

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

NPDES # for your Facility:

Facility & Owner Information

Facility Name:	
Operator Name (Permittee):	
Address:	
Email:	Phone:
Owner Name (if different from operator):	
Email:	Phone:

Best Management Practices (BMP) Plan

EPA General Permit WAG130000 - Annual Report

Operations and Production

Total harvestable weight produced in the past calendar year in pounds (lbs):

Pounds of food fed to fish during the maximum month:

List the species grown or held at your facility and the annual production of each in gross harvestable weight. If fish were released rather than harvested, list the weight at time of release.

Species	Fish Produced	Receiving Water(s) to which Fish were Released	Month Released/ Spawned

Fill in the table below with production numbers from the past year. List the **maximum** amount of fish on-site and the maximum amount of food fed **per month**.

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

Additional Comments:		

EPA General Permit WAG130000 - Annual Report

Solid Waste Disposal

Describe the solid waste disposed of during the calendar year (including fish mortalities).

Type of Solid Disposed	Date Disposed	Location Disposed
Additional Comments:		

Fish Mortalities

Include a description and the dates of mass mortalities in the past year (more than 5% per week). Attach additional pages, if necessary. Include total mortalities from all causes.

Date	Cause of Deaths	Steps Taken to Correct Problem	Pounds of Fish
Additional Com	ments:		

Noncompliance Summary

Include a description and the dates of noncompliance events (including spills), the reasons for the incidents, and the steps taken to correct the problems. Attach additional pages, if necessary.

Inspections & Repairs for Production & Wastewater Treatment Systems

Date Inspected	Date Repaired	Description of System Inspected and/or Repaired

Aquaculture Drugs and Chemicals

Please indicate whether you used each drug/chemical **during the past calendar year**. Describe the use of each drug/chemical in more detail on the following pages.

Used in the past year?	Drug or Chemical
□ Yes □ No	Azithromycin
□ Yes □ No	Chloramine-T: See additional reporting requirements on page 7
□ Yes □ No	Chlorine
□ Yes □ No	Draxxin
□ Yes □ No	Erythromycin - injectable
□ Yes □ No	Erythromycin - medicated feed
□ Yes □ No	Florfenicol (Aquaflor)
□ Yes □ No	Formalin - 37% formaldehyde: <i>See additional reporting requirements on page 7</i>
□ Yes □ No	Herbicide - describe:
□ Yes □ No	Hormone - describe:
□ Yes □ No	Hydrogen Peroxide: See additional reporting requirements on page 7
□ Yes □ No	Iodine: See additional reporting requirements on page 7
□ Yes □ No	Oxytetracycline
□ Yes □ No	Potassium Permanganate: See additional reporting requirements on page 7
□ Yes □ No	Romet
□ Yes □ No	SLICE (emamectin benzoate)
□ Yes □ No	Sodium Chloride - salt
□ Yes □ No	Vibrio vaccine
□ Yes □ No	Other:
□ Yes □ No	Other:

Aquaculture Drugs and Chemicals (cont'd)

Describe all drug and/or chemical treatments that occurred during the year. Fill out the information below for each drug or chemical, plus page 7 for water-borne treatments. Attach additional pages as necessary.

Brand Name:		Generic Name:	
Reason for use:		1	
Preventative/Prophylactic As-needed	Total quantity of formulated product per treatment (specify units):	Total quantity of formulated p (specify units):	roduct used in past year
Date(s) of treatment:			Total number of treatments in past year:
Maximum daily volume of treated water:	Treatment concentration (specify units):	Duration and frequency of treat	tment(s):
Method of application:	□ Static Bath □ Flow-through	 Medicated Feed Other (describe): 	
Location in facility chemical was used (check all that apply):	 Raceways Incubation building 	PondsOff-line settling basin	Other (describe):
Where did water treated with this chemical go? (check all that apply):	 Discharged w/o treatment Settling basin 	 Septic System Publicly owned treatment works 	Other (describe):
Provide any additional informat	ion about how this chemical was ι	used and/or special pollution pre	evention practices during use:
Brand Name:		Generic Name:	
Brand Name: Reason for use:		Generic Name:	
	Total quantity of formulated product per treatment:	Generic Name: Total quantity of formulated p (specify units):	roduct used in past year
Reason for use:		Total quantity of formulated p	roduct used in past year Total number of treatments in past year:
Reason for use:		Total quantity of formulated p	Total number of treatments in past year:
Reason for use: Preventative/Prophylactic As-needed Date(s) of treatment: Maximum daily volume of	product per treatment:	Total quantity of formulated p (specify units):	Total number of treatments in past year:
Reason for use: Preventative/Prophylactic As-needed Date(s) of treatment: Maximum daily volume of treated water:	product per treatment: Treatment concentration (specify units): Static Bath	Total quantity of formulated p (specify units): Duration and frequency of treat	Total number of treatments in past year:
Reason for use: Preventative/Prophylactic As-needed Date(s) of treatment: Maximum daily volume of treated water: Method of application: Location in facility chemical was used	product per treatment: Treatment concentration (specify units): Static Bath Flow-through Raceways	Total quantity of formulated p (specify units): Duration and frequency of treat Medicated Feed Other (describe): Ponds	Total number of treatments in past year: tment(s):

Aquaculture Drugs and Chemicals (cont'd) Additional Reporting Requirements for Water-Borne Treatments

- If a water-borne treatment was used during the calendar year, Permittees must include detailed records/calculations as an attachment to this Annual Report in order to demonstrate how the maximum effluent concentrations of solution and active ingredient were calculated for each chemical.
- EPA recognizes that water-borne treatments may vary in the volume of the vessels treated, concentration, quantity of product, etc. Permittees must provide the information listed in the following tables for a reasonable worst case (i.e., maximum effluent concentration) scenario, not for each individual treatment.
- Permittees must submit this information and calculate the maximum effluent concentration for each water-borne chemical used during the past calendar year.

Stat	ic Bath Treatments
Tank Volume	Liters
Desired Static Bath Treatment Concentration	μg/L
Volume of Product Needed	Liters Product
Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient	Solution: Active Ingredient: Specify Units
Minimum Volume of Total (treated + untreat- ed) Water Discharged from the Facility per day	Specify Units
Maximum % of Facility Discharge Treated	% of Total Discharge
Flow-	Through Treatments
Tank Volume	Liters
Calculated Flow Rate	Liters/Minute
Duration of Treatment	Minutes
Desired Flow-Through Treatment Concentration of Product	µg/L
Amount of Product to Add Initially	Liters Product
Amount of Product to Add During Treatment	mL/Minute
Total Volume of Product Needed	Liters Product
Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient	Solution: Active Ingredient: Specify Units
Minimum Volume of Total (treated + untreat- ed) Water Discharged from the Facility per day	Specify Units
Maximum % of Facility Discharge Treated	% of Total Discharge

• See also Appendix D for the Chemical Log Sheet.

Changes to the Facility or Operations

Describe any changes to the facility or operations since the last annual report.

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

Submittal Information

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

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