



DEPARTMENT OF  
**ECOLOGY**  
State of Washington

## Water Quality Program

### Permit Submittal Electronic Certification

**Permittee:** PORT OF LONGVIEW

**Permit Number:** ST0006081

**Site Address:** 10 PORT WAY  
LONGVIEW , WA 98632-1019

**Submittal Name:** Best Management Practices Verification

**Version:** 1

**Due Date:** 2/1/2024

**Comments:** Verification of BMPs per S4.C. and page 4 of ST 6081

*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.*

Sean Kelly

1/18/2024 8:23:03 AM

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Signature

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Date