



**Notice of Intent to be Covered Under EPA’s NPDES Permit
for Federal Aquaculture Facilities and Aquaculture
Facilities Located in Indian Country within the Boundaries
of the State of Washington**

General Permit WAG130000

In addition to the requirements in the following pages, a complete application must also include the following:

- 1) An area map showing regional context
- 2) A sketch, aerial photograph, or map of the existing or proposed facility with the following clearly marked (include scale):
 - Approximate overall dimensions of the facility
 - All raceways and rearing ponds
 - All water sources and water flow rates
 - Any settling ponds, including dimensions and volume
 - All discharge points and receiving waters
 - All water flow paths
 - Sludge disposal areas
 - Water conditioning units
 - Water treatment units (such as off-line settling basins)
 - Holding tanks
 - Locations where flows are measured
 - Points of chemical and therapeutic drug addition
 - Points of feed addition
 - Painted or caulked surfaces in contact with water
- 3) A sketch, aerial photograph, or map of all satellite facilities that are part of your hatchery program, in relation to the facility for which you are seeking NPDES permit coverage
- 4) A map to accompany driving directions to the facility (if address is not posted or visible on-site)
- 5) A completed signature page



Notice of Intent

To comply with NPDES General Permit No. WAG130000 for Federal Aquaculture Facilities and Aquaculture Facilities Located in Indian Country within the Boundaries of the State of Washington

Permit Number for your facility (if already enrolled in this permit):

Other permit number(s), date, and issuing agency:

Section 1. Owner/Operator Information

Owner Name:	Title:
Phone:	Fax:
Email:	

Owner Mailing Address

Line 1:		
Line 2:		
City:	State:	Zip:

Operator Information

Owner Name:	Title:
Phone:	Fax:
Email:	

Operator Mailing Address

Line 1:		
Line 2:		
City:	State:	Zip:

Section 2. Facility Information

Facility Name:
Tribal or Federal Facility? <input type="checkbox"/> Tribal <input type="checkbox"/> Federal <input type="checkbox"/> Other _____
Is the facility located in Indian Country? <input type="checkbox"/> Yes <input type="checkbox"/> No
Notes:

Facility Mailing Address

Line 1:		
Line 2:		
City:	State:	Zip:

Facility Physical Address

Line 1:		
Line 2:		
City:	State:	Zip:
County/Reservation:		

Please provide driving directions to the facility from the nearest town or city. Attach a separate page if needed. Include a map to accompany these directions if the address is not posted or visible on-site.

Is there a locked gate or barrier that prevents access via car to the facility? Yes No

Notes:

Section 2. Facility Information (cont'd)

Is this an existing facility? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of first discharge:
Is this a planned/proposed facility? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, estimated construction start date:	Estimated construction end date:	
Date(s) facility remodeled, expanded, or upgraded (MM/DD/YYYY):		
Have there been any changes or additions to the facility that will increase it to more than 100,000 lbs of annual production since the last permit application? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Describe:		
Are there any planned remodels, additions, or expansions that will increase annual production to over 100,000 lbs during the next 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Describe:		

Section 2. Facility Information (cont'd) Satellite Facilities

Please describe any satellite facilities that operate in tandem with the NPDES-permitted facility as part of the hatchery program. This may include off-site acclimation ponds, net pens, other hatcheries that fish are transported to or from, facilities from which eggs are delivered, etc.

Attach a sketch, aerial photograph, or map to show where any satellite facilities are located in relation to the facility for which you are seeking NPDES coverage in this application.

Submit additional pages as necessary to cover all additional facilities.

Label additional pages: Satellite Facilities/Hatchery Program

Name of facility:
Describe the function of satellite facility and how it relates to the facility for which this NOI is requesting NPDES coverage. Include the species raised and life stage for each facility that is part of the hatchery program.

Satellite Facility Physical Address

Line 1:		
Line 2:		
City:	State:	Zip:
County/Reservation:		

Satellite Facility Operator Information

Agency/Tribe/Entity:	Name of Facility Manager:
Phone:	
Email:	

Satellite Facility Operator Mailing Address

Line 1:		
Line 2:		
City:	State:	Zip:

Section 3. Operations and Production

Is the production system best described as:

Flow through Recirculating Pond system Other _____

Does the facility operate year-round? Yes No

If not, please indicate which months the facility holds fish or eggs:

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

List the species grown or held at your facility and estimate the annual production of each in gross harvestable weight. If fish are released rather than harvested, list the estimated weight at time of release. The estimate can be a range over the next 5 years, if appropriate.

