



## Notice of Intent

# Zostera Japonica Management on Commercial Clam Beds in Willapa Bay General Permit

NOI Version: 1

Application Type: ☐ New ☒ Renewal

Permit Number: WAG993008

Application Id: 48819

### I. Contact Information

Co-Permittee		
Honorific:	First Name: Warren	Last Name: Cowell
Organization Name:	Willapa Bay Shellfish	Title:
Mailing Address:	PO Box 43	
City:	Ocean Park	State: WA
		Zip Code: 98640-0043
Email:	tblom@wwest.net	
Primary Phone:	360-751-2034	Secondary Phone:
UBI Number:		
Co-Permittee		
Honorific:	First Name: Warren	Last Name: Cowell
Organization Name:	Willapa Bay Shellfish	Title:
Mailing Address:	PO Box 43	
City:	Ocean Park	State: WA
		Zip Code: 98640-0043
Email:	tblom@wwest.net	
Primary Phone:	360-751-2034	Secondary Phone:
UBI Number:		
Permittee		
Honorific:	First Name: Chase	Last Name: Metzger
Organization Name:	Coastal AG LLC	Title:
Mailing Address:	12507 Y PI	
City:	Long Beach	State: WA
		Zip Code: 98631-5602
Email:	chasecoastalag@gmail.com	
Primary Phone:	206-276-9115	Secondary Phone:
UBI Number:		

Sponsor		
<b>Honorific:</b>	<b>First Name:</b> Warren	<b>Last Name:</b> Cowell
<b>Organization Name:</b> Willapa Bay Shellfish	<b>Title:</b>	
<b>Mailing Address:</b> PO Box 43		
<b>City:</b> Ocean Park	<b>State:</b> WA	<b>Zip Code:</b> 98640-0043
<b>Email:</b> tblom@wwest.net		
<b>Primary Phone:</b> 360-751-2034	<b>Secondary Phone:</b>	
<b>UBI Number:</b>		
Pesticide Applicator		
<b>Honorific:</b>	<b>First Name:</b> Chase	<b>Last Name:</b> Metzger
<b>Organization Name:</b> Coastal AG LLC	<b>Title:</b>	
<b>Mailing Address:</b> 12507 Y PI		
<b>City:</b> Long Beach	<b>State:</b> WA	<b>Zip Code:</b> 98631-5602
<b>Email:</b> chasecoastalag@gmail.com		
<b>Primary Phone:</b> 206-276-9115	<b>Secondary Phone:</b>	
<b>UBI Number:</b>		

## II. Site Location

**Facility Name:** Willapa Bay Shellfish, Inc.

**Street Address:** 27718 SANDRIDGE RD

**City:** OCEAN PARK

**County:** Pacific

**Zip Code:** 98640

**Latitude:** 46.503105

**Longitude:** -124.032349

## III. Project Info (Locations where *Zostera japonica* treatment is proposed by the Sponsor)

**NOTE:** This form section describes the commercial clam bed area proposed to be included under permit coverage by the Applicant/Permittee and Sponsor. Only areas described in this section may be treated with imazamox if permit coverage is issued.

Bed Name	Parcel Numbers	Commercial Clam Bed Acreage	Latitude/Longitude (in decimal degrees) of commercial clam bed corners if different from the parcel corners
E147, E231	79005000147 79005001231	29.5	46.6098 -124.0394, 46.6097 -124.0353, 46.6107 -124.0384, 46.6105 -124.0353, 46.6121 -124.0384, 46.6111 -124.0384, 46.6111 -124.0329, 46.6115 -124.0332, 46.6119 -124.0337, 46.6131 -124.0338, 46.6128 -124.0346, 46.6123 -124.0376
TL52	12112755052	10	46.5019 -124.0291, 46.5019 -124.0276, 46.5046 -124.0272, 46.5046 -124.029
TL601	11112255601	4	46.4188 -124.0169, 46.4189 -124.0181, 46.4175 -124.0179, 46.4176 -124.0166
TL51	12112755051	3	46.4980 -124.0282, 46.4979 -124.0237, 46.4971 -124.0239, 46.4971 -124.0287

**NOTE:** If you need more space for additional parcels, continue on a separate sheet of paper. Attach the separate sheet to this form.

#### IV. Public Notice (new applicants only)

You must publish a public notice at least **once** a week for **two** consecutive weeks with **seven days** between publications, in at least a **single** newspaper of general circulation in the county in which the facility is located. Ecology cannot grant permit coverage sooner than the end of the 30-day public comment period, which begins on the date of the **second** public notice.

Newspaper Name	First Public Notice Date	Second Public Notice Date