

**FISH PROGRAM**  
**Grass Carp Stocking Recommendation**

Name of Applicant   Name  

Name of Water   Private Pond  

Area Fish Biologist Recommendation

Approve   X        Deny

Comments:

Final approval to stock triploid grass carp cannot be granted until a Determination of Non-Significance has been issued. The site has been visited by a WDFW fish biologist and no additional screening is necessary to prevent outmigration of stocked fish. Only triploid grass carp obtained from a Washington State certified supplier will be approved.

  
Signature (Please Print Your Name as well as Signature)

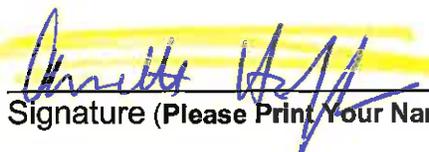
Justin Spinelli  
Inland Fish Bio

Date   March 27, 2012  

Regional Fish Program Manager Recommendation

Approve   ✓        Deny

Comments:

  
Signature (Please Print Your Name as well as Signature)

Date   3/30/12  

Send copy to Robert Zeigler, SEPA/NEPA Coordinator

WASHINGTON DEPARTMENT OF FISH AND WILDLIFE  
Application for Planting Triploid Grass Carp

1. Name of Applicant or Organization GERALD D. PIKE
2. Address 3052 Barones PL Day Phone: 360-675-2724
3. Name of Lake or Pond to be Planted: PIKE POND PRIVATE
4. County: Island Township: 33 Range: 02 Section: 26

**Note: A photocopy of a county map showing rivers and streams at the proposed planting location MUST be provided with this application.**

5. Size of lake or pond (1 acre= 208 X 208 ft.) 150 X 100 Max Depth (ft) 8
6. Does this pond or lake have public access provided by the city, county, state or federal government or other publicly owned municipality? YES  NO
- (Answer "NO" for golf course, sewage treatment or fish culture ponds and power or irrigation canals).  
If you answered "NO", go to #8**

7. If you answered "YES" to number 6, are the results of a Lake Restoration Feasibility Study included?  
YES  NO

If you answered "YES" go to # 10 and skip #11.

If you answered "NO", a permit cannot be issued until the standards for a lake restoration study have been met. Please contact your local WDFW regional office to proceed with this study.

8. Total number of waterfront property owners: 0
9. Number of waterfront property owners that support 0 or oppose \_\_\_\_\_  
Proposed planting of triploid grass carp.

**Note: The names, addresses and phone numbers of all waterfront property owners and whether or not they support the proposed grass carp introduction MUST be provided with this application.**

10. Have all outlets and/or inlets been screened? YES  NO
- If you answered "NO" you must apply for a Hydraulic Project Approval (HPA) before installing screens. **The Department of Fish and Wildlife will not issue a permit to plant triploid grass carp into waters with unscreened outlets.** If the proposed lake or pond is greater than 20 acres, other permits from the county of jurisdiction may be required to install screens. Please contact your Department of Fish and Wildlife Regional Office for additional direction on this requirement.

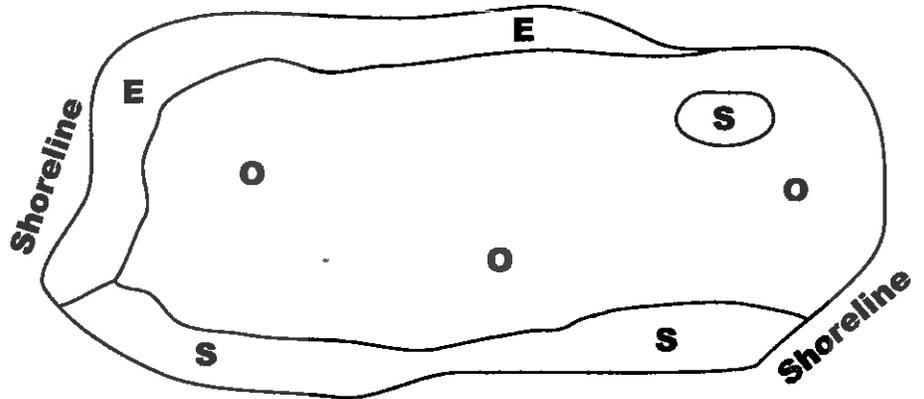
11. Please draw a map of the lake or pond as close to scale as possible on the attached sheet. Draw in vegetation types that are present. This map will assist our biologists in determining how many fish to plant into your pond or lake.

