

# Electronic Signature Agreement Form

**ESAF**

Washington State Department of Ecology  
Water Quality Program

Headquarters: (360) 407-7097  
Web site: <https://ecology.wa.gov/wqwebportal/>

For Ecology Use Only		Date Received:	
Form	Reviewed	Entered	Verified
ESAF			

## 1. Site Location Information

If you are applying for multiple facilities/permits, please include a list containing the site location information and permit numbers for all requested facilities/permits.

Permit Name: Birch Bay STP - Municipal NPDES IP  
Permit Address: 7096 Point Whitehorn Rd  
City/State/Zip: Blaine, WA 98230  
Permit Number: WA0029556

## 2. Electronic Signatory Contact Information

Role: ☒ Facility Signer ☒ Facility Coordinator  
Signature Account User Name: Mike Kim  
Full Name: Mike Kim  
Work Mailing Address: 7096 Point Whitehorn Rd  
City/State/Zip: Blaine, WA 98230  
Work Phone No. (Ext): 360-371-7100  
Work Email Address: mikekim@bbwsd.com

## 3. Proof of Identity

Please include a copy of one of the following documents, with your name on the document, with your ESAF to prove your association with the facility(-ies):

- Your permit's letter of coverage;
- Your permit's cover sheet;
- A previously submitted DMR;
- A correspondence from Ecology that has both the facility name and permit number on the same page;
- Signature authority delegation letter signed by the permittee (responsible official).

## 4. Electronic Signature Agreement and Consent to Permit

By completing and submitting this form to Ecology, I agree to follow the rules and procedures governing the Electronic Signature account. I also agree that the reports and documents I submit under my Electronic Signature will be used as the corresponding paper report would.

## 5. Clean Water Act Certification Statement

All submittals to the Department of Ecology under this WQWebPortal application are subject to the following certification, as required by federal and state regulations:

*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. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete and I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.*

<p><b>I agree that I will:</b></p> <ul style="list-style-type: none"> <li>Protect my Electronic Signature account, which includes my answers to the verification questions and my password;</li> <li>Review the content and meaning of my submitted Annual Reports and Notifications;</li> <li>Within 24 hours of discovery, report to Ecology if:                         <ul style="list-style-type: none"> <li>My Electronic Signature account is lost, stolen or used by someone else;</li> <li>There is any difference between the information I submitted and the information displayed in WebDMR;</li> <li>My role as a signer for this organization changes.</li> </ul> </li> </ul> <p>Agree: <u>                    <i>Mike</i>                    </u> (initial here)</p>	<p><b>I agree that I will not:</b></p> <ul style="list-style-type: none"> <li>Let anyone else use my Electronic Signature account.</li> </ul> <p>Agree: <u>                    <i>Mike</i>                    </u> (initial here)</p>
---	---

I, Mike Kim (print Electronic Signer's name), understand that:

1. My electronic signature is legally the same as my handwritten signature for the purpose of compliance with the relevant environmental regulations;
2. A failure to timely notify Ecology of a possible misuse of my Electronic Signature account may result in my liability for the information submitted;
3. There are significant penalties for submitting false information, including possible fines and imprisonment, related to the federal Department of Justice and federal environmental program;
4. I will be asked to verify that I am following the rules outlined in this agreement when I electronically submit documents.

WAC 173-201-010 (01/2013)

This form cannot be processed without a handwritten signature.

<p><u>                    <i>Mike</i>                    </u></p> <p>Electronic Signer's Signature</p> <p><u>Mike Kim</u></p> <p>Name (print or type)</p>	<p><u>1/8/2024</u></p> <p>Date</p> <p><u>Operations Manager</u></p> <p>Title</p>
---	--

WAC 173-201-010 (01/2013)

This form cannot be processed without a handwritten signature.

I, Dan Eisses (insert name of permittee or responsible official) acknowledge that the individual named above works at/for Birch Bay Water & Sewer District (insert site/facility name) and is authorized to submit documents on the site's/facility's behalf. I understand that I will be contacted by Ecology to validate the account holder's employment at the site/facility name listed above.

