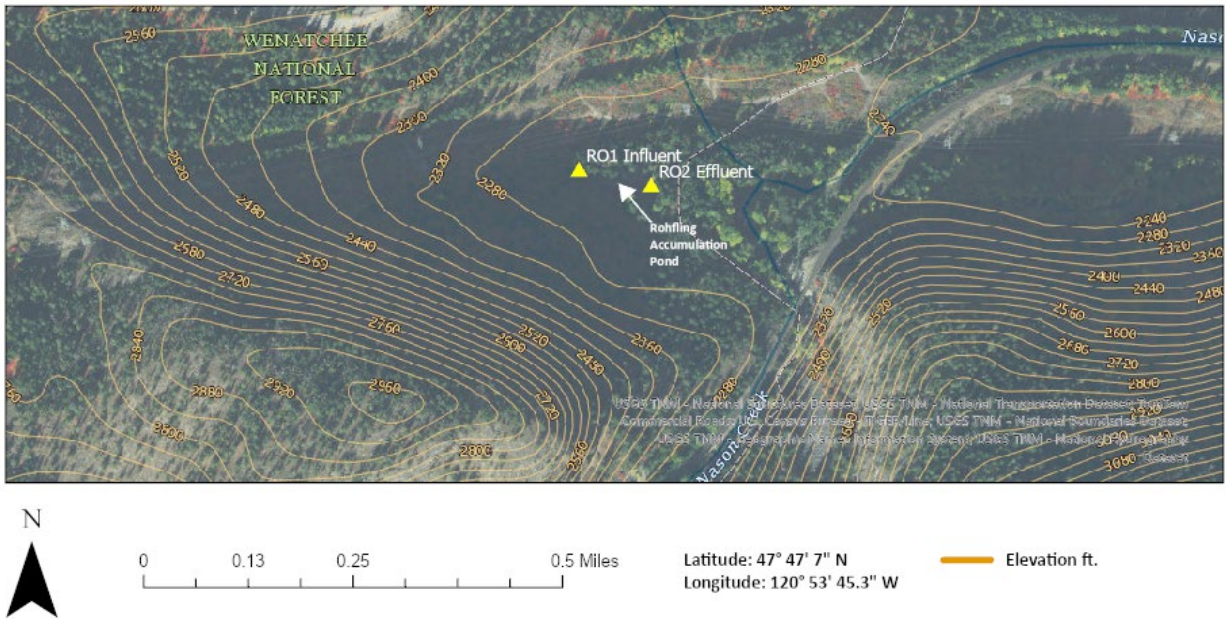
SECTION 7. CAAP FACILITY CHARACTERISTICS (40 CFR 122.21(i)(2))

CAAP Facility Characteristics	7.1	Is the CAAP facility located on land? <input checked="" type="checkbox"/> Yes <input 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	
		001	1,100,000 gpd		1,100,000 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	1	Existing earthen pond	Nason Creek	Unnamed Seasonal Stream that is a tributary of Nason Creek
		Raceways				
		Net pens				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).				
Cold Water Species			Warm Water Species			
Species		Harvestable Weight		Species	Harvestable Weight	
		Total Yearly	Maximum		Total Yearly	Maximum
Coho Salmon (See Section 2.9 of the Supplemental Information)		17,950 lbs.	7,000 lbs.		lbs.	lbs.
		lbs.	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			1,684 lbs.		

Attachment 2.1.1 - Rohlfing Acclimation Site Address and Topographic Map

Directions to the acclimation site from the nearest town or city:

- From Leavenworth, WA take U.S. Highway 2 West
- Turn Left onto Whitepine Creek Road and proceed for approximately 1 mile
- The site is located at 20622 White Pine Road



