



# Water Quality Program

## Permit Submittal Electronic Certification

**Permittee:** SNOQUALMIE WWTP AND RECLAIM FACILITY

**Permit Number:** WA0022403

**Site Address:** 38190 SE STEARNS RD  
SNOQUALMIE, WA 98065-0987

**Submittal Name:** Toxicity Chronic Testing Permit

**Version:** 1

**Due Date:** 3/30/2024

**Comments:** Test had to be performed at two labs because first lab had a control issue with ceriodaphnia and had to regrow stock. The chronic test for ceriodaphnia survival was performed at Rainier Labs as a result.

*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.*

Thomas Holmes

3/22/2024 7:19:18 AM

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Signature

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Date