

# 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](http://www.ecy.wa.gov/programs/wq)

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

## 1. Facility 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.

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

## 2. Facility Contact Information

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

## 3. Attachments

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 / Operator and Coordinator Statement

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. State Water Quality Submittal Payment

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 Honsaker (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.

Department of Ecology - Initial

This form cannot be processed without a handwritten signature.

David Honsaker  
 Electronic Signer's Signature  
David Honsaker  
 Name (print or type)

3/15/2024  
 Date  
Plant Manager  
 Title

Department of Ecology - Initial

This form cannot be processed without a handwritten signature.

I, Michael James (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 James  
 Signature  
Michael James  
 Name (print or type)

3/15/24  
 Date  
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.

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.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name (print or type) \_\_\_\_\_

Title \_\_\_\_\_

**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.

\*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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+FWN1S0MNEcTUX/2sZNDsvHu9DjPVKYxmupVjZ8dbyt6Ly53ghw8UOYkZ30ocJpRjmn6qKR9+YlpDbFijbyhsOMEYV8  
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

2/28/2024 8:49:24 AM

Signature

Date