

See the instructions on the reverse.
Please print or type in the unshaded areas.

EPA ID Number (copy from item 1 of Form 1)
WA-003154-2

Form Approved.
OMB No. 2040-0086
Approval expires 7-31-88

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| Form 2B NPDES | | United States Environmental Protection Agency Application for Permit to Discharge Wastewater Concentrated animal feeding operations and aquatic animal production facilities <i>Consolidated Permits Program</i> |
|------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| I. GENERAL INFORMATION | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| A. TYPE OF BUSINESS CONCENTRATED ANIMAL FEEDING <input type="checkbox"/> 1. OPERATION (complete items B, C, and Section II) CONCENTRATED QUATIC ANIMAL <input checked="" type="checkbox"/> 2. PRODUCTION FACILITY (complete items B, C, and Section III) | B. LEGAL DESCRIPTION OF FACILITY LOCATION Section 15, Township 24 North, Range 2 East; Rich Passage South of Bainbridge Island near Manchester; approximate coordinates are Lat. 47 34' 30" N and Long. 122 31' 50" W ORCHARD ROCKS SITE | C. FACILITY OPERATION STATUS <input checked="" type="checkbox"/> 1. EXISTING FACILITY <input type="checkbox"/> 2. PROPOSED FACILITY |

| II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS | | | |
|---------------------------------------------------------------------------------------|----------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. TYPE & NUMBER OF ANIMALS IN OPEN CONFINEMENT & HOUSEHOLD UNDER ROOF | | | B. NO. OF ACRES FOR CONFINEMENT FEEDING |
| 1. TYPE | 2. NO. IN OPEN CONFINEMENT | 3. NO. HOUSED UNDER ROOF | |
| | | | C. If there is open confinement, has a runoff diversion and control system been constructed? <input type="checkbox"/> YES (complete items 1, 2, & 3 below) <input type="checkbox"/> NO (go to Section IV) |

| | | | | | | |
|--------------------------------------------------------------------|--------|--------------------------------------------------------------------|--------|-----------------------------------------------------------|--------|---------------|
| 1. What is the design basis for the control system? | | | | | | |
| <input type="checkbox"/> a. 10 YEAR 24-HOUR STOMR (specify inches) | INCHES | <input type="checkbox"/> b. 25 YEAR 24-HOUR STOMR (specify inches) | INCHES | <input type="checkbox"/> c. OTHER (specify inches & type) | INCHES | TYPE |
| 2. Report the number of acres of contributing drainage. | | | ACRES | 3. Report the design safety factor. | | SAFETY FACTOR |

| III. CONCENTRATED AQUATIC ANIMAL PRODUCTION FACILITY CHARACTERISTICS | | | | | | |
|-------------------------------------------------------------------------------------------------------|---------------------------|-----------------------|-----------------------|-------------------------------------------------------------------------------------------|--------------------|-----------------------|
| A. For each outfall give the maximum daily flow, maximum 30 day flow, and the long term average flow. | | | | B. Indicate the total number of ponds, raceways, and similar structures in your facility. | | |
| 1. OUTFALL NO. | 2. FLOW (gallons per day) | | | 1. PONDS | 2. RACEWAYS | 3. OTHER |
| | a. MAXIMUM DAILY | b. MAXIMUM 30 DAY | c. LONG TERM AVERAGE | None | None | Marine Net Pen |
| None | Not applicable | Not applicable | Not applicable | C. Provide the name of the receiving water and the source of water used by your facility. | | |
| | | | | 1. RECEIVING WATER | 2. WATER SOURCE | |
| | | | | WA-PS-15-0030 Rich Passage, Puget Sound | Puget Sound | |

| | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------|-----------------------|------------|-------------------|--------------------------------|-------------|
| D. List the species of fish or aquatic animals held and fed at your facility. For each species, give the total weight produced by your facility per year in pounds of harvestable weight, and also give the maximum weight present at any one time. | | | | | | | |
| 1. COLD WATER SPECIES | | | 2. WARM WATER SPECIES | | | | |
| a. SPECIES | | b. HARVESTABLE WEIGHT (pounds) | | a. SPECIES | | b. HARVESTABLE WEIGHT (pounds) | |
| | | (1) TOTAL YEARLY | (2) MAXIMUM | | | (1) TOTAL YEARLY | (2) MAXIMUM |
| Rainbow Trout | | TBD | TBD | | | | |
| Oncorhynchus mykiss | | | | | | | |
| E. Report the total pounds of food fed during the calendar month of maximum feeding. | | | | 1. MONTH | 2. POUNDS OF FOOD | | |
| | | | | TBD | TBD | | |

| IV. CERTIFICATION | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <i>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 individuals immediately responsible for obtaining the information, 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.</i> | |
| A. NAME & OFFICIAL TITLE (print or type) Glenn Cooke, President | B. PHONE NO. (area code & no.) (506) 694-4901 |
| C. SIGNATURE | C. DATE SIGNED 11/30/2024 |

