

FORM 1 GENERAL	 U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">S</td> <td style="width:85%;"></td> <td style="width:5%;">T/A</td> <td style="width:5%;">C</td> </tr> <tr> <td>F</td> <td></td> <td></td> <td>D</td> </tr> <tr> <td>1</td> <td>2</td> <td>13</td> <td>14</td> </tr> <tr> <td></td> <td></td> <td>15</td> <td></td> </tr> </table>	S		T/A	C	F			D	1	2	13	14			15	
S		T/A	C															
F			D															
1	2	13	14															
		15																
LABEL ITEMS	PLEASE PLACE LABEL IN THIS SPACE	GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.																
I. EPA I.D. NUMBER																		
III. FACILITY NAME																		
V. FACILITY MAILING ADDRESS																		
VI. FACILITY LOCATION																		

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold-faced terms**.

SPECIFIC QUESTIONS	Mark "X"			SPECIFIC QUESTIONS	Mark "X"		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	X		X
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

C	SKIP	Rose Canyon Fisheries
15	16 - 29	30

IV. FACILITY CONTACT

C	A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2	Kent, Donald B., President/CEO	(619) 226-3883
15	16	45 48 49 51 52- 55

V. FACILITY MAILING ADDRESS

C	A. STREET OR P.O. BOX		
3	3639 Midway Drive, Suite B #301		
15	16		
C	B. CITY OR TOWN	C. STATE	D. ZIP CODE
4	San Diego	CA	92110
15	16	40 41 42	47 51

VI. FACILITY LOCATION

C	A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
5	32° 44.469'N 117° 19.931'W Chart #18765_1			
15	16			
C	B. COUNTY NAME			
6	San Diego			
15	16			
C	C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
6	San Diego	CA	92110	
15	16	40 41 42	47 51	52 -54

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST															B. SECOND														
C	7	0	2	7	3	(specify) Aquaculture									C	7	(specify)												
15	16	17	18	19																									
C. THIRD															D. FOURTH														
C	7	(specify)													C	7	(specify)												
15	16	17	18	19																									

VIII. OPERATOR INFORMATION

A. NAME															B. Is the name listed in Item VIII-A also the owner? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO														
C	8	Rose Canyon Fisheries																											
15	16																												
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify.)															D. PHONE (area code & no.)														
F = FEDERAL S = STATE P = PRIVATE M = PUBLIC (other than federal or state) O = OTHER (specify)															<input type="radio"/> non-profit <input type="radio"/>														
															A (619) 226-3883														
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40				

E. STREET OR P.O. BOX																														
3639 Midway Drive, Suite B #301																														
26																														55

F. CITY OR TOWN															G. STATE	H. ZIP CODE	IX. INDIAN LAND											
C	B	San Diego													CA	92110	Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO											
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	40	41	42	43	44	45	46	47	48	49	50	51	52

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)																
C	T	I													C	T	I														
9	N														9	P															
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)																
C	T	I													C	T	I	(specify)													
9	U														9																
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
C. RCRA (Hazardous Wastes)															E. OTHER (specify)																
C	T	I													C	T	I	(specify)													
9	R														9																
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

See Attached Rose Canyon Fisheries Sustainable Aquaculture Project Executive Summary

XIII. CERTIFICATION (see instructions)

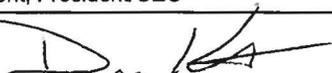
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)															B. SIGNATURE															C. DATE SIGNED														
DONALD KENT, PRESIDENT																														6 OCT 14														

COMMENTS FOR OFFICIAL USE ONLY

C																													
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40				

C. <input checked="" type="checkbox"/> TOPOGRAPHIC MAP		
D. TYPE OF CONTAINMENT, STORAGE AND CAPACITY		
1. Type of Containment	Total Capacity (in gallons)	
<input type="checkbox"/> Lagoon		
<input type="checkbox"/> Holding Pond		
<input type="checkbox"/> Evaporation Pond		
<input type="checkbox"/> Other: Specify _____		
2. Report the total number of acres contributing drainage: _____ acres		
3. Type of Storage	Total Number of Days	Total Capacity (gallons/tons)
<input type="checkbox"/> Anaerobic Lagoon		
<input type="checkbox"/> Storage Lagoon		
<input type="checkbox"/> Evaporation Pond		
<input type="checkbox"/> Aboveground Storage Tanks		
<input type="checkbox"/> Belowground Storage Tanks		
<input type="checkbox"/> Roofed Storage Shed		
<input type="checkbox"/> Concrete Pad		
<input type="checkbox"/> Impervious Soil Pad		
<input type="checkbox"/> Other: Specify _____		
E. NUTRIENT MANAGEMENT PLAN		
Note: Effective February 27, 2009, a permit application is not complete until a nutrient management plan is submitted to the Permitting Authority.		
1. Please indicate whether a nutrient management plan has been included with this permit application. <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. If no, please explain:		
3. Is a nutrient management plan being implemented for the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. The date of the last review or revision of the nutrient management plan. Date: _____		
5. If not land applying, describe alternative use(s) of manure, litter, and/or wastewater:		
F. LAND APPLICATION BEST MANAGEMENT PRACTICES		
Please check any of the following best management practices that are being implemented at the facility to control runoff and protect water quality:		
<input type="checkbox"/> Buffers <input type="checkbox"/> Setbacks <input type="checkbox"/> Conservation tillage <input type="checkbox"/> Constructed wetlands <input type="checkbox"/> Infiltration field <input type="checkbox"/> Grass filter <input type="checkbox"/> Terrace		