2.2 Butcher Acclimation Site CAAP Facility Characteristics Form

EPA Identification Number	NPDES Permit Number WA0991018	Facility Name Upper Wentachee Basin Acclimation Program	Form Approved 03/05/19 OMB No. 2040-0004
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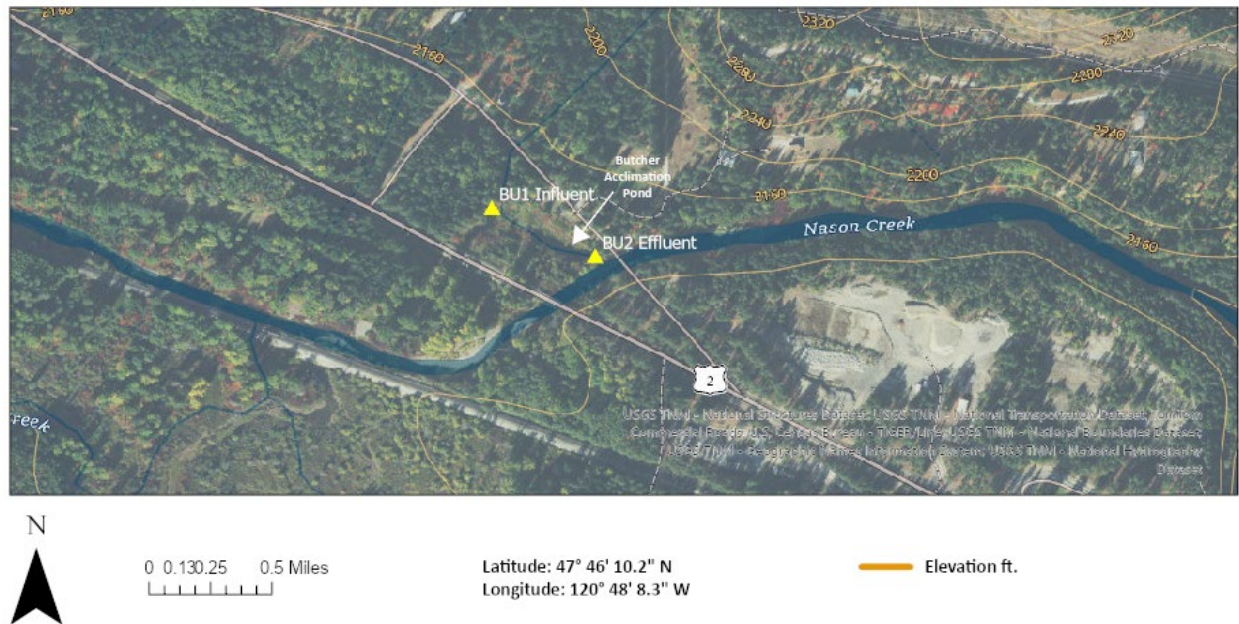
SECTION 7. CAAP FACILITY CHARACTERISTICS (40 CFR 122.21(i)(2))

CAAP Facility Characteristics	7.1	Is the CAAP facility located on land? <input checked="" type="checkbox"/> Yes <input 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	
			002	1,100,000 gpd	1,100,000 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	1	Existing earthen pond	Nason Creek	Butcher Creek
		Raceways				
		Net pens				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).				
Cold Water Species			Warm Water Species			
Species		Harvestable Weight		Species	Harvestable Weight	
		Total Yearly	Maximum		Total Yearly	Maximum
Coho Salmon (See Section 2.9 of the Supplemental Information)		17,950 lbs.	7000 lbs.		lbs.	lbs.
		lbs.	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			1,684 lbs.		

Attachment 2.2.1 - Butcher Acclimation Site Address and Topographic Map

Directions to the acclimation site from the nearest town or city:

- From Leavenworth, WA take U.S. Highway 2 West for approximately 18.5 miles
- Just past U.S. Highway 2 Rest Area turn right towards Nason Ridge Road
- Turn right on to Nason Ridge Road and proceed 0.2 miles East - the site is located on the right



2.3 Coulter Acclimation Site CAAP Facility Characteristics Form

EPA Identification Number	NPDES Permit Number WA0991018	Facility Name Upper Wentachee Basin Acclimation Program	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 checked="" type="checkbox"/> Yes <input 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	
		003	1,100,000 gpd		1,100,000 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	1	Earthen pond	Wetland Complex	Coulter Creek
		Raceways				
		Net pens				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).				
	Cold Water Species			Warm Water Species		
	Species	Harvestable Weight		Species	Harvestable Weight	
		Total Yearly	Maximum		Total Yearly	Maximum
	Coho Salmon <small>(See Section 2.9 of the Supplemental Information)</small>	17,950 lbs.	7,000 lbs.		lbs.	lbs.
		lbs.	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			1,684 lbs.		

Attachment 2.3.1- Coulter Acclimation Site Address and Topographic Map

Directions to the acclimation site from the nearest town or city:

- From Leavenworth, WA take U.S. Highway 2 West for approximately 18.4 miles
- Just past U.S. Highway 2 Rest Area turn left towards Dardenelles Road (unmarked road past the building on the left)
- Proceed 0.2 miles going past the railroad tracks - the entrance to the site will be located on the left.