INSTRUCTIONS

General

This form must be completed by all applicants who check "yes" to Item II-B in Form 1. Not all animal feeding operations or fish farms are required to obtain NPDES permits. Exclusions are based on size and occurrence of discharge. See the description of these statutory and regulatory exclusions in the General Instructions which accompany Form 1. In particular, for animal feeding operations, the size cutoffs depend on whether or not pollutants are discharged through a manmade device or by direct contact with the facility or animals. A facility for laying hens or broilers is not required to have a permit unless it has a liquid manure handling system or continuous overflow watering. Also, facilities which discharge only in the case of a 25 year, 24 hour storm event are not required to have a permit.

For aquatic animal production facilities, the size cutoffs are based on whether the species are warm water or cold water, on the production weight per year in harvestable pounds, and on the amount of feeding in pounds of food (*for cold water species*). Also, facilities which discharge less than 30 days per year, or only during periods of excess runoff (*for warm water fish*) are not required to have a permit.

Refer to the Form 1 instructions to determine where to file this form.

Item 1-A

See the note above and the General Instructions which accompany Form 1 to be sure that your facility is "concentrated."

Item I-B

If your answer to Item VI of Form 1 does not give a complete legal description of your facility's location, use this space to provide a complete description, such as quarter, section, township, and range.

Item I-C

Check "proposed" if your facility is not now in operation, or not now "concentrated" under the definition in the glossary found in the General Instructions which accompany Form 1.

Item II

Supply all information in Item II if you checked (1) in Item I-A.

Item II-A

Give the maximum number of each type of animal in open confinement or housed under roof (*either partially or totally*) which are held at your facility for a total of 45 days or more in any 12 month period.

Use the following categories for types of animal:

Slaughter Cattle; Feeder Cattle; Mature Dairy Cattle (*milked or dry*); Swine (*each weighing over 55 pounds*); Horses; Sheep; Lambs; Turkeys; Laying Hens¹; Broilers¹; Ducks

¹A permit is not required unless the facility has a liquid manure handling system or continuous overflow watering.

Item II-B

Give only the area used for the animal confinement or feeding facility. Do not include any area used for growing or operating feed.

Item II-C

Check "yes" if any system for collection of runoff has been constructed. Supply the information under (1), (2), and (3) to the best of your knowledge.

Item III

Supply all information in Item III if you checked (2) in Item I-A.

Item III-A

Outfalls should be numbered to correspond with the map submitted in Item XI of Form 1. Values given for flow should be representative of your normal operation. The maximum daily flow is the maximum measured flow occurring over a calendar day. The maximum 30 day flow is the average of measured daily flows over the calendar month of highest flow. The long term average flow is the average of measured daily flows over a calendar year.

Item III-B

Give the total number of discrete ponds or raceways in your facility. Under "other," give a descriptive name of any structure which is not a pond or a raceway but which results in discharge to waters of the United States.

Item III-C

Use names for the receiving water and source of water which correspond to the map submitted in Item XI of Form 1.

Item III-D

The names of fish species should be proper, common, or scientific names as given in special Publication No. 6 of the American Fisheries Society, "A List of Common and Scientific Names of Fishes from the United States and Canada." The values given for total weight produced by your facility per year and the maximum weight present at any one time should be representative of your normal operation.

Item III-E

The value given for maximum monthly pounds of food should be representative of your normal operation.

Item IV

The Clean Water Act provides severe penalties for submitting false information on this application form.

Section 309(c)(2) of the Clean Water Act provides that "Any person who knowingly makes any false statement, representation, or certification in any application . . . shall upon conviction, be punished by a fine of no more than \$10,000 or by imprisonment for not more than six months, or both."

Federal regulations require the certification to be signed as follows:

- A. For corporation, by a principal executive officer or at least the level of vice president;
- B. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or
- C. For a municipality, State, Federal, or other public facility, by either a principal executive officer or ranking elected official.