

FORM <div style="font-size: 2em; font-weight: bold;">1</div> GENERAL	 U.S. ENVIRONMENTAL PROTECTION AGENCY <div style="font-weight: bold; font-size: 1.2em;">GENERAL INFORMATION</div> <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">S</td> <td style="width:70%;"></td> <td style="width:10%;">T/A</td> <td style="width:10%;">C</td> </tr> <tr> <td>F</td> <td></td> <td></td> <td>D</td> </tr> <tr> <td>1</td> <td>2</td> <td>13</td> <td>14</td> </tr> <tr> <td></td> <td></td> <td></td> <td>15</td> </tr> </table>	S		T/A	C	F			D	1	2	13	14				15
S		T/A	C															
F			D															
1	2	13	14															
			15															
LABEL ITEMS <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">I. EPA I.D. NUMBER</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">III. FACILITY NAME</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">V. FACILITY MAILING LIST</div> <div style="border: 1px solid black; padding: 2px;">VI. FACILITY LOCATION</div>	PLEASE PLACE LABEL IN THIS SPACE	GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorization under which this data is collected.																
II. POLLUTANT CHARACTERISTICS																		
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms .																		
SPECIFIC QUESTIONS	MARK "X" <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">YES</td> <td style="width:33%;">NO</td> <td style="width:33%;">FORM ATTACHED</td> </tr> </table>	YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS													
YES	NO	FORM ATTACHED																
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;"><input type="checkbox"/></td> <td style="width:33%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width:33%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">16</td> <td style="text-align: center;">17</td> <td style="text-align: center;">18</td> </tr> </table>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	16	17	18	B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)										
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																
16	17	18																
C. Is this facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;"><input type="checkbox"/></td> <td style="width:33%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width:33%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">22</td> <td style="text-align: center;">23</td> <td style="text-align: center;">24</td> </tr> </table>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	23	24	D. Is this proposal facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)										
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																
22	23	24																
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;"><input type="checkbox"/></td> <td style="width:33%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width:33%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">28</td> <td style="text-align: center;">29</td> <td style="text-align: center;">30</td> </tr> </table>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	28	29	30	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)										
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																
28	29	30																
G. Do you or will you inject at this facility any produced water other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;"><input type="checkbox"/></td> <td style="width:33%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width:33%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">34</td> <td style="text-align: center;">35</td> <td style="text-align: center;">36</td> </tr> </table>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	34	35	36	H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)										
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																
34	35	36																
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;"><input type="checkbox"/></td> <td style="width:33%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width:33%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">40</td> <td style="text-align: center;">41</td> <td style="text-align: center;">42</td> </tr> </table>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40	41	42	J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)										
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																
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CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
C	0921 (specify)									7	(specify)								
7	Fish Hatcheries and Preserves									7									
15	16	17								15	16	19							
C. THIRD										D. FOURTH									
C	(specify)									7	(specify)								
7										7									
15	16	17								15	16	19							

VIII. OPERATOR INFORMATION

A. NAME										B. Is the name listed in Item VIII-A also the owner?									
C	Washington State Department of Fish and Wildlife									<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
8																			
18	19								55										
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other," specify.)										D. PHONE (area code & no.)									
F = FEDERAL	M = PUBLIC (other than federal or state)									O	(specify)								
S = STATE	O = OTHER (specify)									56	Squaxin Tribe								
P = PRIVATE										15	16	18	19	21	22	25			

E. STREET OR PO BOX

2952 SE Old Olympic Hwy

F. CITY OR TOWN										G. STATE		H. ZIP CODE		IX. INDIAN LAND	
C	Shelton									WA		98584		Is the facility located on Indian lands?	
B														<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
15	16	40							42	42	47	51			

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
C	T	I	WA-004087-8							C	T	8							
9	N									9	P								
15	16	17	18	30				15	16	17	18	30							
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
C	T	I								C	T	8	DNR Aquatic Lands Netpen Lease-#20-A12025						
9	U									9									
15	16	17	18	30				15	16	17	18	30							
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
C	T	I								C	T	8							
9	R									9									
15	16	17	18	30				15	16	17	18	30							

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

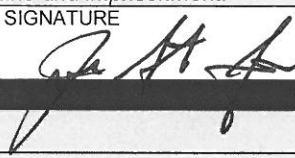
The goal of the South Sound Coho Program is to produce fish for harvest in both recreational and tribal fisheries.

The South Sound Net Pens is owned by the Washington Department of Fish and Wildlife (WDFW). Operation of the Pens is a collaborative effort between the Squaxin Island Tribe and WDFW. The Squaxin Island Tribe is contracted to care for coho salmon that are placed in (14- 40'x40'x12') and (4-20'x40'x12') net pens. The total number of fish raised for WDFW is 1,800,000. The fish arrive at the net pens in late Jan and early Feb. They are raised in the pens until late May. Each year fish are raised in the net pen an average of 115 days. The pens are empty the remainder of the year, no fish culture takes place during this time.

Fish arrive at the net pens @ 25 fish per pound (fpp). They are planted from the net @ between 10 and 12 fpp. Total poundage produced is on average about 56,000 pounds.

XIII. CERTIFICATION (see instructions)

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 persons immediately responsible for obtaining the information contained in the application, 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.

A. NAME & OFFICIAL TITLE (type or print)										B. SIGNATURE										C. DATE SIGNED									
Joe Stohr, Deputy Director for																				11/5/13									
Phil Anderson, Director																													
C																													
C																													
15	16								55																				