Signature of Applicant Gerald D. Pike Date 05/31/11

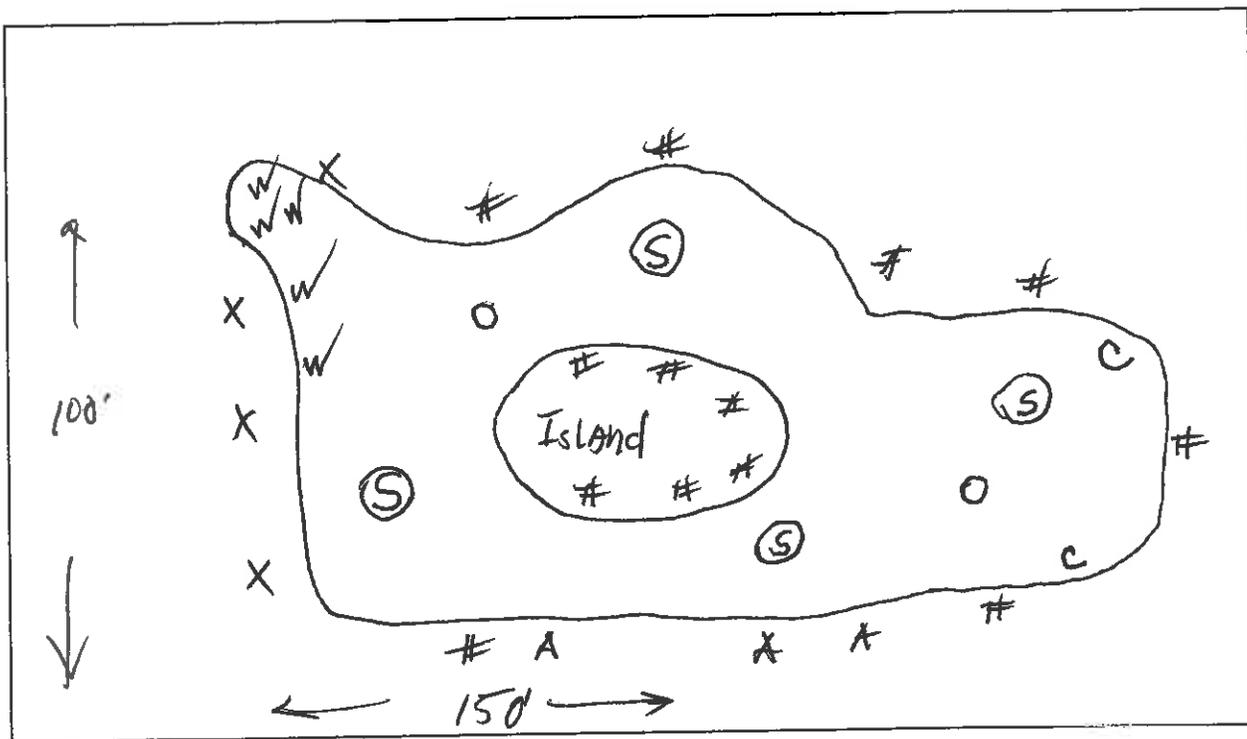
## MAP OF LAKE OR POND

Please include distribution of each vegetation type. Irrigation and power canal applicants need only provide estimated acres of each plant type.

Please use the space below to draw a map of your water as close to scale as possible. Also draw in the approximate areas that are covered by each type of plant and properly label each. Plant coverage estimates should be made in July or August or from your best recollection of that time period.



E- Emergent Plants  
S- Submerged Plants  
O- Open Water



Name of Applicant GERALD D. PIKE

Name of Lake or Pond PIKE POND

Ⓢ Elodea canadensis (common pondweed) - has taken over the pond - very little open water

# Willow X - BIRCH A = elm W = water lily C = cattail



WASHINGTON DEPARTMENT OF FISH AND WILDLIFE

JUN 08 2011

RECEIVED

JUN 07 2011

FISH TRANSPORT APPLICATION/PERMIT

To Import, Export, Transfer, or Stock Live Fin Fish, Viable Eggs or Gametes (Please print or type Items 1-5)

WA DEPT FISH & WILDLIFE MONTESANO

Pd check 2605

- 1. Type of application  Import  Export  Transfer  Stocking (Fee \$24)
- 2. Name of applicant GERALD D. PIKE Phone number (206) 675-2724  
 Mailing address OAK Harbor City OAK Harbor State WA Zip 98277  
3052 BRONES PL
- 3. Species TRIPLOID GRASS CARP Number (fish or eggs) 5-10  
Rainbow trout
- 4. Destination (name of facility/receiving waters) Private Pond at above address  
 County Island Sec. 26 Twnshp. 33 Rng. 02 NW
- 5. Source of fish/eggs: Facility name Troutlodge, Inc. Phone number (253) 863-0446  
 Physical Location 12000 McCutcheon Rd City Bonney Lake State WA Zip 98391  
 Mailing address PO Box 1290 City Sumner State WA Zip 98390  
 WDFW Aquatic farm registration # (for commercial sources in Washington) 8266-03
- 6. Stocking fee \$24.00. Refundable if application is not approved.  
 Applicants signature Gerald Pike Date 5/30/2011

NOTE: It is unlawful to transport or stock fish without a permit issued by the Director or his/her designee. Failure to comply with any provisions of this permit or to perform any act not included in this permit shall be grounds for revocation of this permit and shall constitute a gross misdemeanor.

INFORMATION BELOW TO BE COMPLETED BY WDFW PERSONNEL

Provisions \_\_\_\_\_  
Expiration date \_\_\_\_\_

Additional provisions attached

Stocking Permits Only:  
 \_\_\_\_\_ These fish may be taken by any person possessing a legal fishing license and in conformance with seasons, bag limits, and rules established by the Washington State Fish and Wildlife Commission.  
 \_\_\_\_\_ This permit will allow the taking of these legally obtained and stocked fish without controls of bag limits, seasons, license requirements and is limited to personal use only.

Approved  Not approved  Regional Fish Prog. Manager \_\_\_\_\_ Date \_\_\_\_\_  
 (For stocking permit only. If source is WDFW certified, no additional signatures required)

Approved  Not approved  Fish Health Manager \_\_\_\_\_ Date \_\_\_\_\_

Approved  Not approved  Aquaculture Coordinator \_\_\_\_\_ Date \_\_\_\_\_