

EPA Identification Number		NPDES Permit Number WA0002186		Facility Name Pacific Shellfish - South Bend, +		OMB No. 2040-0004 Expires 07/31/2026	
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 Not Required to Submit Form 1						
	1.1.1	Is the facility a new or existing <u>publicly owned treatment works</u> or has your permitting authority directed you to submit Form 2A? If yes, STOP. Do NOT complete Form 1. Complete Form 2A. If the facility is also a <u>treatment works treating domestic sewage</u> , you must also complete Form 2S.	<input checked="" type="checkbox"/>	No	1.1.2	Is the facility a <u>sludge-only facility</u> (i.e., a facility that does not discharge wastewater to surface waters)? If yes, STOP. Do NOT complete Form 1. Complete Form 2S.	
	1.2 Applicants Required to Submit Form 1						
	1.2.1	Is the facility a <u>concentrated animal feeding operation</u> or a <u>concentrated aquatic animal production facility</u> ? <input type="checkbox"/> Yes → Complete Form 1 and Form 2B. <input checked="" type="checkbox"/> No		1.2.2	Is the facility an <u>existing</u> manufacturing, commercial, mining, or silvicultural facility that is currently discharging process wastewater ? <input checked="" type="checkbox"/> Yes → Complete Form 1 and Form 2C. <input type="checkbox"/> No		
	1.2.3	Is the facility a <u>new</u> 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 <u>new or existing</u> 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 <u>new or existing facility</u> whose discharge is composed entirely of <u>stormwater associated with industrial activity</u> or whose discharge is composed of <u>both stormwater and non-stormwater</u> ? <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		1.2.6	Is the facility a new or existing <u>treatment works treating domestic sewage</u> that discharges wastewater to surface waters? <input type="checkbox"/> Yes → Complete Form 1, Form 2S, and any other applicable forms, as directed by your permitting authority. <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						
	Pacific Shellfish - South Bend, LLC						
	2.2 EPA Identification Number						
	2.3 Facility Contact						
	Name (first and last)		Title		Phone number		
	Amy Wentworth		Sr. Director of EHS & Facilities Maintenance		(503) 905-4276		
	Email address						
	AWentworth@pacificseafood.com						

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WA State Department
of Ecology (SWRO)

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Name, Mailing Address, and Location Continued	2.4	Facility Mailing Address		
		Street or P.O. box		
		PO Box 97		
		City or town Clackamas	State Oregon	ZIP code 97015
	2.5	Facility Location		
		Street, route number, or other specific identifier 1200 Robert Bush Drive		
		County name Pacific	County code (if known)	
		City or town South Bend	State WA	ZIP code 98586
	SECTION 3. SIC AND NAICS CODES (40 CFR 122.21(F)(3))			
	SIC and NAICS Codes	3.1	SIC Code(s)	Description (optional)
		2092	Prepared Fresh or Frozen Fish and Seafood	
3.2		NAICS Code(s)	Description (optional)	
		311710	Seafood Products Preparation and Packaging	
SECTION 4. OPERATOR INFORMATION (40 CFR 122.21(F)(4))				
Operator Information	4.1	Name of Operator		
		Jenn Allison		
	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 type="checkbox"/> Other public (specify) _____ <input checked="" type="checkbox"/> Private <input type="checkbox"/> Other (specify) _____			
4.4	Phone Number of Operator			
	(503) 905-4232			

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Operator Information Continued	<u>4.5</u>	Operator Address					
		Street or P.O. Box 1200 Robert Bush Drive					
		City or town South Bend	State WA	ZIP code 98586			
		Email address of operator JAllison@Pacificseafood.com					
SECTION 5. INDIAN LAND (40 CFR 122.21(F)(5))							
Indian Land	<u>5.1</u>	Is the facility located on Indian Land? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
SECTION 6. EXISTING ENVIRONMENTAL PERMITS (40 CFR 122.21(F)(6))							
Existing Environmental Permits	<u>6.1</u>	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) WA0002186 and WAR00291	<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	<u>7.1</u>	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"/> CAFO—Not Applicable (See requirements in Form 2B.)					
SECTION 8. NATURE OF BUSINESS (40 CFR 122.21(F)(8))							
Nature of Business	<u>8.1</u>	Describe the nature of your business. Shucker and packer of fresh oyster meats and processor of whole live oysters.					
SECTION 9. COOLING WATER INTAKE STRUCTURES (40 CFR 122.21(F)(9))							
Cooling Water Intake Structures	<u>9.1</u>	Does your facility use cooling water? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 10.1.					
	<u>9.2</u>	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.)					

