

**VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY
FISH FARM QUESTIONNAIRE**

Revised April 6, 2011

1. The facility's legal name is:

The facility's address is:

The facility's phone number (including area code) and email address (where available) are:

2. If the facility is also known by another unofficial name, the unofficial name is:

3. The facility is owned by: (Give legal name or names)

4. The owner is: (Private individual, partnership, corporation, public entity, or combination of any of these)

5. An operator of a facility is the person or entity who controls the day-to-day operation of the facility. The operator of the facility is: (Give legal name; if same as owner, skip to question 8 after answering this question)

6. The operator is: (Private individual, partnership, corporation, public entity, or combination of any of these)

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7. The operator's mailing address, telephone number and email address (where available) are:

8. The name, title, mailing address, telephone number and email address (where available) of the person who should be contacted by the DEQ about this permit application are: (May or may not be same as the owner or operator)

9. The geographic location of the facility is: (If the facility is not located on a street or road that has a street name or route number, please indicate approximate location, e.g., one-quarter mile north of intersection of Routes 450 and 27)

10. Please attach a map that shows the location of the facility. The map should show all of the following things:

- a. An area extending at least one mile in all directions beyond the property boundaries;
- b. The legal property boundaries of the property on which the facility is located;
- c. The location of each existing and proposed intake and discharge structure. If these structures have serial numbers, please show them on the map next to their corresponding structures. If these structures do not have serial numbers, please assign a different number or letter to each structure and show them on the map;
- d. All surface waters (rivers, streams, etc.) springs and drinking water wells within a quarter mile of the facility. (Public records at the county or city government offices may help you locate these.)
- e. The source of water used by the facility;
- f. Location of manure disposal areas, structures or facilities; and
- g. The map's scale, an arrow pointing north, the longitude and latitude to the nearest whole second, the direction in which any river shown on the map is flowing, the directions of the ebb and flow tides if any tidal waters are shown on the map.

You may put this information on a U.S. Geological Survey (USGS) map, if you like. USGS maps are available from:

[http://store.usgs.gov/b2c_usgs/b2c/start/\(xcm=r3standardpitrex_prd\)/.do](http://store.usgs.gov/b2c_usgs/b2c/start/(xcm=r3standardpitrex_prd)/.do)

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b. Warm Water Species

<u>Species</u>	<u>Harvestable Weight</u>	
	<u>Total Yearly</u>	<u>Maximum</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

24. Please give the total pounds of food fed during the calendar month of maximum feeding:

<u>Month</u>	<u>Pounds of Food</u>
_____	_____

25. The following certification must be signed as follows:

- a. For a corporation, by a principal executive officer of at least the level of vice president;
- b. For a partnership or sole proprietorship, by a general partner or the sole proprietor, respectively; or
- c. For a municipality, State, federal or other public facility, by either a principal executive officer or ranking elected official.

"I certify under penalty of law that I have personally examined the information submitted in this application and all attachments submitted by the applicant and, to the best of my knowledge and belief, such information is true, accurate and complete."

Name (Printed or Typed)

Title (Printed or Typed)

Signature

(Date Signed)

Phone Number

Email Address (where available)