

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

Name of Applicant J.B. Ramerman

Name of Water Private Pond

Area Fish Biologist Recommendation

Approve X          Deny

Comments:

Final approval to stock up to 10 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.

*Justin Spinell*

*W. Hill*

Signature (Please Print Your Name as well as Signature)

Date

*5/29/2012*

Regional Fish Program Manager Recommendation

Approve ✓          Deny

Comments:

*Christie Hoff*

Signature (Please Print Your Name as well as Signature) Date

*6/4/12*

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 J.B. Ramerman
2. Address P.O. Box 762 Day Phone: 360-441-1007  
Lynden WA 98264
3. Name of Lake or Pond to be Planted: Ramerman's Pond
4. County: Whatcom Township: T40N Range: R02E 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.) 220' x 40' Max Depth (ft) 15'
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: 2
9. Number of waterfront property owners that support 2 or oppose 0  
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  Not Needed No Inlet/outlet  
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.

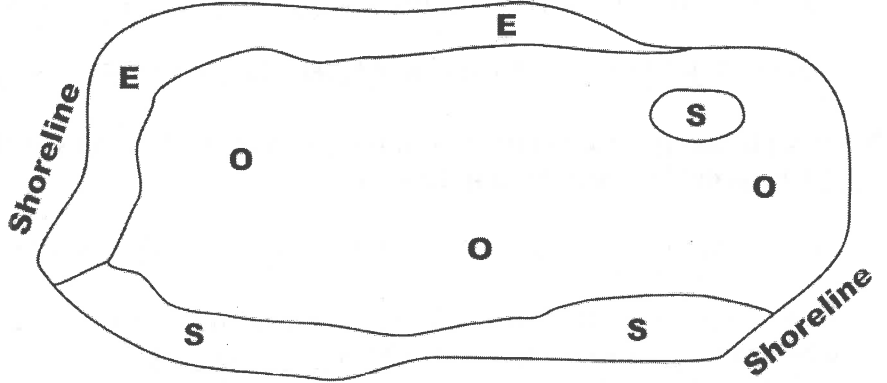
Signature of Applicant JB Ramerman Date 2-13-12

9. Jerry Ramerman  
351 Birch Bay Rd.  
Lynden WA 98264  
360-354-5523

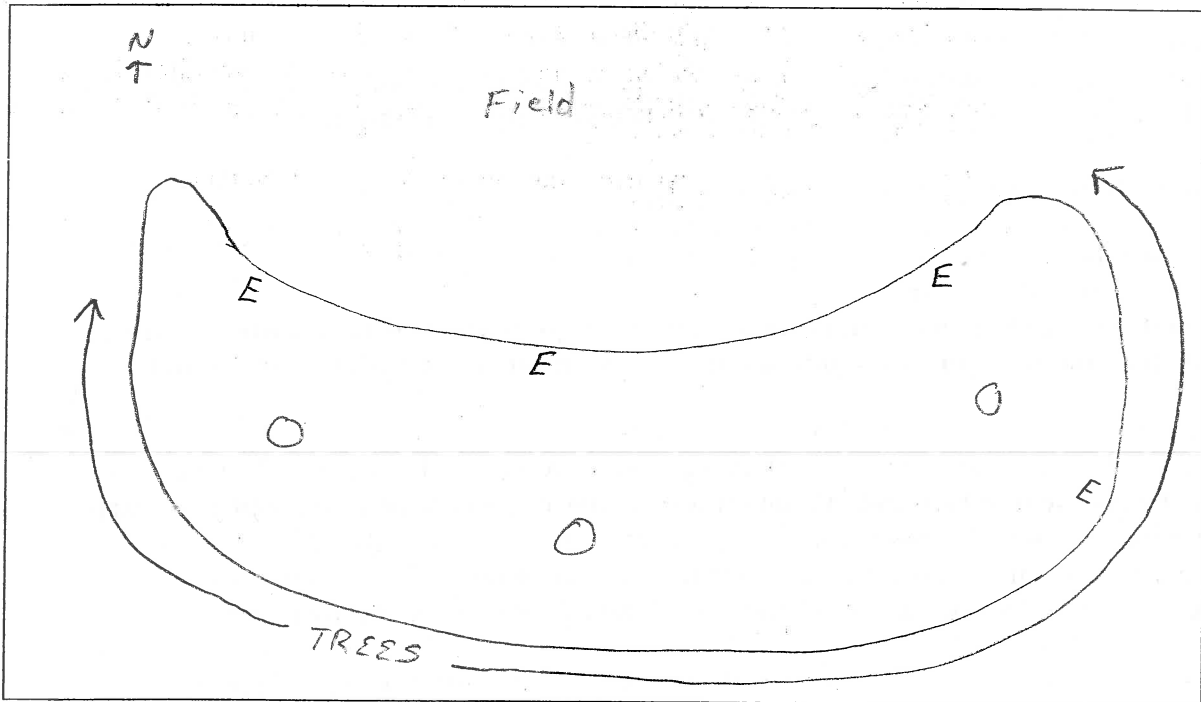
## MAP OF LAKE OR POND

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 J.B. Ramerman

Name of Lake or Pond Ramerman's Pond



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 J.B. Ramerman Phone number (360) 441-1007

Mailing address P.O. Box 762 City Lynden State WA Zip 98281

WDFW Aquatic Farm Registration # (for commercial aquaculture facilities only) 8164-01

3. Species Grass CARP / TROUT Number (fish or eggs) 10 Carp - 300 trout

4. Destination (name of facility/receiving waters) 7950 Jebbs lane Lynden WA 98264  
 County Whatcom Sec. 26 Twnshp. 40 Rng. 2 E

5. Source of fish/eggs: Facility name Nisqually Trout Phone number (360) 491-7400

Physical Location 5780 MARIN WAY E. City Lacey State WA Zip 98516

Mailing Address Same as above City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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 J.B. Ramerman Date 6-6-12

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 \_\_\_\_\_

