

Electronic Signature Agreement Form

ESAF

Washington State Department of Ecology Water Quality Program

Headquarters: (360) 407-7097
Web site: www.ecy.wa.gov/programs/wq

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

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.

Site/Facility Name: Darigold Lynden
Site Location Address: 8424 Depot Road
City/State/Zip: Lynden, WA 98264
Permit Number: WA0002470 (Wastewater)

Role: ☒ Facility Signer ☐ Facility Coordinator

Signature Account User Name: david.hunsaker
Full Name: David Hunsaker
Work Mailing Address: 8424 Depot Road
City/State/Zip: Lynden, WA 98264
Work Phone No. (Ext): (360) 669-6820
Work Email Address: david.hunsaker@darigold.com

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).

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.

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.

POSTMARKED**MAR 21 2024****Ecology SWM-Ind****RECEIVED****MAR 25 2024****Ecology SWM****RECEIVED****MAR 28 2024****DEPARTMENT OF ECOLOGY**

I agree that I will:

- Protect my Electronic Signature account, which includes my answers to the verification questions and my password;
- Review the content and meaning of my submitted Annual Reports and Notifications;
- Within 24 hours of discovery, report to Ecology if:
 - My Electronic Signature account is lost, stolen or used by someone else;
 - There is any difference between the information I submitted and the information displayed in WebDMR;
 - My role as a signer for this organization changes.

Agree: DCH (initial here)

I agree that I will not:

- Let anyone else use my Electronic Signature account.

Agree: DCH (initial here)

I, David Hunsaker (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.

Signature of Electronic Signer

This form cannot be processed without a handwritten signature.

David Hunsaker

Electronic Signer's Signature

3/15/2024

Date

David Hunsaker

Name (print or type)

Plant Manager

Title

Signature of Permittee or Responsible Official

This form cannot be processed without a handwritten signature.

I, Michael Jaynes (insert name of permittee or responsible official) acknowledge that the individual named above works at/for Davigold Lynden (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.

Michael Jaynes

Signature

3/15/24

Date

Michael Jaynes

Name (print or type)

Sp. Bureau Compliance Mgr.

Title

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.

If you need this document in a version for the visually impaired call the Water Quality Program at 360-407-6401. Persons with hearing loss, call 711 for Washington Relay Service. Persons with a speech disability, call 877-833-6341.

This section cannot be processed without a handwritten signature.	
<p>I, _____ (insert name of permittee or responsible official) acknowledge that _____ (person being assigned) is authorized to be an administrator 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>	
_____ Signature	_____ Date
_____ Name (print or type)	_____ Title
<p>Note: You may skip this section if the responsible official has written, signed, and attached a delegation letter to this form, if the responsible official completes this form, or if the responsible official is not assigning a person to the administrator role.</p>	

*Due to COVID and limited access to the office, we are accepting scanned Electronic Signature Agreement Forms (ESAF). When it is safe and you are able, please mail the original signed ESAF to Ecology for our official records.

*Stormwater Permit Facilities – Industrial
and Construction Stormwater*

*Major Industrial Facilities (NPDES and
State Waste Discharge Permits)*

**Washington Department of Ecology
Water Quality Program Stormwater IT
PO Box 47699
Olympia, WA 98504-7699
360-407-7097
wqwebportal@ecy.wa.gov**

**Washington Department of Ecology
Solid Waste Management Program
Industrial Section
ATTN: Ewa Kotwicka
PO Box 47600
Olympia, WA 98504-7600
360-407-6945
WQWebDMR-Industrial@ecy.wa.gov**

For all other permits, please contact one of the following offices:

*Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Mason,
Lewis, Pacific, Pierce, Skamania, Thurston, and
Wahkiakum counties*

**Washington Department of Ecology
Water Quality Program - SWRO
PO Box 47775
Olympia, WA 98504-7775
360-407-6300
WQWebDMR-SWRO@ecy.wa.gov**

*Adams, Asotin, Columbia, Ferry, Franklin, Garfield, Grant,
Lincoln, Pend Oreille, Spokane, Stevens, Walla Walla, and
Whitman counties*

