DEPARTMENT OF ECOLOGY
State of Washington

Request for Coverage under National Pollutant Discharge Elimination System (NPDES)

Upland Fin-fish Hatching and Rearing Permit Application

☐ **General** ☐ **Individual** ☐ **Unknown**

For Office Use Only

Date received	Application/Permit No.	Waterbody No.	SIC

All information and responses on this form will be used to determine if coverage under a General or Individual freshwater fish permit is needed. All information must be answered completely and accurately to be considered for coverage. If a question does not apply, answer with "not applicable" or "NA".

Section A: General Information

Does this facility currently have a wastewater discharge permit? ☐ No ☐ Yes

If yes, **Permit Number**: _____

1. Name of facility: _____

2. Mailing address: (legal notices are sent to this address unless otherwise requested.)

Street: _____

City: _____ State: _____ Zip: _____

3. Facility address:

Street: _____

City: _____ State: _____ Zip: _____

County _____

4.Owner information:

Name _____

Title _____

Phone _____

Email _____

To ask about the availability of this document in a version for the visually impaired, call the Water Quality Program at 360-407-6600. Persons with hearing loss, call 711 for Washington Relay Service. Persons with a speech disability, call 877-833-6341.

5. Operator information:

Name: _____

Title: _____

Phone" _____

Email: _____

6. Primary contact:

Name: _____

Title: _____

Phone" _____

Email: _____

7. Alternate contact:

Name: _____

Title: _____

Phone" _____

Email: _____

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and attainments. 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 there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Printed name of person signing	Title
Applicant signature	Date signed

NOTE: Federal regulations require this application to be signed as follows:

(A) Corporation: By a principal officer of at least the level of vice president.

(B) Partnership or Sole Proprietorship: By a general partner or the proprietor, respectively.

(C) Municipality, State, Federal, or other public facility: By either a principal executive officer or ranking elected official.

Section B: Facility Information

1. Record the precise coordinates of the entrance to main facility. Use either latitude/longitude (method NAD27 or NAD83) **or** UTM zone. You do not have to list both.

	Degrees	Minutes	Seconds	UTM Zone	Easting	Northing
Latitude	°		N			
Longitude	°		W			

For assistance with latitude and longitude refer to any of the following websites:

- http://cfpub1.epa.gov/npdes/stormwater/latlong.cfm
- http://www.epa.gov/tri/report/siting_tool/index.htm.

2. Give directions to the facility from the nearest town or city. (Include a map if the address is not posted at site.)

3. Attach a sketch, aerial photograph, or map of the existing or proposed facilities, with the following clearly marked. (Include scale.)

   a. Approximate overall dimensions of the facility;
   b. All raceways and rearing ponds;
   c. All water sources and water flow rates;
   d. Any settling ponds, including dimensions and volume;
   e. All discharge points and receiving waters;
   f. All water flow paths;
   g. Sludge disposal areas; **and**
   h. Water conditioning units.

4. Is this a proposed facility: ☐ No ☐ Yes If yes, construction date: _____

5. Date(s) facility remodeled, expanded, or upgraded: _____

6. Engineering Report. ☐ No ☐ Yes If yes, date submitted: _____

7. SEPA completed? ☐ No ☐ Yes If yes, date completed: _____

8.

Indicate the number of each type of facility associated with this site.		
Type of rearing facility	**Construction materials** *(specify type of liner: earthen, clay, gravel, synthetic)*	**Number of units**
Raceway *(permanent)*		
Raceway *(temporary)*		
Circular pond		
Rearing pond *(more than 2 hour detention time)*		
Rearing pond *(less than 2 hour detention time)*		
Acclimation pond		
Acclimation site		
Net pen		
Adult holding basin or raceway		
Incubator stacks		
Troughs for rearing fry		
In-line settling basin		
Offline settling basin		
Other (describe):		

Does the facility discharge to the ground? ☐ No ☐ Yes

Does the facility have unlined structures? ☐ No ☐ Yes If yes:
Type: _____ Quantity: _____

9. Are there any water conditioning facilities? (Examples include: settling basins to remove solids from incoming water, aeration, or pH adjustment.) ☐ No ☐ Yes If yes, describe:

Are solids removed from the influent water? ☐ No ☐ Yes If yes, describe:

10. List the most current dates for the following:

Spill Plan	Date:
Pollution Prevention Plan	Date:
Solid Waste Plan	Date:

Section C: Influent and Effluent Information

1. Specify discharge location and name (if applicable):

- ☐ Infiltration/Groundwater
- ☐ Stream/River
- ☐ Wetland
- ☐ Other (describe)

2. Under normal hatchery operation, analyze a representative flow weighted grab sample for the total hatchery influent. For hatchery effluent, analyze representative grab samples from **each outfall**. **For facilities with more than one outfall, attach separate sheet.**

Parameter	Influent	Offline settling basin Influent	Offline settling basin Effluent	Effluent Outfall
Sample date(s)				
Flow	gpd*	gpd	gpd	gpd
pH (standard pH units)				
Total suspended solids	mg/L**	mg/L	mg/L	mg/L
Settleable solids	mg/L	mg/L	mg/L	mg/L
Total phosphorous	mg/L	mg/L	mg/L	mg/L
Dissolved oxygen, minimum	mg/L	mg/L	mg/L	mg/L
Temperature, maximum (indicate °C or °F)				
Ammonia-N, NO_2-NO_3				

*Gallons per day (gpd) **Milligrams per liter (mg/L)

Section D: Water and Wastewater Treatment Systems

Chapters 90.48 and 90.54 RCW require that all discharges discharging to waters of the state use all known, available, and reasonable methods to prevent and control pollution. All known, available, and reasonable treatment for the upland fin-fish hatching and rearing industry has been determined to be settling for a minimum of 60 minutes of the entire facility's wastewater prior to discharge or the inline settling of solids with periodic removal by vacuuming or similar techniques to an offline settling basin with a detention time of 24 hours or more.