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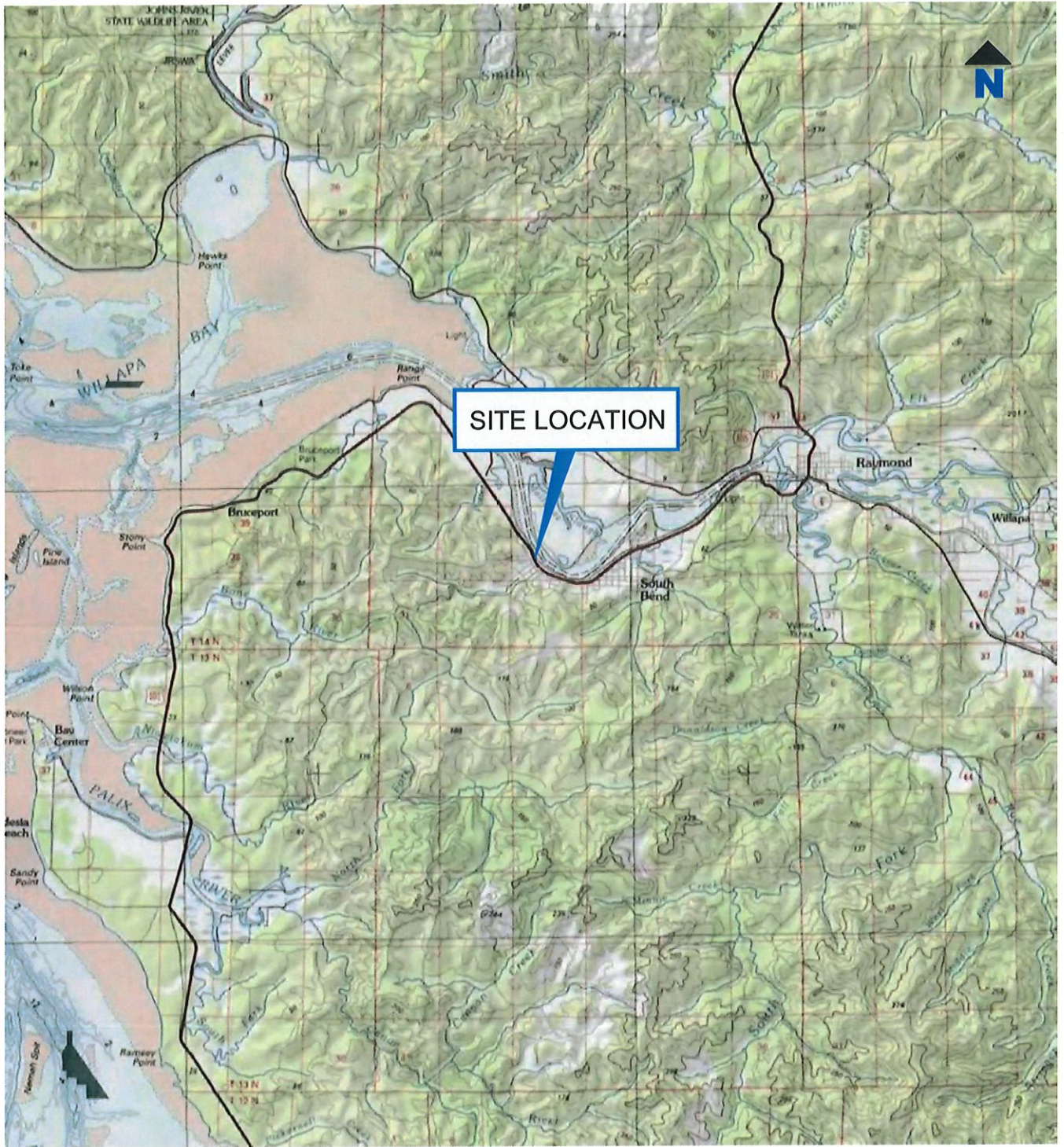
SECTION 10. VARIANCE REQUESTS (40 CFR 122.21(F)(10))

Variance Requests	<p>10.1</p>	<p>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.)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p><input type="checkbox"/> Fundamentally different factors (CWA Section 301(n))</p> <p><input type="checkbox"/> Non-conventional pollutants (CWA Section 301(c) and (g))</p> <p><input checked="" type="checkbox"/> Not applicable</p> </div> <div style="width: 48%;"> <p><input type="checkbox"/> Water quality related effluent limitations (CWA Section 302(b)(2))</p> <p><input type="checkbox"/> Thermal discharges (CWA Section 316(a))</p> </div> </div>
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SECTION 11. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(A) AND (D))

Checklist and Certification Statement	<p>11.1</p>	<p>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.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Column 1</th> <th style="width: 40%;">Column 2</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> Section 1: Activities Requiring an NPDES Permit</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 2: Name, Mailing Address, and Location</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 3: SIC Codes</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 4: Operator Information</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 5: Indian Land</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 6: Existing Environmental Permits</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 7: Map</td> <td><input checked="" type="checkbox"/> w/ topographic map <input type="checkbox"/> w/ additional attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 8: Nature of Business</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 9: Cooling Water Intake Structures</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 10.: Variance Requests</td> <td><input type="checkbox"/> w/ attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 11: Checklist and Certification Statement</td> <td><input type="checkbox"/> w/ attachments</td> </tr> </tbody> </table>	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 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
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	<p>11.2</p>	<p>Provide the following certification. (See instructions to determine the appropriate person to sign the application.)</p> <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" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name (print or type first and last name)</td> <td style="width: 50%;">Official title</td> </tr> <tr> <td>Amy Wentworth</td> <td>Sr. Director of EHS & Facilities Maintenance</td> </tr> <tr> <td>Signature</td> <td>Date signed</td> </tr> <tr> <td></td> <td>02/28/2025</td> </tr> </table>	Name (print or type first and last name)	Official title	Amy Wentworth	Sr. Director of EHS & Facilities Maintenance	Signature	Date signed		02/28/2025																
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Amy Wentworth	Sr. Director of EHS & Facilities Maintenance																									
Signature	Date signed																									
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Section 7. Topographic Map



0 2 4 6 mi

Pacific Shellfish - South Bend, LLC
1200 ROBERT BUSH DRIVE
SOUTH BEND, WA 98586

Report

WASTEWATER PLANS & SPECIFICATIONS

Drawing

SITE LOCATION MAP

Date February 28, 2025

Scale AS SHOWN

Fig. No.

Project No.

1