**Washington Department of Ecology
Water Quality Program - ERO
4601 N Monroe
Spokane, WA 99205-1295
509-329-3400
WQWebDMR-ERO@ecy.wa.gov**

*Benton, Chelan, Douglas, Kittitas, Klickitat, Okanogan,
and Yakima counties*

**Washington Department of Ecology
Water Quality Program - CRO
1250 W Alder St
Union Gap, WA 98903-0009
509-575-2490
WQWebDMR-CRO@ecy.wa.gov**

*Island, King, Kitsap, San Juan, Skagit, Snohomish, and
Whatcom counties*

**Washington Department of Ecology
Water Quality Program - NWRO
ATTN: Chris Smith
PO Box 330316
Shoreline, WA 98133-9716
206-594-0169
WQWebDMR-NWRO@ecy.wa.gov**

Washington Department of Ecology

Electronic Submission Cover Letter



**WQWebDMR - Permit# WA0002470 - DMR Submission Id: 1918744 - 2/28/2024
8:49:28 AM**

Company Name	Signer Name	System Name
Darigold	Michael Jaynes	WQWebPortal

Attachments:

Document Name Or Description	Document Name
Submitted Copy of Record for Darigold	Copy of Record Darigold Wednesday February 28 2024

Attestation Agreed to at Signing:

I certify I personally signed and submitted to the Department of Ecology an Electronic Signature Agreement. I understand that use of my electronic signature account/password to submit this information is equal to my written signature. I have read and followed all the rules of use in my Electronic Signature Agreement. I believe no one but me has had access to my password and other account information.

I further certify: I had the opportunity to review the content or meaning of the submittal before signing it; and to the best of my knowledge and belief, the information submitted is true, accurate, and complete. I intend to submit this information as part of the implementation, oversight, and enforcement of a federal environmental program. I am aware there are significant penalties for submitting false information, including possible fines and imprisonment.

For Ecology Use Only



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HgJJyWs1Q=



Week	Monitoring Point	Solids (Residue) Total suspended (TSS) Lbs/Day 1/Day Calculated	pH Daily Min Standard Units Continuous Metered/Recorded	pH Daily Max Standard Units Continuous Metered/Recorded
		SP3	SP3	SP3
1-M	1/1/24	179.4	7.20	9.30
1-T	1/2/24	251.3	6.68	9.78
1-W	1/3/24	273.9	6.50	9.15
1-Th	1/4/24	546.5	6.60	9.70
1-F	1/5/24	381.9	7.50	9.80
1-Sa	1/6/24	135.0	7.20	9.40
2-Su	1/7/24	260.3	7.00	9.08
2-M	1/8/24	142.5	7.00	9.50
2-T	1/9/24	109.0	7.03	9.40
2-W	1/10/24	280.5	7.20	9.70
2-Th	1/11/24	184.2	7.00	9.70
2-F	1/12/24	130.7	6.80	9.73
2-Sa	1/13/24	139.0	6.90	9.50
3-Su	1/14/24	270.9	7.30	9.70
3-M	1/15/24	200.8	7.18	9.70
3-T	1/16/24	278.8	6.90	9.15
3-W	1/17/24	266.5	6.10	9.20
3-Th	1/18/24	146.1	6.70	8.60
3-F	1/19/24	220.4	7.08	9.63
3-Sa	1/20/24	161.5	7.15	9.28
4-Su	1/21/24	193.4	7.30	9.70
4-M	1/22/24	92.7	7.20	9.65
4-T	1/23/24	251.0	7.00	9.60
4-W	1/24/24	292.4	7.43	9.40
4-Th	1/25/24	199.6	7.83	9.70
4-F	1/26/24	309.8	6.90	9.50
4-Sa	1/27/24	332.3	7.00	9.30
5-Su	1/28/24	207.3	6.93	9.70
5-M	1/29/24	90.5	7.00	9.00
5-T	1/30/24	300.6	7.00	9.65
5-W	1/31/24	228.4	6.98	9.80
Daily Minimum			6.10	
			>= 6.0 (RO)	
Average		227.652		
		<= 930		
Weekly Average				
Daily Maximum		546.5		9.8
		<= 1460 (RO)		<= 10.0 (RO)



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.

Michael Jaynes

Signature

2/28/2024 8:49:24 AM

Date