



October 26, 2018

Kip Tyler  
U.S. Environmental Protection Agency (EPA) Region 4  
National Pollutant Discharge and Elimination System (NPDES)  
Permitting and Enforcement Branch  
Atlanta Federal Center – MC 9T25  
61 Forsyth Street SW  
Atlanta GA 30303-8960 (404) 562-9672  
[Tyler.Kip@epa.gov](mailto:Tyler.Kip@epa.gov)

**RE: National Pollutant Discharge Elimination System (NPDES) Permit Application in Support of the Vellella Epsilon Project – Pioneering Offshore Aquaculture in the Southeastern Gulf of Mexico; NOAA Sea Grant 2017 Aquaculture Initiative**

Mr. Tyler,

Please find the enclosed revised NPDES Permit Application for the subject Vellella Epsilon (VE) Project. The VE Project Team submits this application in support of an aquaculture research activity that focuses on seafood product development and market research. This application was completed in strict compliance with Section 403(c) of the Clean Water Act (CWA) which provides NPDES permits for discharges to the "territorial sea, the waters of the contiguous zone, or the oceans", and in close coordination with USEPA Region 4; Water Protection Division staff.

The VE Project Team additionally provides the enclosed supplemental information, including a Baseline Environmental Survey (BES; sea floor survey [sidescan sonar, sub-bottom profile, magnetometer, and hydrologic measurements], oceanographic/hydrographic data, and an analysis report). This effort was also developed in close coordination with USEPA Region 4; Water Protection Division staff. The VE Project Team understands that the Coastal Aquaculture Siting and Sustainability Marine Spatial Ecology Division, National Centers for Coastal Ocean Science (NCCOS), National Ocean Service (NOS), National Oceanic and Atmospheric Administration (NOAA), has submitted a file on behalf of the VE Project Team for estimating effluent characteristics associated with the VE Project activities.

As supporting information, the VE Project Team also provides as an enclosure, the siting analysis report: **Screening for Finfish Aquaculture in the Eastern Gulf of Mexico Waters (South FL Site)**. With these submittals, the VE Project Team is confident that a revised and complete NPDES permit application has been provided to the EPA for permit evaluation and issuance.

If you have any questions or comments, please do not hesitate to contact me directly at 850-240-3414 (cell), or [dpeters@gsrcorp.com](mailto:dpeters@gsrcorp.com).

Sincerely,

A handwritten signature in black ink that reads "Dennis J. Peters".

Dennis J. Peters  
Aquaculture Permitting Coordinator  
Eastern Operations Manager

encl: USEPA NPDES Form 1 (EPA Form 3510-1 [8-90]) and Form 2B (EPA Form 3510-2B [Rev. 11-08]) EFP Application; BES Report; an Estimated Effluent Characteristics file, and the Screening for Finfish Aquaculture in the Eastern Gulf of Mexico Waters (South FL Site) Report

cc: Meghan Wahlstrom-Ramler  
Neil Sims  
Lisa Vollbrecht

FORM <b>1</b> GENERAL	U.S. ENVIRONMENTAL PROTECTION AGENCY <b>GENERAL INFORMATION</b> 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 15</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 ( <i>the area to the left of the label space lists the information that should appear</i> ), 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 ( <i>except VI-B which must be completed regardless</i> ). 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 <b>bold-faced terms</b> .														
SPECIFIC QUESTIONS	Mark "X" YES    NO    FORM ATTACHED	Mark "X" YES    NO    FORM ATTACHED												
A. Is this facility a <b>publicly owned treatment works</b> which results in a <b>discharge to waters of the U.S.?</b> (FORM 2A)	16    17    18	19    20    21												
B. Does or will this facility ( <i>either existing or proposed</i> ) include a <b>concentrated animal feeding operation or aquatic animal production facility</b> which results in a <b>discharge to waters of the U.S.?</b> (FORM 2B)	22    23    24	25    26    27												
C. Is this a facility which currently results in <b>discharges to waters of the U.S.</b> other than those described in A or B above? (FORM 2C)	28    29    30	31    32    33												
D. Is this a proposed facility ( <i>other than those described in A or B above</i> ) which will result in a <b>discharge to waters of the U.S.?</b> (FORM 2D)	34    35    36	37    38    39												
E. Does or will this facility treat, store, or dispose of <b>hazardous wastes?</b> (FORM 3)	40    41    42	43    44    45												
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)														
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)														
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)														
I. Is this facility a proposed <b>stationary source</b> 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)														
J. Is this facility a proposed <b>stationary source</b> 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 <b>attainment area?</b> (FORM 5)														
III. NAME OF FACILITY														
C	1 SKIP													
15	16 - 29	30												
IV. FACILITY CONTACT														
A. NAME & TITLE ( <i>last, first, &amp; title</i> )		B. PHONE ( <i>area code &amp; no.</i> )												
C	2													
15	16	45 46 48 49 51 52 55												
V. FACILITY MAILING ADDRESS														
A. STREET OR P.O. BOX														
C	3													
15	16	45												
B. CITY OR TOWN		C. STATE												
C	4													
15	16	40 41 42 47 51												
VI. FACILITY LOCATION														
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER														
C	5													
15	16	45												
B. COUNTY NAME														
C	6													
15	16	46 70												
C. CITY OR TOWN		D. STATE												
C	6													
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	(specify)	(specify)
15	16	19	19
C. THIRD		D. FOURTH	
C	7	(specify)	(specify)
15	16	19	19