1. Indicate the type of effluent treatment provided at this facility.
   ☐ **In-line settling basins**

   Do any rearing units discharge through the in-line settling basin? ☐ No ☐ Yes Explain:

   ❑ **Offline settling basins**

   Does the facility use an offline settling basin for wastes from cleaning raceways?
   ☐ No ☐ Yes If yes, provide the following information:

Overflow rate:	Units: (gpd per sq ft)
Basin size:	

   Is there a mechanism to block discharge of floating material? ❑ No ❑ Yes

   Estimate the number of discharges from offline setting basin per year: _____

Construction of offline settling basin (if known)		
Liner material	**Thickness**	**Condition**
Concrete	inches	
Asphalt	inches	
Clay or earthen	inches	
Plastic PVC/HDPE/other (describe):	mils	

   How many times per year are these cleaned? _____

   If an offline settling basin is used for cleaning wastes, is there a quiescent zone at the end of the last raceway or rearing pond in each series? ☐ No ☐ Yes If yes, describe:

2. Pond and raceway cleaning process.

How many times per year are ponds and raceways cleaned?
Methods of cleaning:
What is done with the removed solids?
Are ponds cleaned before fish release? ☐ No ☐ Yes
Does this facility have a permit from the local Health District for solids disposal? ☐ No ☐ Yes If yes, describe:

3. Are any liquid or solid wastes discharged to ground? ☐ No ☐ Yes If yes, describe:

4. Are any wastes (other than domestic sewage) discharged to a septic system?
☐ No ☐ Yes If yes, describe:

5. Are any solids or wastes (other than domestic waste) discharged to a publicly owned treatment works (POTW)?
☐ No ☐ Yes If yes, name of POTW: _____

6. Are wastes discharged to any other waste treatment system?
☐ No ☐ Yes If yes, describe:

7.Provide the following information on water sources used by the facility for rearing fish.

Water sources:				
Specify type:	☐Springs	☐Stream	☐Surface water	☐Well
	☐Other (describe):			

8. Where are flows measured?

Source: ☐ o	☐ Yes	If yes, describe:
Outlet: ☐ No	☐ Yes	If yes, describe:
Other: ☐ No	☐ Yes	If yes, describe:

Section E: Production Information

1. Fill in the following table for the highest production expected in the next five years. List the maximum amount of fish on hand and the maximum amount of food fed **per month** for the year of maximum production. For **new facilities**, provide information for the year of highest anticipated production within the next five years:

Month	Fish (pounds)	Food (pounds)	Month	Fish (pounds)	Food (pounds)
January			July		
February			August		
March			September		
April			October		
May			November		
June			December		

What year is this data from? _____

Have you expanded or changed production or do you anticipate a production expansion from the initial application (or since 1990)? ☐ No ☐ Yes If yes, explain:

2. Operations:
   Does this facility process fish for market at this location? ☐ No ☐ Yes

   Are fish spawned on-site? ☐ No ☐ Yes

   Describe wastes generated as a result of on-site spawning: (For example, blood, anesthetics, disinfectants, carcasses.)

Describe how spawning wastes are handled:

Percentage of fish released from site directly to a lake, stream, or other . . …. . . .%
Specifically.

☐ Lake	_____	%	Describe:
☐ River/Stream	_____	%	Describe:
☐ Other	_____	%	Describe:

Percentage of fish hauled off-site to a lake, stream, or other? . ….. . . .% Specifically

☐ Lake	_____	%	Describe:
☐ River/Stream	_____	%	Describe:
☐ Other	_____	%	Describe:

3. Method of feeding: Check all that apply and estimate the percent of food fed using that method.

☐ Hand _____ % ☐ Automatic (timed) _____ % ☐ Automatic (demand) _____%

Section F: Chemical Use Information

Note all antibiotics, drugs, disease control chemicals and disinfectants used or anticipated to be used at the facility on the following table. If a chemical is used but not listed on the table, note it in the space provided or on an attachment.

Used Y/N	Internal Disease Control
	Albuterol
	Amoxicillin
	Azythromycin
	Benzocaine
	Calcein
	Cephalexin
	Chlortetracycline
	Clindamycin
	Erythromycin
	Flavobacterium Columnare B vaccine
	Florfenicol
	Fumagillin
	GnRH=gonadotropin releasing hormone
	Isoeugenol (Aqui-S)
	Lincomycin
	Magnesium sulfate (Epsom Salts)
	Nyastin
	Oxytetracycline
	Penicillin
	Renogen – BKD vaccine
	Sulfadimethoxine plus oretoprim (Romet 30)
	Sulfamethoxazole (Albon)
	Trimethoprim-sulfadiazine
	Tylosin
	Vibrio vaccine

Used Y/N	External Disease Control
	Acetic Acid
	Buffered Iodophor
	Chloramine-T
	Citric Acid
	Copper Sulfate
	Diquat
	Formalin
	Hydrogen Peroxide
	Potassium Permanganate
	Sodium Chloride (Salt)
Used Y/N	**Disinfectants/Other**
	2, 4-D
	Aquashade
	Carbon Dioxide (gas)
	Chlorhexidine (Nolvasan)
	Chlorine
	Glyphosate
	Imazapyr
	Iodophor
	Lime Type-S
	Liquid Live Micro Organisms
	Ozone (gas)
	Quaternary Ammonium
	Sodium Thiosulfate
	Tricane methane sulfonate (MS-222)
	Tricopyr

What is the frequency and volumes of disinfectants and anesthetics discharged?

Describe chemical storage:

[End of application.]