Species	Fish Produced	Receiving Water to which Fish are Released	Month Released/Spawned

Fill in the table below with the highest production numbers expected for the next 5 years. List the maximum amount of fish on-site and the maximum amount of food **per month** for the year of maximum production. For **new facilities**, provide information for the year of highest anticipated production within the next 5 years.

Month	Total Fish (lbs)	Fish Feed (lbs)	Month	Total Fish (lbs)	Fish Feed (lbs)
January			July		
February			August		
March			September		
April			October		
May			November		
June			December		

From what year are these data? _____

Note: If you operate for 30 or more days per year and exceed the production (20,000 lbs) and feed thresholds (5,000 lbs of food during the month of maximum feeding) for even a brief period of time, your facility is required to apply for NPDES permit coverage.

Section 3. Operations and Production (cont'd)

Does this facility process fish for market at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are fish spawned on-site? <input type="checkbox"/> Yes <input type="checkbox"/> No During which months are fish spawned on-site?
Describe wastes generated as a result of on-site spawning (e.g., blood, anesthetics, disinfectants, carcasses):
Describe how spawning wastes are disposed of and to which outfall (if any):

Provide the percentage of fish released from the facility <u>directly</u> to a lake, river, or other location.		
<input type="checkbox"/> Lake _____ % Approximate lbs fish: Location/Receiving water name:	<input type="checkbox"/> River _____ % Approximate lbs fish: Location/Receiving water name:	<input type="checkbox"/> Other _____ % Approximate lbs fish: Location/Receiving water name:
Provide the percentage of fish <u>hailed off-site</u> to a lake, river, or other location.		
<input type="checkbox"/> Lake _____ % Approximate lbs fish: Location/Receiving water name:	<input type="checkbox"/> River _____ % Approximate lbs fish: Location/Receiving water name:	<input type="checkbox"/> Other _____ % Approximate lbs fish: Location/Receiving water name:

Are fish held on-site for broodstock? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe the species, where obtained, quantity, and where held (i.e., raceway or pond):

Section 4. Source Waters (Intakes)

Describe the facility's water sources. Attach additional pages as necessary.

Source No. 1	Source Water Name:	Max Flow	Min Flow	Avg Flow	Units (cfs or gpm)
Source Water Treatment:					
Are solids removed from influent water? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:					
Source No. 2	Source Water Name:	Max Flow	Min Flow	Avg Flow	Units (cfs or gpm)
Source Water Treatment:					
Are solids removed from influent water? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:					
Source No. 3	Source Water Name:	Max Flow	Min Flow	Avg Flow	Units (cfs or gpm)
Source Water Treatment:					
Are solids removed from influent water? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:					
Source No. 4	Source Water Name:	Max Flow	Min Flow	Avg Flow	Units (cfs or gpm)
Source Water Treatment:					
Are solids removed from influent water? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:					
Source No. 5	Source Water Name:	Max Flow	Min Flow	Avg Flow	Units (cfs or gpm)
Source Water Treatment:					
Are solids removed from influent water? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:					

Section 5. Receiving Waters

Do the receiving waters primarily consist of: Fresh water Salt/Brackish water Other (Describe below)

Notes:

- Indicate if a receiving water is listed as impaired, in accordance with Section 303(d) of the Clean Water Act.
- Indicate the pollutants for which the water body is impaired and any wasteload allocations that have been assigned to the facility.
- Indicate if the discharge is to waters in Indian Country located within one mile upstream of a waterbody listed as impaired.
- Refer to the 303(d) list of impaired waters at <http://www.ecy.wa.gov/programs/Wq/303d/index.html>.
- If there is an applicable Total Maximum Daily Load (TMDL) with a Wasteload Allocation assigned to the facility, include that information here.

