FISH PROGRAM
Grass Carp Stocking Recommendation

Name of Applicant Kevin Hamilton

Name of Water Private Pond

Area Fish Biologist Recommendation

Approve X Deny

Comments:
Final approval of the Fish Transport Application/Permit 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 vendor that are at least 8 inches long will be approved.

Justin Spinelli

Signature (**Please Print Your Name as well as Signature**) Date 24 May 2013

Regional Fish Program Manager Recommendation

Approve ✓ Deny

Comments:

Signature (**Please Print Your Name as well as Signature**) Date 5/28/13

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 Kevin Hamilton

2. Address 29505 NE 189th Duvall, WA 98019 Day Phone: 206-679-5813

3. Name of Lake or Pond to be Planted: Unnamed Pond #1

4. County: King Township: Duvall 26N Range: Snoqualmie 07E Section: Cherry Valley Garden Tracts 05

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

5. Size of lake or pond (1 acre= 208 X 208 ft.) 1/4 acre Max Depth (ft) 5

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 X

(Answer "NO" for golf course, sewage treatment or fish culture ponds and power or irrigation canals).
<u>If you answered "NO", go to #8</u>

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

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: 1 (Self)

9. Number of waterfront property owners that support 1 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.

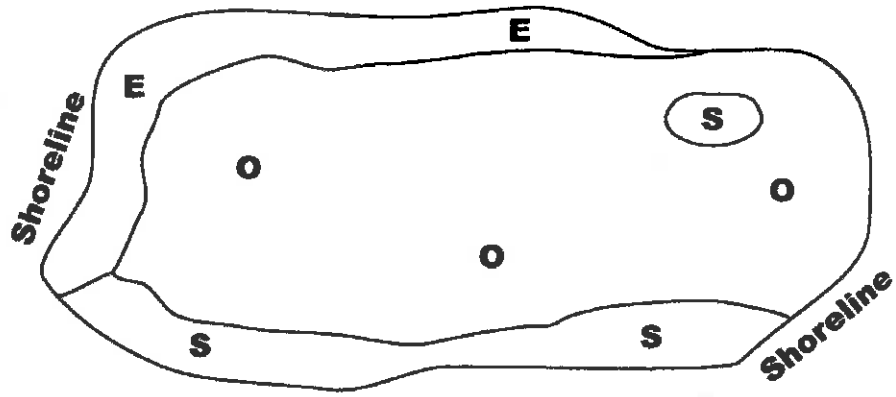
11. Please draw a map of the lake or pond as close to scale as possible on the attached sheet. Draw in vegetation types that are present. This map will assist our biologists in determining how many fish to plant into your pond or lake.

Signature of Applicant [signature] Date 2/21/11

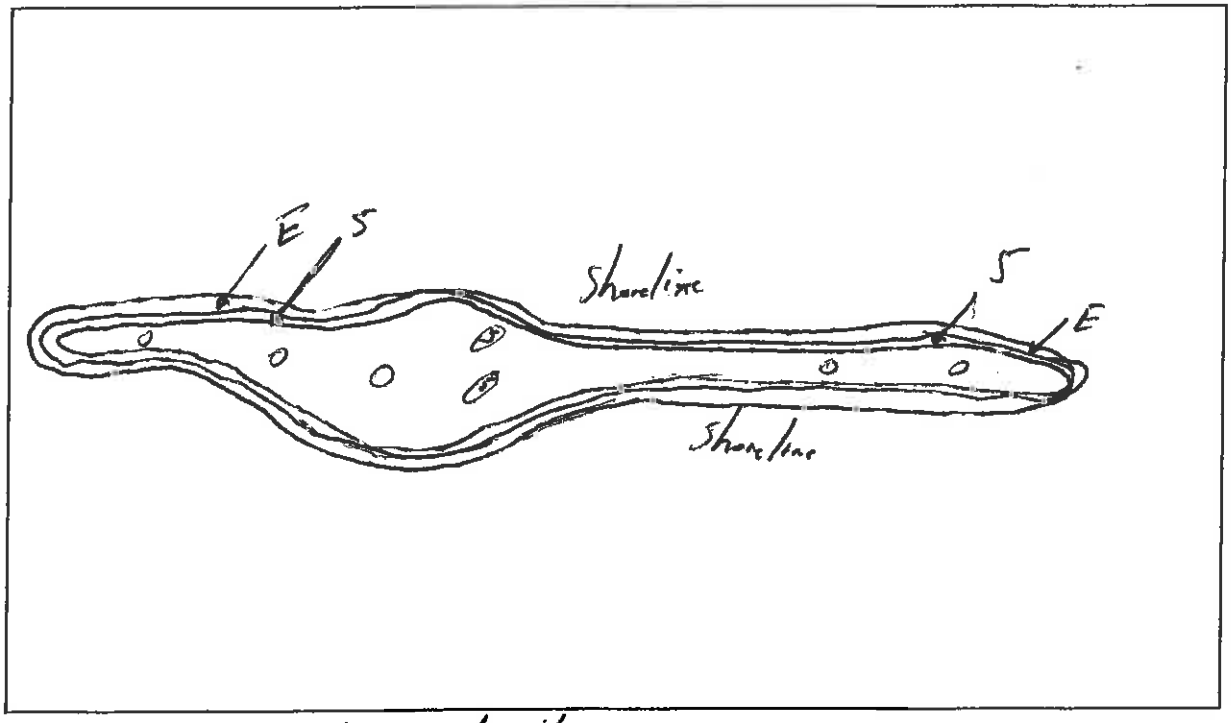
MAP OF LAKE OR POND

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 Kevin Hamilton

Name of Lake or Pond Unnamed Pond #1

PERMIT #: REG /YR /MO /NO

WASHINGTON DEPARTMENT OF FISH AND WILDLIFE
600 CAPITOL WAY NORTH
OLYMPIA, WASHINGTON 98501-1091

FISH TRANSPORT APPLICATION/PERMIT

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

1. Type of application: ☐ Import ☐ Export ☐ Transfer ☑ Stocking (Fee: $24.00)
2. Name of Applicant Kevin Hamilton Phone number (206) 679-5813
   Mailing address 730 N 70th St City Seattle State WA Zip 98103
   WDFW Aquatic Farm Registration # (for commercial aquaculture facilities only) _____
3. Species Trout + Grass Carp Number (fish or eggs) Trout: 100 ; Grass Cp: 15
4. Destination (name of facility/receiving waters) 29505 NE 189th, Duvall, WA Unnamed Pond #1
   County King Sec. 05 Twnshp. 26N Duvall Rng. 07E Snoqualmie
5. Source of fish/eggs: Facility name Nisqually Trout Farm Phone number (360) 491-7440
   Physical Location 5780 Martin Way E City Lacey State WA Zip 98516
   Mailing Address Same City Same State Same Zip Same
   WDFW Aquatic Farm Registration # (for commercial sources in Washington) 8164-01
6. Stocking Fee $24.00. Refundable if application is not approved.
7. Applicant's Signature [signature] Date 2/21/2011

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 _____