VIII. OPERATOR INFORMATION			
A. NAME			B. Is the name listed in Item VIII-A also the owner?
C			<input type="checkbox"/> YES <input type="checkbox"/> NO
8			55 66
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)	(specify)
		56	C A 15 6 18 19 21 22 26

E. STREET OR P.O. BOX	
26	55

F. CITY OR TOWN		G. STATE	H. ZIP CODE	IX. INDIAN LAND
C				Is the facility located on Indian lands?
B				<input type="checkbox"/> YES <input type="checkbox"/> NO
15	16	40 41	42 47 51	52

X. EXISTING ENVIRONMENTAL PERMITS			
A. NPDES (Discharges to Surface Water)		D. PSD (Air Emissions from Proposed Sources)	
C	T	I	
9	N		
15	16	17	18
B. UIC (Underground Injection of Fluids)		E. OTHER (specify)	
C	T	I	
9	U		
15	16	17	18
C. RCRA (Hazardous Wastes)		E. OTHER (specify)	
C	T	I	
9	R		
15	16	17	18


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.

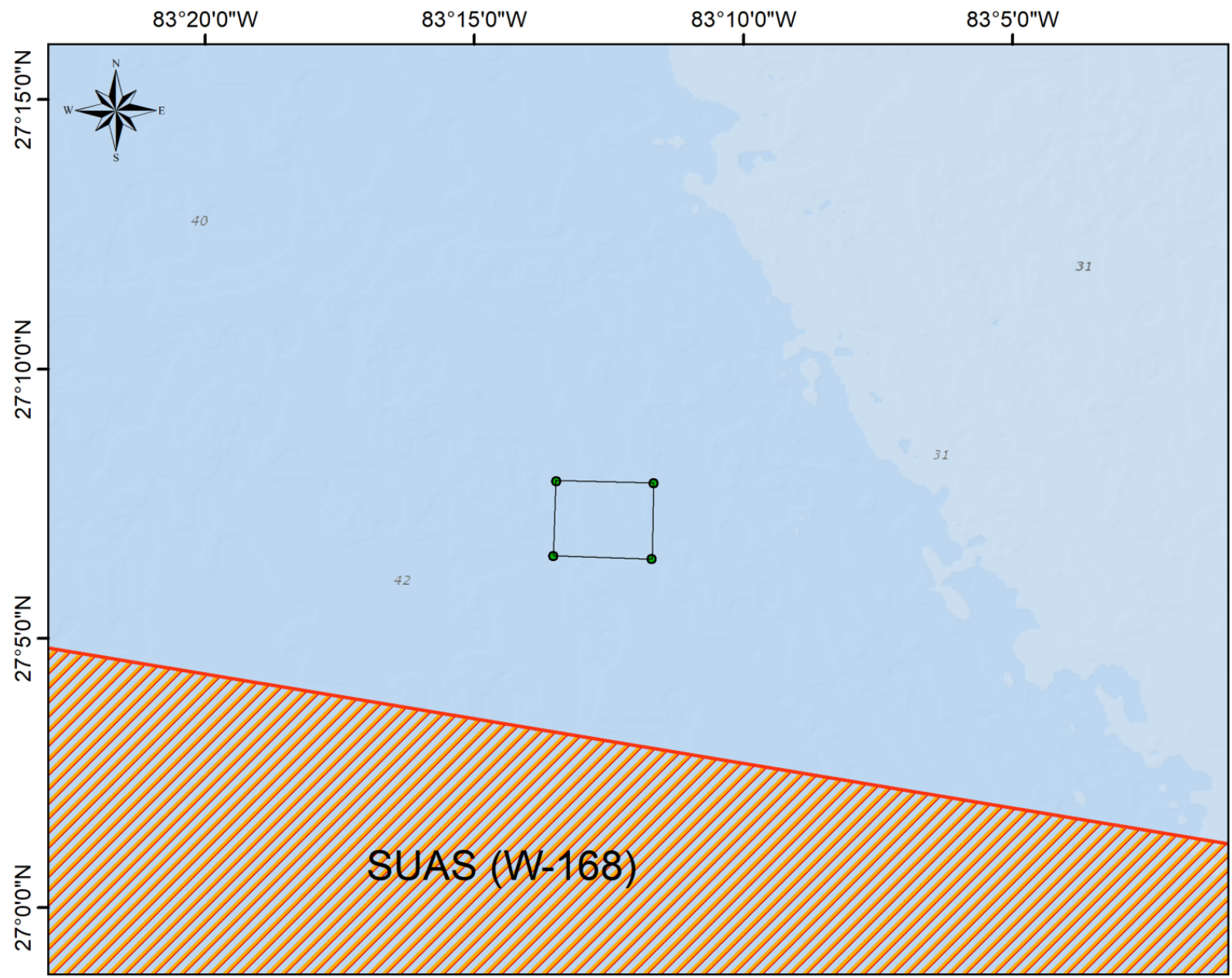
XII. NATURE OF BUSINESS (provide a brief description)			

