

Please print or type in the unshaded areas only	EPA I.D. NUMBER (copy from Item 1 of Form 1)	
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<b>Form 2D</b> <small>NPDES</small>		<b>New Sources and New Dischargers Application for Permit to Discharge Process Wastewater</b>
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**I. Outfall Location**

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

Outfall Number <i>(list)</i>	Latitude			Longitude			Receiving Water <i>(name)</i>
	Deg.	Min.	Sec.	Deg.	Min.	Sec.	
003	44	34	29.3	68	48	20.5	Penobscot River
[outfall may change]							

**II. Discharge Date** (When do you expect to begin discharging?) **January 2019**

**III. Flows, Sources of Pollution, and Treatment Technologies**

A. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

Outfall Number	1. Operations Contributing Flow <i>(List)</i>	2. Average Flow <i>(Include Units)</i>	3. Treatment <i>(Description or List codes from Table 2D-1)</i>
003	5,000 MT Atlantic salmon hatchery recirculating aquaculture system (RAS)	4,650,000 gal/day	1-T, 2-G, 2-H (UV), 5-C, 5-D, 5E (Polymer Mixing)

**(See Attachment A for Whole Oceans Water Flow PFD)**

B. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item III-A. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

C. Except for storm runoff, leaks, or spills, will any of the discharges described in Items III-A be intermittent or seasonal?

YES (complete the following table)

NO (go to Section IV)

Outfall Number	1. Frequency		2. Flow		
	a. Days Per Week <i>(specify average)</i>	b. Months Per Year <i>(specify average)</i>	a. Maximum Daily Flow Rate <i>(in mgd)</i>	b. Maximum Total Volume <i>(specify with units)</i>	c. Duration <i>(in days)</i>
003	7	12	4 mg/d	4 mg/d	365

**IV. Production**

If there is an applicable production-based effluent guideline or NSPS, for each outfall list the estimated level of production (projection of actual production level, not design), expressed in the terms and units used in the applicable effluent guideline or NSPS, for each of the first 3 years of operation. If production is likely to vary, you may also submit alternative estimates (attach a separate sheet).

Year	A. Quantity Per Day	B. Units Of Measure	c. Operation, Product, Material, etc. <i>(specify)</i>

**V. Effluent Characteristics**

A and B: These items require you to report estimated amounts (*both concentration and mass*) of the pollutants to be discharged from each of your outfalls. Each part of this item addresses a different set of pollutants and should be completed in accordance with the specific instructions for that part. Data for each outfall should be on a separate page. Attach additional sheets of paper if necessary.

**General Instructions** (See table 2D-2 for Pollutants)  
 Each part of this item requests you to provide an estimated daily maximum and average for certain pollutants and the source of information. Data for all pollutants in Group A, for all outfalls, must be submitted unless waived by the permitting authority. For all outfalls, data for pollutants in Group B should be reported only for pollutants which you believe will be present or are limited directly by an effluent limitations guideline or NSPS or indirectly through limitations on an indicator pollutant.

1. Pollutant	2. Maximum Daily Value (include units)	3. Average Daily Value (include units)	4. Source (see instructions)
<b>Flow</b>	<b>4 mg/d</b>	<b>4 mg/d</b>	<b>See Attachment B for all pollutants</b>
<b>BOD</b>	<b>849 kg/d</b>	<b>849 kg/d</b>	
<b>TSS</b>	<b>296 kg/d</b>	<b>296 kg/d</b>	
<b>Nitrogen</b>	<b>844 kg/d</b>	<b>844 kg/d</b>	
<b>Phosphorus</b>	<b>15.7 kg/d</b>	<b>15.7 kg/d</b>	
<b>Ammonia</b>	<b>100 lbs/d</b>	<b>100 lbs/d</b>	
<b>Temp (Winter)</b>	<b>60°</b>	<b>55°</b>	
<b>Temp (Summer)</b>	<b>64°</b>	<b>58°</b>	
<b>pH</b>	<b>6.0-8.0 lbs/day</b>	<b>6.0-8.0 lbs/day</b>	
<b>COD</b>	<b>1,075 kg/d</b>	<b>1,075 kg/day</b>	

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C. Use the space below to list any of the pollutants listed in Table 2D-3 of the instructions which you know or have reason to believe will be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it will be present.

1. Pollutant	2. Reason for Discharge
<p><b>Formalin (Parasite-S):</b>  <b>Active ingredient 37%</b>  <b>formaldehyde (considered</b>  <b>as 100% saturated solution)</b></p>	<p><b>Used for control of fungus on eggs and fish, certain protozoan parasites (e.g. Ichthyobodo, Epistylis, Trichodina, etc) or monogenean trematodes (Gyrodactylus).. Typical dose range from 25 to 1000 ppm depending on use. Approx. annual use: 50 liters/yr.</b></p>

**VI. Engineering Report on Wastewater Treatment**

A. If there is any technical evaluation concerning your wastewater treatment, including engineering reports or pilot plant studies, check the appropriate box below.

Report Available       No Report

B. Provide the name and location of any existing plant(s) which, to the best of your knowledge resembles this production facility with respect to production processes, wastewater constituents, or wastewater treatments.

Name	Location
<p><b>Salmones Camanchaca S.A,</b>  <b>Rio Petrohué site</b></p>	<p><b>Chile</b></p>

**VII. Other Information (Optional)**

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations for the proposed facility. Attach additional sheets if necessary.

**VIII. CERTIFICATION**

*I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.*

A. Name and Official Title (type or print)

Robert Piasio, Chief Executive Officer, Whole Oceans, LLC

B. Phone No.

(203) 918-1863

C. Signature



D. Date Signed

June 1, 2018