



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 Acute Testing Permit

Version: 1

Due Date: 3/30/2024

Comments:

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 7:19:10 AM

Signature

Date