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
		

COMMENTS FOR OFFICIAL USE ONLY			
C			
15	16	55	



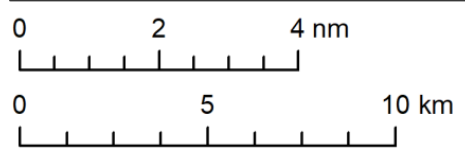
The center point of the site is 4 nm away from the Special Use Air Space (SUAS); the southwest corner point (closest) is 3.2 nm from the SUAS.

**Legend**

- Site
- Site corner points
- Special Use Air Space (SUAS)

Scale: 1:200,000

Map intended for planning purposes only: Not intended for navigational purposes



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 Sources: Esri, GEBCO, NOAA, National Geographic, DeLorme, HERE, Geonames.org, and other contributors

# Disclaimer

This is an updated PDF document that allows you to type your information directly into the form, print it, and save the completed form.


Note: This form can be viewed and saved only using Adobe Acrobat Reader version 7.0 or higher, or if you have the full Adobe Professional version.

**Instructions:**

1. Type in your information
2. Save file (if desired)
3. Print the completed form
4. Sign and date the printed copy
5. Mail it to the directed contact.



C. <input 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		
<b>Note: Effective February 27, 2009, a permit application is not complete until a nutrient management plan is submitted to the Permitting Authority.</b>		
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: It is anticipated, that should a Nutrient Management Plan be required as part of this NPDES permit, that EPA will work collaboratively with Kampachi Farms to develop one based on the limited size of this pilot scale project. "Ugg ....."cwcej gf "Gzegnlhg"r tqxk lpi 'y ggmf. 'o qpvj n. 'cpf 'o czlo wo 'hkuj 'r tqf vevkp"cpf 'lrgf 'tgs wkt go gvu0		
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: _N/A_____		
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
	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.		
				1. Receiving Water	2. Water Source	
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	
E. Report the total pounds of food during the calendar month of maximum feeding.			1. Month	2. Pounds of Food		
<b>IV. CERTIFICATION</b>						
<p><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></p>						
A. Name and Official Title (print or type)			B. Telephone ( _____ ) _____			
C. Signature 			D. Date Signed			