Receiving Water			
Receiving Water	Pollutant for which impaired	Wasteload Allocations	TMDL document the WLA

Additional Notes:

Section 6. Wastewater

Wastewater Discharges						
Outfall	Location of Outfall				Notes: Include source (where in the facility the wastewater is generated), frequency, duration & volume (cfs or gpm) of discharge)	Name of Receiving Water
		Degrees	Minutes	Seconds		
001	Latitude					
	Longitude					
002	Latitude					
	Longitude					
003	Latitude					
	Longitude					
004	Latitude					
	Longitude					
005	Latitude					
	Longitude					
006	Latitude					
	Longitude					
007	Latitude					
	Longitude					
008	Latitude					
	Longitude					
009	Latitude					
	Longitude					
010	Latitude					
	Longitude					

Section 6. Wastewater (cont'd)

Indicate the type(s) of wastewater treatment provided at this facility.

In-line Settling Basin

Do any rearing units discharge through an in-line settling basin? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe in-line settling basin (length, volume, retention time, etc.): Which rearing units discharge to the in-line settling basin, and when?

Off-line Settling Basin

Does the facility use an off-line settling basin? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of off-line settling basins:	
Which rearing units discharge to the off-line settling basin, and when/under what circumstances?	
Does the off-line settling basin discharge directly to surface water? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:	
Basin size:	Retention time:
Water volume of off-line settling basin:	
Estimate the number of discharges from the off-line settling basin per year:	
How often is the off-line settling basin cleaned/excavated?	
If an off-line 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? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:	
Is there a mechanism to block discharges of floating material? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:	
Does the facility discharge to the ground? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:	
Does the facility have unlined structures? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Material:	Quantity:
Describe:	

Section 6. Wastewater (cont'd)

Construction of Off-line Settling Basin (if known)	
Liner Material	Thickness
Concrete	Inches
Asphalt	Inches
Clay or earthen	Inches
Plastic PVC/HDPE/other Describe:	mils
Pond and Raceway Cleaning	
How frequently are the ponds and/or raceways cleaned (specify which)? Notes:	
Methods of cleaning: <input type="checkbox"/> Vacuum <input type="checkbox"/> Manually <input type="checkbox"/> Other _____	
What is done with the removed solids?	
Are ponds cleaned prior to fish release? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are any liquid or solid wastes discharged to the ground? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	
Are any wastes (other than domestic sewage) discharged to a septic system? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	
Are any solids or wastes (other than domestic waste) discharged to a publicly owned treatment works? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of facility: Describe waste:	
Are wastes discharged to any other waste treatment system? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	

Section 7. Solid Waste Disposal

Describe annual quantities of solids (including fish mortalities) disposed and location of disposal.

Type of Solid Disposed	Date Disposed	Location Disposed

Notes:

Section 8. Aquaculture Drugs and Chemicals

Please indicate which drugs or chemicals you plan to use at the facility during the next 5 years.

Plan to use in the next 5 years?	Investigational New Animal Drug (INAD)?	Drug or Chemical
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Azithromycin
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chloramine-T
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chlorine
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Draxxin
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Erythromycin - injectable
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Erythromycin - medicated feed
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Florfenicol (Aquaflor)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Formalin - 37% formaldehyde
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Herbicide - describe:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hormone - describe:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hydrogen Peroxide
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Iodine
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Oxytetracycline
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Potassium Permanganate
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Romet
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	SLICE (emamectin benzoate)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sodium Chloride - salt
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vibrio vaccine
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:

Section 9. Painted or Caulked Surfaces

Describe all painted and caulked surfaces that are in regular contact with water that is discharged to waters of the U.S.

Location of such surfaces should appear in the drawing required as part of the checklist on page 1.

Type of Paint/Caulk	Where applied (including area)	Amount applied	Date applied	Reason for application
Notes:				

Section 10. Other Information/Changes

Describe any changes to the facility or operations since the last permit application. Disregard this section if this is a new or proposed facility.

Section 11. Signature and Certification

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 evaluate and gather 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.

Printed name of person signing	Title
Applicant Signature	Date Signed

All permit applications must be signed as follows:

- a. For a corporation: by a responsible corporate officer.
- b. For a partnership or sole proprietorship: by a general partner or the proprietor, respectively.
- c. For a municipality, state, federal, Indian tribe, or other public agency: by either a principal executive officer or ranking elected official.

Section 12. Submittal Information

Send the complete, signed information, along with required attachments, to the following address:

U.S. EPA Region 10, OWW-191
 Washington Hatchery NOI
 1200 Sixth Avenue, Suite 900
 Seattle, WA 98101-3140