

## **Appendix A**

# **Notice of Intent Contents**

A Notice of Intent (NOI) to discharge under the General Permit,  
supplying the information indicated in this appendix,  
and must be submitted to EPA Region 10  
in order to obtain authorization for the discharge(s).

See §II.A of this permit.



**Notice of Intent**  
**to Comply with NPDES General Permit No. WAG-130000**  
**for Federal Hatcheries and Hatcheries in Indian Country**  
**within the State of Washington**

**I. Owner and Operator Information**

<b>Owner Name:</b>	
<b>Mailing Address:</b>	<b>Contact person:</b>
	<b>Title:</b>
	<b>Phone No:</b>
	<b>Fax No:</b>
	<b>E-Mail address:</b>

<b>Operator Name:</b>	
<b>Mailing Address:</b>	<b>Contact person:</b>
	<b>Title:</b>
	<b>Phone No:</b>
	<b>Fax No:</b>
	<b>E-Mail address:</b>

**II. Facility Information**

*Attach an Area Map showing the regional location of the facility*

<b>Facility Name:</b>	
<b>Tribal or Federal organization:</b>	
<b>Mailing Address:</b>	
<b>Location address:</b>	<b>County (and reservation, if applicable):</b>
	<b>Date of first discharge:</b>
<b>OUTFALL</b>	<b>Latitude</b>
	<b>Longitude</b>
<b>Other &amp; prior permit numbers, issuing authority, effective dates:</b>	

### III. Operations and Production Information

Is the production system best described as a <i>flow through</i> , a <i>recirculating</i> , or a <i>pond system</i> *?
Number and type (concrete raceways, earthen ponds, etc.) of rearing units: Total area of rearing units:
Number and type of treatment units (full-flow settling basins, off-line settling basins, quiescent zones, etc.)
Does the facility operate year-round? If not, what months does it operate?
<i>*See definitions in Section X of the General Permit, if necessary.</i>

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, production is the estimated weight at the time of release). The estimate can be a range over the next five years, if appropriate.

Facility Production				
Species	Fish Produced (pounds)	Fish Released (pounds)	Where released	When released

### IV. Source and Receiving Waters

Describe the facility's water source(s). Indicate units of cubic feet per second (cfs) or gallons per minute (gpm), where appropriate.

Source Water				
	Source	Max. Flow	Min Flow	Avg Flow
Primary Source				
Source Water Treatment:				
Secondary Source				
Source Water Treatment:				

<b>Receiving Water</b>				
<b>Outfall</b>	<b>Receiving Water</b>	<b>Pollutants for which impaired</b>	<b>Wasteload Allocations</b>	<b>Tribal Reservation (if applicable)</b>
<b>001</b>				
<b>002</b>				
<b>003</b>				

*Indicate if the receiving waters are listed as impaired, in accordance with Section 303 (d) of the CWA, by the State of Washington or by a Tribal entity.*

*Indicate what pollutants are 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 waters listed as impaired, in accordance with Section 303 (d) of the CWA, by the State of Washington.*

**V. Wastewater Characterization**

*Describe the facility process from which water is discharged through each outfall.*

<b>Wastewater Discharges</b>	
<b>Outfall</b>	<b>Description of source, frequency, duration &amp; volume of discharge</b>
<b>001</b>	
<b>002</b>	
<b>003</b>	

*Attach a schematic drawing of your facility that includes raceways, ponds, tanks; water treatment units, such as off-line settling basins; sources of water; direction of water flow, points of chemical and therapeutic drug addition; points of feed addition; and discharge outfalls.*

**VI. Feed Use**

*Describe your facility's use of feed. This may be a range expected over the next 5 years.*

Use of Feed			
Feed Type	Medications added	Maximum Monthly Feed Use (lbs)	Average Annual Feed Use (lbs)

**VII. Aquaculture Drugs and Chemicals**

*Describe your facility's use of chemicals and therapeutic drugs, including cleaners and disinfectants, feed additives or other ingested drugs, immersion or injected treatments. Points of application should appear in the drawing required in §V, above.*

Use of Drugs and Chemicals				
Drug or Chemical	Reason for Use	Method of Application	Maximum Daily Amount Used	Frequency of Use

**VIII. Solid Waste Disposal**

*Describe annual quantities of solids (including fish mortalities) disposed and where disposed.*

Solids Disposed			
Type of Solid Disposed	Quantity Disposed	When	Where

**IX. Painted or Caulked Surfaces**

*Describe all painted and caulked surfaces that are in regular contact with process water that is discharged to waters of the U.S. Location of such surfaces should appear in the drawing required in §V, above.*

<b>Painted and Caulked Surfaces</b>			
<b>Type of Paint or Caulk</b>	<b>Where applied (including area)</b>	<b>How much applied</b>	<b>When applied</b>

**X. 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.

<b>Signature</b>		<b>Date</b>
<b>Printed Name</b>	<b>Title</b>	

**IX. Submittal Information**

**Send the completed, signed information, along with required attachments to at the following address.**

**U. S. EPA Region 10, OWW-130  
Washington Hatchery NOI  
1200 Sixth Avenue, Suite 900,  
Seattle, Washington 98101-3140**