III. CONCENTRATED AQUATIC ANIMAL PRODUCTION FACILITY CHARACTERISTICS						
A. For each outfall give the maximum daily flow, maximum 30-day flow, and the long-term average flow.			B. Indicate the total number of ponds, raceways, and similar structures in your facility.			
1. Outfall No.	2. Flow (gallons per day)			1. Ponds	2. Raceways	3. Other 28 net pens
	a. Maximum Daily	b. Maximum 30 Day	c. Long Term Average	C. Provide the name of the receiving water and the source of water used by your facility.		
	na			1. Receiving Water Pacific Ocean		2. Water Source Pacific Ocean
D. List the species of fish or aquatic animals held and fed at your facility. For each species, give the total weight produced by your facility per year in pounds of harvestable weight, and also give the maximum weight present at any one time.						
1. Cold Water Species			2. Warm Water Species			
a. Species	b. Harvestable Weight (pounds)		a. Species	b. Harvestable Weight (pounds)		
	(1) Total Yearly	(2) Maximum		(1) Total Yearly	(2) Maximum	
			Seriola lalandi	11 million	11 million	
			Atractoscion nobilis	0	0	
			Morone saxatilis	0	0	
E. Report the total pounds of food during the calendar month of maximum feeding.			1. Month May	2. Pounds of Food 1,375,000		
IV. CERTIFICATION						
<i>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.</i>						
A. Name and Official Title (print or type) Donald B. Kent, President/CEO			B. Telephone (619) 226-3883			
C. Signature 			D. Date Signed 6 OCT 14			

