WASHINGTON STATE DEPARTMENT OF ECOLOGY

For Office Use Only
Date Received
Application/Permit No.
Waterbody No.
SIC

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM WASTE DISCHARGE PERMIT APPLICATION FORM MARINE NET-PENS

The following information is required to be submitted on this form to the Department of Ecology. In order for the applicant to obtain a waste discharge permit in accordance with RCW 90.48.160, Chapter 173-220 and 40 CFR 122.21. The Department may require that the applicant submit other information as determined necessary by the Department. All questions must be answered completely and accurately. If a question does not apply, answer with NA.

SECTION A. GENERAL INFORMATION

1. Name of Facility: South Sound Net Pens, Peale Passage

2. Operator Name and Mailing Address:

Washington State Department of Fish and Wildlife
Name
600 Capitol Way N.
Street
Olympia WA 98501
City

3. Facility Location: Peale Passage, Mason County, between Squaxin Island and Hartstene Island, SW ¼ of Section 23, Township 20 North, Range 2 West, WM

Please see attached Map and Survey Sheet for location of Pens. "See Attachment 1"

Note: Provide a brief description of the location of the facility: name of the waterbody, nearest town or city, and Latitude/Longitude. Enclose a vicinity map showing the net-pen location in relation to local geographic land marks (Minimum Scale 1" = 1000' or USGS 7.5 minute map) and diagram of the site plan.

4. Owner Name and Mailing Address (If different from the operator):

Name

Street

City State Zip

5. Primary Contact Person (see definition on bottom of page 3):

Randy Aho, Operations Manager 360-249-1203
Name Title Phone Number

6. Alternate Contact Person:

Dan Adkins Fish Hatchery Specialist 4 360 586 2801
Name Title Phone Number

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.

Philip ANDERSON
Printed Name of Person Signing

Director
Title

Signature of Applicant

1/11/13
Date Applicant Signed

NOTE: Federal regulations require this application to be signed as follows: A.) for corporation, by a principal executive officer of 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.

DEFINITIONS

ALTERNATE CONTACT PERSON – A person at the facility who Ecology staff can contact when the primary contact person is not available or if noted, the person who should be contacted when clarification of Discharge Monitoring Report data is necessary.

PRIMARY CONTACT PERSON – The person at the facility who Ecology staff can contact when making a site-visit or when clarification of Discharge Monitoring Report data is necessary.

SECTION B. BACKGROUND INFORMATION

1. LOCATION

1.1 Waterbody: Peale Passage, between Squaxin and Hartstene Islands.....

1.2 County: Mason.....

1.3 Latitude: ..... 47 ° 12 ' 00 " N

1.4 Longitude: ..... 122 ° 54 ' 10 " W

1.5 Section, Township, Range: .....Sect. 23 , T 20 , R 2w

2. FACILITY

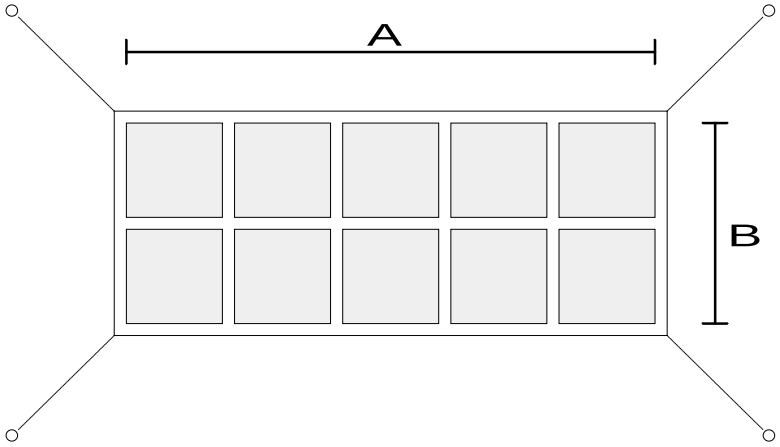
2.1 Is this facility (check one): ☒ Existing? ☐ Proposed?

2.2 Date facility was (or will be) constructed: 1974

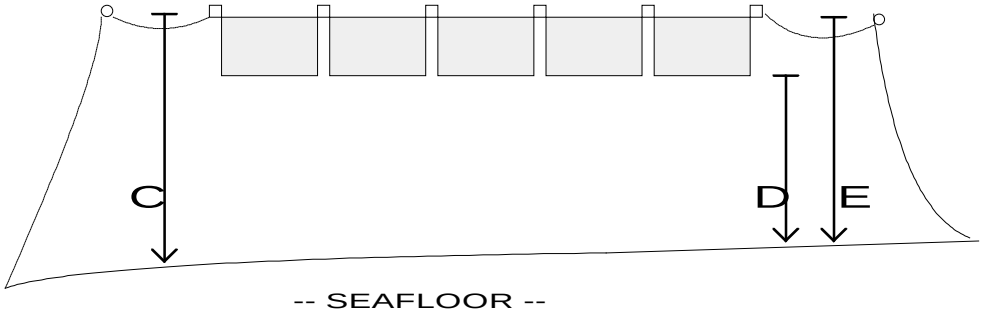
2.3 Estimated minimum current speed (midway between the bottom of the net-pen and the sea floor in cm/sec): 2 cm/sec

2.4 Maximum current speed (midway between the bottom of the net-pen and the sea floor in cm/sec): 6-7 cm/sec

2.5 Provide the measurements requested below (if available, also enclose the DNR lease exhibits which provide this information).