**INSTRUCTIONS**

<p><b>GENERAL</b></p> <p><b>This form must be completed by all applicants who check "yes" to Item II-B in Form 1.</b> Not all animal feeding operations or fish farms are required to obtain NPDES permits. Exclusions are based on size and whether or not the facility discharges proposed to discharge. See the description of these exclusions in the CAFO regulations at 40 CFR 122.23.</p> <p>For aquatic animal production facilities, the size cutoffs are based on whether the species are warm water or cold water, on the production weight per year in harvestable pounds, and on the amount of feeding in pounds of food (<i>for cold water species</i>). Also, facilities which discharge less than 30 days per year, or only during periods of excess runoff (<i>for warm water fish</i>) are not required to have a permit.</p> <p>Refer to the Form 1 instructions to determine where to file this form.</p> <p><b>Item I-A</b> See the note above to be sure that your facility is a "concentrated animal feeding operation" (CAFO).</p> <p><b>Item I-B</b> Use this space to give owner/operator contact information.</p> <p><b>Item I-C</b> Check "proposed" if your facility is not now in operation or is expanding to meet the definition of a CAFO in accordance with the CAFO regulations at 40 CFR 122.23.</p> <p><b>Item I-D</b> Use this space to give a complete legal description of your facility's location including name, address, and latitude/longitude. Also, if a contract grower, the name and address of the integrator.</p> <p><b>Item II</b> Supply all information in item II if you checked (1) in item I-A.</p> <p><b>Item II-A</b> Give the maximum number of each type of animal in open confinement or housed under roof (either partially or totally) which are held at your facility for a total of 45 days or more in any 12 month period. Provide the total number of animals confined at the facility.</p> <p><b>Item II-B</b> Provide the total amount of manure, litter, and wastewater generated annually by the facility. Identify if manure, litter, and wastewater generated by the facility is to be land applied and the number of acres, under the control of the CAFO operator, suitable for land application. If the answer to question 3 is yes, provide the estimated annual quantity of manure, litter, and wastewater that the applicant plans to transfer off-site.</p> <p><b>Item II-C</b> Check this box if you have submitted a topographic map of the entire operation, including the production area and land under the operational control of the CAFO operator where manure, litter, and/or wastewater are applied with Form 1.</p>	<p><b>Item II-D</b></p> <ol style="list-style-type: none"> <li>1. Provide information on the type of containment and the capacity of the containment structure (s).</li> <li>2. The number of acres that are drained and collected in the containment structure (s).</li> <li>3. Identify the type of storage for the manure, litter, and/or wastewater. Give the capacity of this storage in days.</li> </ol> <p><b>Item II-E</b> Provide information concerning the status of submitting a nutrient management plan for the facility to complete the application. In those cases where the nutrient management plan has not been submitted, provide an explanation. If not land applying, describe the alternative uses of the manure, litter, and wastewater (<i>e.g.</i>, composting, pelletizing, energy generation, etc.).</p> <p><b>Item II-F</b> Check any of the identified conservation practices that are being implemented at the facility to control runoff and protect water quality.</p> <p><b>Item III</b> Supply all information in Item III if you checked (2) in Item I-A.</p> <p><b>Item III-A</b> Outfalls should be numbered to correspond with the map submitted in Item XI of Form 1. Values given for flow should be representative of your normal operation. The maximum daily flow is the maximum measured flow occurring over a calendar day. The maximum 30-day flow is the average of measured daily flow over the calendar month of highest flow. The long-term average flow is the average of measure daily flows over a calendar year.</p> <p><b>Item III-B</b> Give the total number of discrete ponds or raceways in your facility. Under "other," give a descriptive name of any structure which is not a pond or a raceway but which results in discharge to waters of the United States.</p> <p><b>Item III-C</b> Use names for receiving water and source of water which correspond to the map submitted in Item XI of Form 1.</p> <p><b>Item III-D</b> The names of fish species should be proper, common, or scientific names as given in special Publication No. 6 of the American Fisheries Society. "A List of Common and Scientific Names of Fishes from the United States and Canada." The values given for total weight produced by your facility per year and the maximum weight present at any one time should be representative of your normal operation.</p> <p><b>Item III-E</b> The value given for maximum monthly pounds of food should be representative of your normal operation.</p> <p><b>Item IV</b> The Clean Water Act provides for severe penalties for submitting false information on this application form.</p> <p>Section 309(C)(2) of the Clean Water Act provides that "Any person who knowingly makes any false statement, representation, or certification in any application...shall upon conviction, be punished by a fine of no more than \$10,000 or by imprisonment for not more than six months, or both."</p>
<p><b>Federal regulations require the certification to be signed as follows:</b></p> <ol style="list-style-type: none"> <li>A. For corporation, by a principal executive officer of at least the level of vice president.</li> <li>B. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or</li> <li>C. For a municipality, State, federal, or other public facility, by either a principal executive officer or ranking elected official.</li> </ol>	<p><b>Paper Reduction Act Notice</b></p> <p><b>The public reporting and recordkeeping burden for this collection of information is estimated to average 9.5 hours per response. The public reporting and recordkeeping burden for development of the nutrient management plan to be submitted with the form is estimated to average 58 hours per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.</b></p>