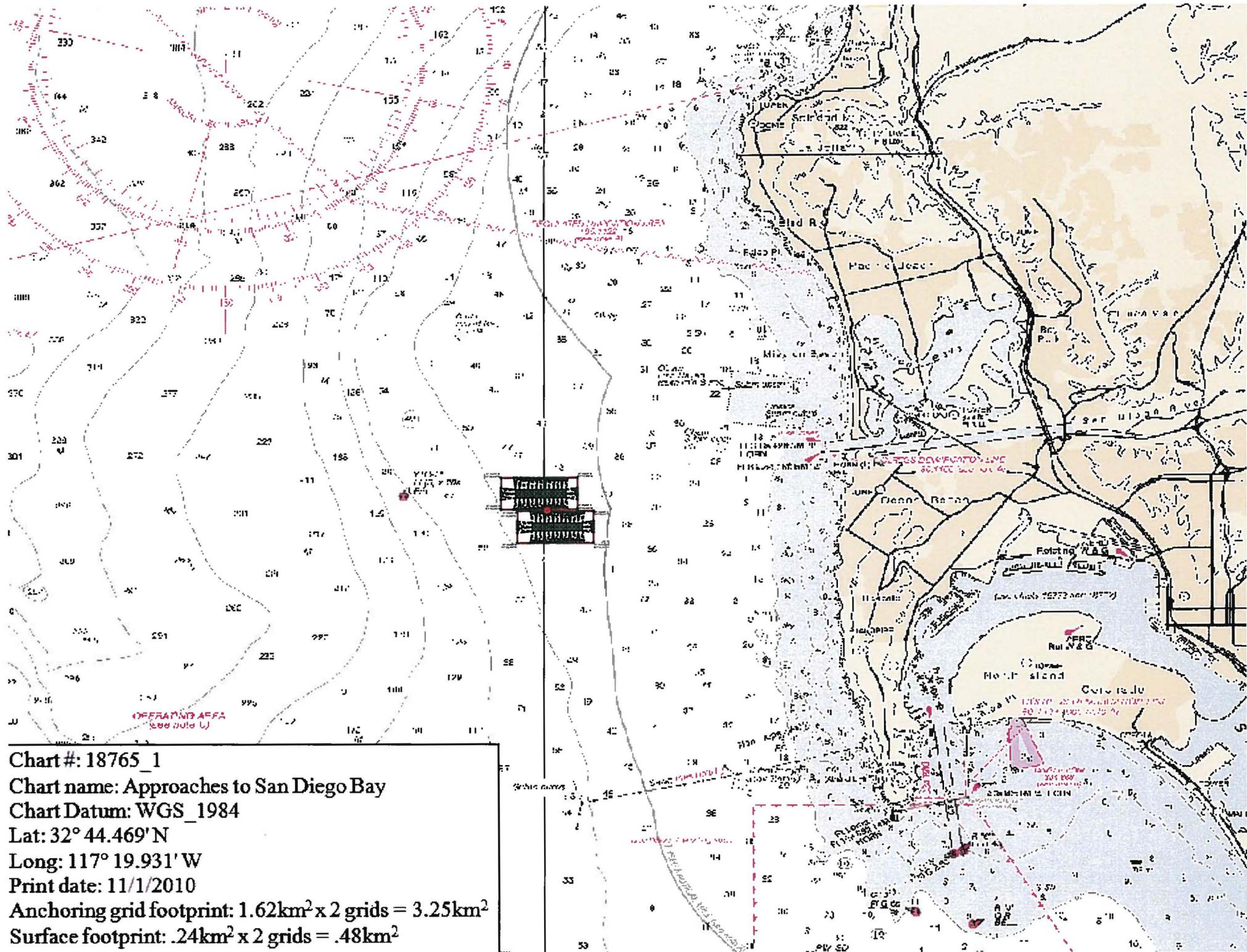


Chart #: 18765_1

Chart name: Approaches to San Diego Bay

Chart Datum: WGS_1984

Lat: 32° 44.469' N

Long: 117° 19.931' W

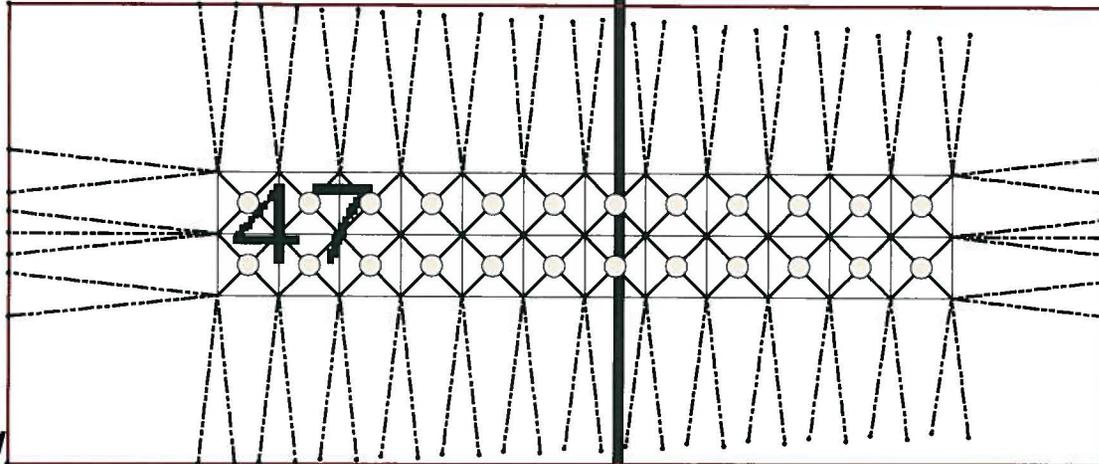
Print date: 11/1/2010

Anchoring grid footprint: 1.62km² x 2 grids = 3.25km²

Surface footprint: .24km² x 2 grids = .48km²

32° 44.975' N
117° 20.656' W

32° 44.975' N
117° 19.466' W

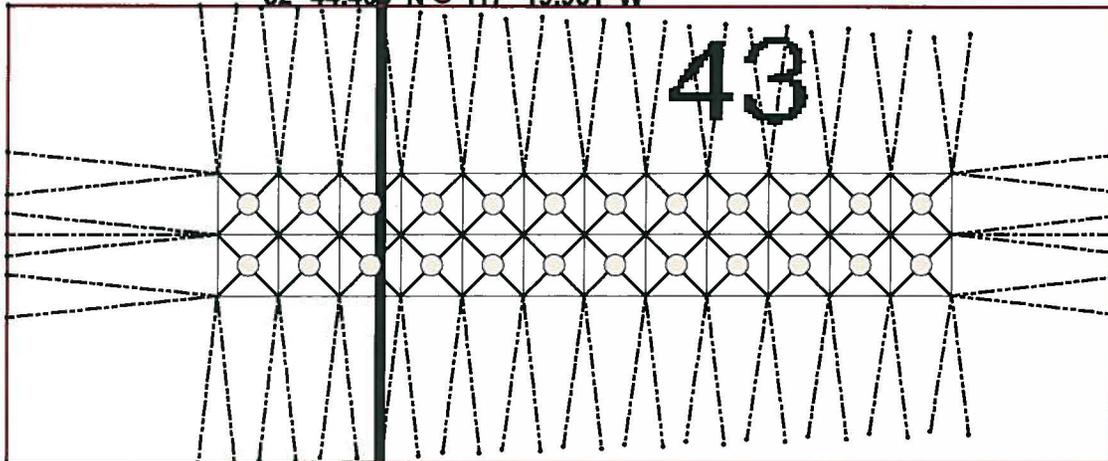


32° 44.482' N
117° 20.656' W

32° 44.482' N
117° 19.466' W

32° 44.455' N
117° 20.400' W

32° 44.469' N ● 117° 19.931' W



32° 44.45
117° 19.20

32° 43.962' N
117° 20.400' W

32° 43.96
117° 19.20

58

47

Chart #: 18765_1
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 Chart Datum: WGS_1984
 Lat: 32° 44.469' N
 Long: 117° 19.931' W
 Print date: 11/1/2010
 Anchoring grid footprint: 1.62km² x 2 grids = 3.25km²
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