



## Water Quality Program

### Permit Submittal Electronic Certification

**Permittee:** Riverence LP

**Permit Number:** WA0040819

**Site Address:** 10420 173RD AVE SW  
ROCHESTER, WA 98579

**Submittal Name:** Disease Control Chemical Use Report

**Version:** 1

**Due Date:** 1/30/2022

**Comments:** Disease Control Chemical Use Report for Riverence WA0040819 for 2021

*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 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.*

Jeff Hudson

1/26/2022 10:38:13 AM

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Signature

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Date