Coulter



0 0.1 0.25 0.5 Miles

Latitude: 47° 45' 52" N
Longitude: 120° 48' 10" W

Elevation ft.

2.4 Powerline Acclimation Site CAAP Facility Characteristics Form

EPA Identification Number	NPDES Permit Number WA0991018	Facility Name Upper Wentachee Basin Acclimation Program	Form Approved 03/05/19 OMB No. 2040-0004
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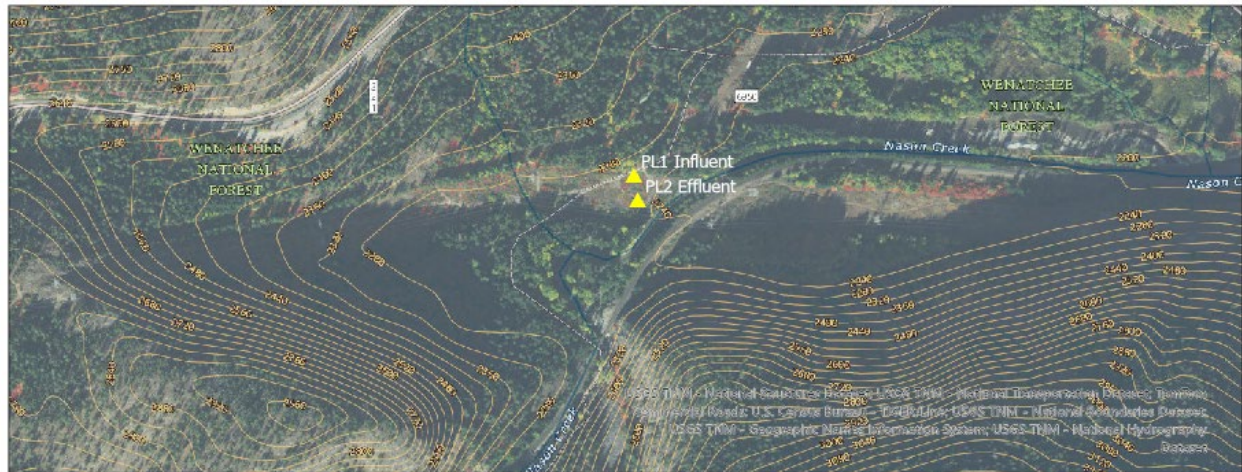
SECTION 7. CAAP FACILITY CHARACTERISTICS (40 CFR 122.21(i)(2))

CAAP Facility Characteristics	7.1	Is the CAAP facility located on land? <input checked="" type="checkbox"/> Yes <input 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	
		004	1,000,000 gpd		1,000,000 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	1	Earthen pond	Nason Creek	Unnamed tributary of Nason Creek
		Raceways				
		Net pens				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).				
	Cold Water Species			Warm Water Species		
	Species	Harvestable Weight		Species	Harvestable Weight	
		Total Yearly	Maximum		Total Yearly	Maximum
	Steelhead Trout <small>(See Section 2.9 of the Supplemental Information)</small>	20,313 lbs.	4,687 lbs.		lbs.	lbs.
		lbs.	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			4,687 lbs.		

Attachment 2.4.1- Powerline Acclimation Site Address and Topographic Map

Directions to the acclimation site from the nearest town or city:

- a) From Leavenworth, WA take U.S. Highway 2 West
- b) Turn Left onto Whitepine Creek Road and proceed for approximately 0.8 mile
- c) The site is located on the left just past an unnamed tributary of Nason Creek (and below where the BPA Powerline crosses White Pine Road and Nason Creek)



0 0.130.25 0.5 Miles

Latitude: 47° 47' 11.2" N
Longitude: 120° 52' 30.8" W

Elevation ft.