PLAN VIEW



SECTION VIE

A Length of aggregate net-pen rearing area in feet: 345 .....

B Width of aggregate net-pen rearing area in feet: 95.....

C Minimum distance between bottom of net-pens and sea floor at MLLW in feet: 17.5' .....

D Maximum distance between bottom of net-pens and sea floor at MLLW in feet: 18' .....

2.6 Note the Final SEPA action taken:

EIS	[ ]
DNS	[*] (A-2)
Mitigated DNS	[ ]
Date: _9/23/94	

Attach copy of the SEPA determination and checklist. (Note: Ecology can not issue waste discharge permit coverage until after completing a review of the SEPA determination). "See attachment 2"

2.7 Has a shoreline permit been issued for this project? [*] yes [ ] no

If **yes**, what is the permit number? ___# 281_____ Date of permit? ___10 -15- 1983

Shoreline permit issuing agency: Mason County

2.8 Is this facility sited on state owned tidelands? yes [ ] no [X] (Tribal Land) although we have a DNR permit because DNR claims jurisdiction over the tide lands for our activities

If **yes**, provide the following: DNR lease number No. 20-A12025 "See attachment 3"
Lease expiration date, June 30, 2016

If no, provide the legal owners name: Squaxin Island Tribe

2.9 Has an Army Corps of Engineers Section 10 Permit been applied for or secured?
yes [X] no [ ]

If yes, provide the following: Permit number 071-0yb-1-008086

2.10 Has a Department of Fisheries Hydraulic Project Approval been applied for or secured?
yes [*] no [ ]

If yes, provide the following: HPA number 00-66247-02
Expiration date _____

3. OPERATION

3.1 Length of yearly operation when fish are present in months: Five .....

3.2 Estimates of the amount of fish on hand and amount of food fed per month for the calendar year of maximum production over the next five years.

lbs. fish		lbs. food	lbs. fish		lbs. food
January	60,000	2,000	July		
February	68,000	7,000	August		
March	75,000	9,000	September		
April	85,000	11,000	October		
May	100,000	12,000	November		
June			December		

3.3 Maximum net pounds of annual fish production 56,000 .....

3.4 Month of maximum feeding: May .....

3.5 Maximum monthly feed (lbs): 12,000 .....

3.6 Method of feeding (check all that apply) and estimate percent of food fed using that method:

☒ Hand 100% Percent ☐ Automatic _____ (timed) Percent ☐ Automatic _____ (demand) Percent

3.7 List feed additives, disease control chemicals and medications that may be used in the net-pen operation. Include active ingredient(s), intended use rates and treatment concentrations (attach additional sheets if more room is necessary).

MS222 is used as a fish anesthetic for sampling, lengths and Quality control checks for fin clips. Less then 200 grams are used in a season.

3.8 Describe how the nets will be cleaned, the land disposal or treatment of net foulants, the frequency of cleaning. (Note: The use of any antifoulants to prevent net fouling is prohibited). The net-cleaning best management practices are described in the Pollution Plans prepared for the current permit.

After the fish are released the nets are hung to dry, the dried nets are then hosed off. Clean dry nets are then stored in plastic totes, out of the weather and on site.

3.9 Describe any chemicals or toxic materials used. Include all chemicals including gasoline/oil, disease control chemicals, medications, anesthetics, therapeutants, antifoulants, disinfectants, pesticides, etc.

Gasoline (for boat, transfer barge and small pump), 12V batteries (to operate navigational lights), MS-222 used as anesthetic for fish growth monitoring.

3.10 Describe the solid waste disposal practices for the facility. Include specific descriptions on collection, storage and disposal of fish mortalities, how sanitary wastes are collected and disposed, and how feedbags and other solid wastes are collected, stored and disposed. Include the average amount generated on a monthly basis for each of the above items (use appropriate units).

Fish mortality is removed from the pens using dip nets. Mortality is placed in appropriate containers, and transferred to a landfill.

All feed is transferred in bulk using 1-ton bags that are recycled back to the manufacturer. The feed is stored in plastic totes with covers. The totes are reused.

4. ENVIRONMENTAL MONITORING

Ecology must receive enough information about the environmental conditions at the location of your facility to adequately characterize the impact of the discharge on the receiving water. If available, attach copies of the following:

4.1 Site characterization survey performed to obtain local, state, or federal permits for the facility.

4.2 Baseline surveys performed to obtain local, state, or federal permits for the facility.

4.3 Summaries of annual benthic monitoring results performed to meet DNR lease or other local, state, or federal permit requirements for the facility.

4.4 Summaries of any water quality monitoring results.
"See attachment 4"