<p><u>                    <i>Dan Eisses</i>                    </u></p> <p>Signature</p> <p><u>Dan Eisses</u></p> <p>Name (print or type)</p>	<p><u>1/8/2024</u></p> <p>Date</p> <p><u>General Manager</u></p> <p>Title</p>
---	---

**Note:** You may skip this section if the responsible official has written, signed, and attached a delegation letter to this form or if the responsible official completes this form.

To request an ADA accommodation, contact Ecology by phone at 360-407-6401 or email at [ecyadacoordinator@ecy.wa.gov](mailto:ecyadacoordinator@ecy.wa.gov), or visit <https://ecology.wa.gov/accessibility>. For Relay Service or TTY call 711 or 877-833-6341.



# Birch Bay Water and Sewer District

*Serving the Greater Birch Bay Area Since 1968*

7096 POINT WHITEHORN ROAD  
BIRCH BAY, WA 98230-9675  
office@bbwsd.com

PHONE: (360) 371-7100 (24 hrs)  
FAX: (360) 371-2806

## COMMISSIONERS

Don Montfort  
Jeff Benner  
Fred Reid

## GENERAL MANAGER

Dan Eisses

January 16, 2024

Steve Hood and Amber Corfman  
WA State Dept. of Ecology  
913 Squalicum Way #101  
Bellingham, WA 98225

RECEIVED

**JAN 26 2024**

DEPT OF ECOLOGY  
BELLINGHAM FIELD OFFICE

*Re: New Signature Authorization for BBWSD WWTP-WA 0029556, and WAG 994542*

Dear Mr. Hood and Ms. Corfman:

This letter is to inform you that Birch Bay Water and Sewer District is submitting a signature authorization change request for our Discharge Monitoring Report, Puget Sound Nutrient GP, and other related official Department of Ecology documents associated with the District's Wastewater Treatment Plant and collection system, effective January 15, 2024.

Shane Hess and Mike Kim will be responsible for the day-to-day operations, DMRs and related reports and submittals for the District's WWTP. Shane Hess currently has a WWTPO III certification, certification # 8637 and Mike Kim currently has a WWTPO IV certification, certification #8053.

I am attesting that I am Dan Eisses, BBWSD General Manager, and that I am the responsible official identified in the WAC and the Statewide General Permit for Biosolids Management. I understand that I am responsible for all matters of compliance for the permits at the BBWSD WWTP.

By this letter and my signature, I am delegating authority to Shane Hess, and /or Mike Kim to sign and submit the WWTP DMRs and the annual state biosolids reports and other information required in the appropriate section of the permits and DMRs.

A handwritten signature in black ink, appearing to read 'Dan Eisses', is written over a horizontal line.

Signature of Responsible Official

General Manager

Title

1/18/24

Date

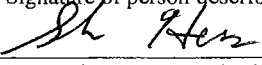
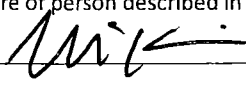


## Discharge Monitoring Report (DMR) Signature Authorization Form

Permittee Name Birch Bay Water and Sewer District NPDES/State Permit No WA-0029556/ WAG 994542

Facility Name BBWSD-WWTP

Date: 01/15/2024

Name of person described in paragraph 1, 2, or 3: Shane Hess	Title: Wastewater Supervisor
Signature of person described in paragraph 1, 2, or 3: 	Date: <u>1-18-24</u>
Name of person described in paragraph 1, 2, or 3: Mike Kim	Title: Operations Manager
Signature of person described in paragraph 1, 2, or 3: 	Date: <u>1/18/24</u>

THE PERMITTEE MUST NOTIFY ECOLOGY OF ANY CHANGE IN THIS INFORMATION DURING THE LIFE OF THE PERMIT

Name and/or Title of person responsible for signing DMRs:	Phone: ( )		
Mailing Name:			
Mailing Address:	City:	State:	Zip Code:

Name and/or Title of person responsible for signing DMRs:	Phone: ( )		
Mailing Name:			
Mailing Address:	City:	State:	Zip Code:

Name and/or Title of person responsible for signing DMRs:	Phone: ( )		
Mailing Name:			
Mailing Address:	City:	State:	Zip Code:

Return To: The Department of Ecology \_\_\_\_\_ Regional Office  
Permit Administrator  
\_\_\_\_\_  
\_\_\_\_\_