2.5 Trinity Acclimation Site CAAP Facility Characteristics Form

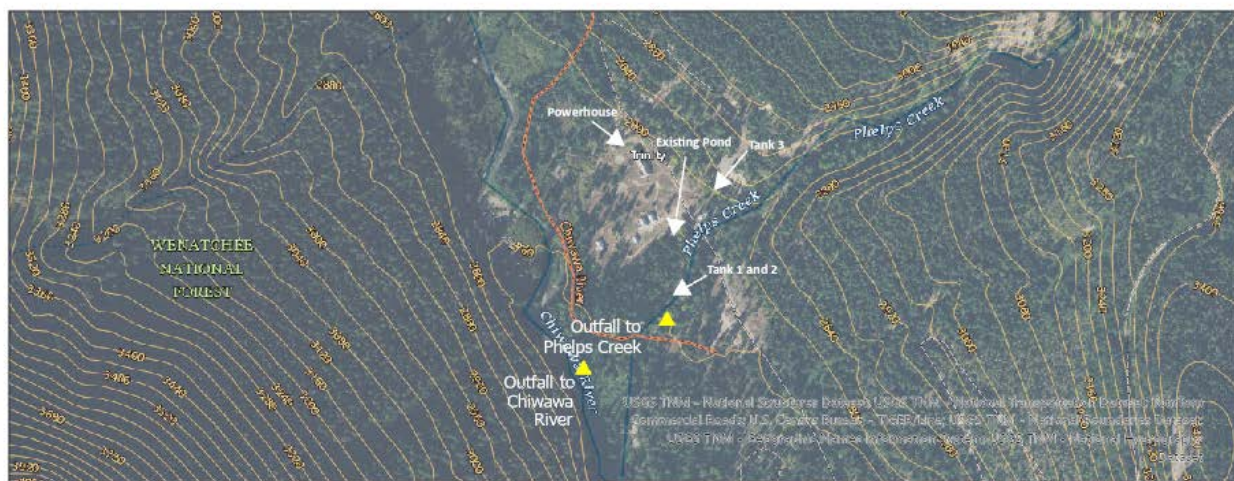
EPA Identification Number		NPDES Permit Number WA0991018		Facility Name Upper Wentachee Basin Acclimation Program		Form Approved 03/05/19 OMB No. 2040-0004	
SECTION 7. CAAP FACILITY CHARACTERISTICS (40 CFR 122.21(i)(2))							
CAAP Facility Characteristics	7.1	Is the CAAP facility located on land? <input checked="" type="checkbox"/> Yes <input 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		
		005	2,600,000 gpd		2,600,000 gpd		
		006	2,600,000 gpd		2,600,000 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	5	3 Aluminum or concrete tanks, 2 earthen ponds	Chiwawa River	A pipe from Phelps Creek	
		Raceways					
		Net pens				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).					
	Cold Water Species			Warm Water Species			
	Species	Harvestable Weight		Species	Harvestable Weight		
		Total Yearly	Maximum		Total Yearly	Maximum	
	Coho Salmon (See Section 2.9 of the Supplemental Information)	37,095 lbs.	6,667 lbs.		lbs.	lbs.	
	Spring Chinook Salmon (See Section 2.9 of the Supplemental Information)	18,548 lbs.	3,334 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			2,405 lbs.			

Attachment 2.5.1- Trinity Acclimation Site Address and Topographic Map

Directions to the acclimation site from the nearest town or city:

- From Leavenworth, WA take U.S. Highway 2 West for 15.1 miles to WA-207
- Turn right onto WA-207 N/Lake Wenatchee Highway and continue for 4.3 miles
- Turn right onto Chiwawa Loop Road and proceed 1.2 miles
- Turn left onto Chiwawa River Road/NF-6200 and continue for 22.8 miles
- The site (Trinity Ranch) is located on the left at 22861 Chiwawa River Road

Trinity



0 0.130.25 0.5 Miles
[Scale bar with markings for 0, 0.1, 0.25, and 0.5 miles]

Latitude: 48° 04' 25" N
Longitude: 120° 51' 7" W

Elevation ft.

2.6 Clear Creek Acclimation Site CAAP Facility Characteristics Form

EPA Identification Number	NPDES Permit Number WA0991018	Facility Name Upper Wentachee Basin Acclimation Program	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 checked="" type="checkbox"/> Yes <input 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	
		007	1,500,000 gpd		1,500,000 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	1	Earthen Pond	Chiwawa River	Clear Creek
		Raceways				
		Net pens				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).				
	Cold Water Species			Warm Water Species		
	Species	Harvestable Weight		Species	Harvestable Weight	
		Total Yearly	Maximum		Total Yearly	Maximum
	Coho Salmon <small>(See Section 2.9 of the Supplemental Information)</small>	42,737 lbs.	16,667 lbs.		lbs.	lbs.
		lbs.	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			4,010 lbs.		

Attachment 2.6.1- Clear Creek Acclimation Site Address and Topographic Map

Directions to the acclimation site from the nearest town or city:

- From Leavenworth, WA take Chumstick Highway and continue North for 14 miles
- Continue straight onto Chiwawa Loop Road/County Hwy 22 for another 3.4 miles
- Arrive at 20752 County Hwy 22 (Clear Creek Lodge at Thousand Trails) on the left



0 0.130.25 0.5 Miles

Latitude: 47° 47' 52.4" N
Longitude: 120° 37' 57.6" W

— Elevation ft.

2.7 Beaver Creek Acclimation Site CAAP Facility Characteristics Form

EPA Identification Number	NPDES Permit Number WA0991018	Facility Name Upper Wentachee Basin Acclimation Program	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 checked="" type="checkbox"/> Yes <input 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	
			008	1,000,000 gpd	1,000,000 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	1	Earthen Pond	Wenatchee River	Beaver Creek
		Raceways				
		Net pens				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).				
Cold Water Species			Warm Water Species			
Species		Harvestable Weight		Species	Harvestable Weight	
		Total Yearly	Maximum		Total Yearly	Maximum
Coho Salmon (See Section 2.9 of the Supplemental Information)		17,095 lbs.	6,667 lbs.		lbs.	lbs.
		lbs.	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			1,604 lbs.		

Attachment 2.7.1- Beaver Creek Acclimation Site Address and Topographic Map

Directions to the acclimation site from the nearest town or city:

- From Leavenworth, WA take Chumstick Highway and continue North for 14 miles
- Continue straight onto Chiwawa Loop Road/County Hwy 22 for another 0.2 mile
- Arrive at 19115 Chiwawa Loop Road/County Hwy 22 (Mountain Springs Lodge) on the right



0 0.130.25 0.5 Miles

Latitude: 47° 46' 5.6" N
Longitude: 120° 38' 53.4" W

Elevation ft.

2.8 White River Bridge Acclimation Site CAAP Facility Characteristics Form

EPA Identification Number	NPDES Permit Number WA0991018	Facility Name Upper Wentachee Basin Acclimation Program	Form Approved 03/05/19 OMB No. 2040-0004
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SECTION 7. CAAP FACILITY CHARACTERISTICS (40 CFR 122.21(i)(2))

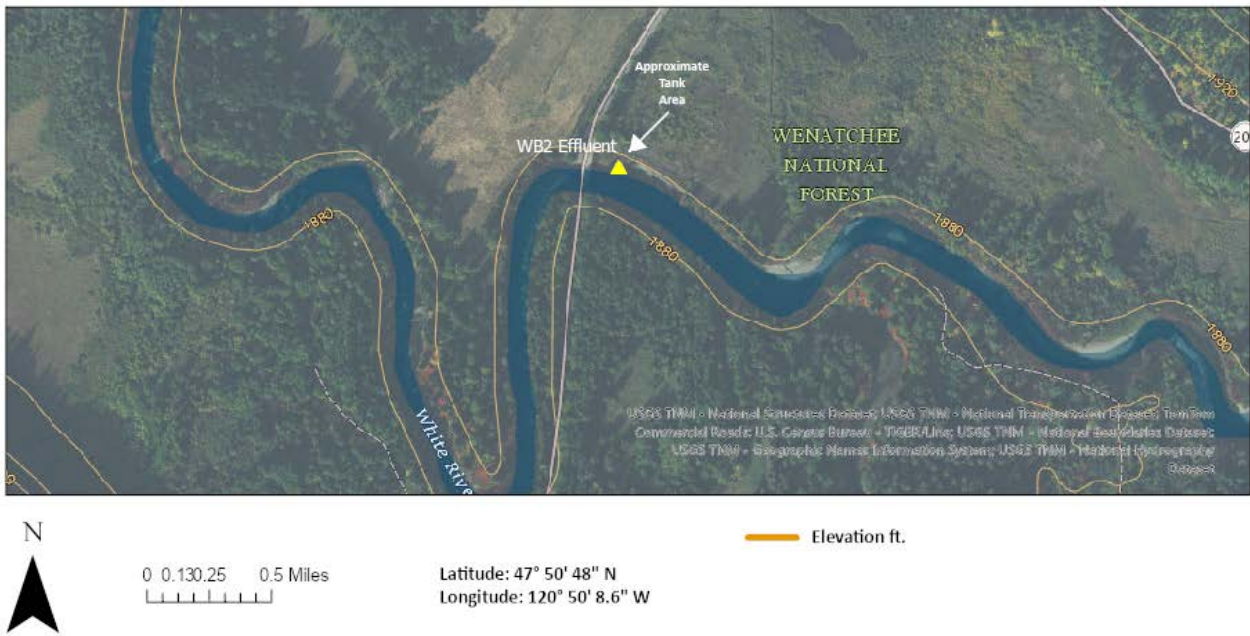
CAAP Facility Characteristics	7.1	Is the CAAP facility located on land? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 7.3.				
	7.2	Provide the maximum daily and maximum average monthly discharge at CAAP by outfall.				
		Outfall Number	Discharge			
			Maximum Daily Discharge		Maximum Average Monthly Discharge	
		010	1,300,000 gpd		1,300,000 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	30	Aluminum tanks mounted on wooden platforms	White River	White River
		Raceways				
		Net pens				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).				
	Cold Water Species			Warm Water Species		
	Species	Harvestable Weight		Species	Harvestable Weight	
		Total Yearly	Maximum		Total Yearly	Maximum
	Coho Salmon <small>(See Section 2.9 of the Supplemental Information)</small>	9,986 lbs.	4,000 lbs.		lbs.	lbs.
		lbs.	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			962 lbs.		

Attachment 2.8.1- White River Bridge Acclimation Site Address and Topographic Map

Directions to the acclimation site from the nearest town or city:

- From Leavenworth, WA take U.S. Highway 2 West for 15.1 miles to WA-207
- Turn right onto WA-207 N/Lake Wenatchee Highway and continue for 10.5 miles
- Turn left onto Little Wenatchee River Road and proceed 0.5 miles
- The site is located on the left just before the bridge

White River Bridge



2.9 Fish Biomass Master Table

Acclimation Sites	Source of Intake Water	Receiving Water Name	Outfall Number	Maximum Daily Discharge (gpd)	Maximum Average Monthly Discharge (gpd)	Cold Water Species	Number of Fish	February		March		April		May		Overall			
								Fish Biomass (lb)	Feed (lb)	Fish Biomass (lb)	Feed (lb)	Fish Biomass (lb)	Feed (lb)	Fish Biomass (lb)	Feed (lb)	Total Yearly Harvestable Weight (lb)	Cumulative Biomass Change (lb)	Total Fish Feed (lb)	Average Feed to Biomass Ratio
Rohlfing	Unnamed Seasonal Stream that is a tributary of Nason Creek	Nason Creek	001	1,100,000	1,100,000	Coho Salmon	105,000	0	0	4,773	249	6,177	1,684	7,000	988	17,950	2,227	2,921	1.3
Butcher	Butcher Creek	Nason Creek	002	1,100,000	1,100,000	Coho Salmon	105,000	0	0	4,773	249	6,177	1,684	7,000	988	17,950	2,227	2,921	1.3
Coulter	Coulter Creek	Wetland Complex	003	1,100,000	1,100,000	Coho Salmon	105,000	0	0	4,773	249	6,177	1,684	7,000	988	17,950	2,227	2,921	1.3
Powerline	Unnamed tributary of Nason Creek	Nason Creek	004	1,000,000	1,000,000	Steelhead Trout	60,000	0	0	4,688	2,343	6,250	4,687	9,375	0	20,313	4,687	7,030	1.5
Trinity	A pipe from Phelps Creek	Chiwawa River	005	2,600,000	2,600,000	Coho Salmon	100,000	4,000	1,000	4,546	655	5,882	1,603	6,667	942	37,095*	2,121**	3,200***	1.5
			006	2,600,000	2,600,000	Chinook Salmon	50,000	2,000	500	2,273	328	2,941	802	3,334	471	18,548*	1,061**	1,601***	1.5
Clear Creek	Clear Creek	Chiwawa River	007	1,500,000	1,500,000	Coho Salmon	150,000	0	0	11,364	593	14,706	4,010	16,667	2,353	42,737	5,303	6,956	1.3
Beaver Creek	Beaver Creek	Wenatchee River	008	1,000,000	1,000,000	Coho Salmon	100,000	0	0	4,546	235	5,882	1,604	6,667	942	17,095	2,121	2,781	1.3
White River Bridge	White River	White River	010	1,300,000	1,300,000	Coho Salmon	60,000	0	0	2,727	142	3,259	962	4,000	565	9,986	1,273	1,669	1.3

* "Total Yearly Harvestable Weight (lb)" column for Trinity site includes the fish poundage from the months of October, November, December, and January in addition to the months listed in the table.

** At Trinity site, fish will be brought on site in October and will acclimate over winter on subsistence diet without any increase in fish size until February. Feeding will increase from March to produce fish for release. Therefore, "Cumulative Biomass Change (lb)" column for Trinity site was calculated from March to May.

*** At Trinity site, the feed shown for February is cumulative from October of the year prior. However, the "Total Fish Feed (lb)" column reflects the feed from the time fish are brought to the site to the time fish are released.