

# Electronic Signature Agreement Form

**ESAF**

Was

Chase Metzger

Quality Program

has multiple WAQ  
permits

## 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 that have the same Permittee (Responsible Official) otherwise complete separate forms for each request.

DEPARTMENT OF ECOLOGY

Permit Number/Application

Permit Name

APR 01 2025

Permit Address

City/State/Zip

WATER QUALITY PROGRAM

## 2. Electronic Signer Contact Information

Select One Role: ☒ Facility Signer ☐ Facility Coordinator

Signature Account User Name:

CW Metzger 1979

Full Name:

Chase Metzger DBA: Coastal AG LLC

Work Mailing Address:

12507 Y PL

City/State/Zip:

Long Beach, WA 98631

Work Phone No. (Ext):

(206) 276-9115

Work Email Address:

chase@coastalag@gmail.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 Certification 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. 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.*

## 6. Certification Statement

### 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: CM CM (initial here)

### I agree that I will not:

- Let anyone else use my Electronic Signature account.

Agree: CM CM (initial here)

I, Chae Metzger (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.

**7. Signature**

This form cannot be processed without a handwritten signature.

✓  
Signer's Handwritten Signature

Date

Name (print)

Title

**8. Signature of Permittee (Responsible Official)**

This form cannot be processed without a handwritten signature.

✓  
I, Chase Metzger (insert name of permittee or responsible official) acknowledge that the individual named above works at/for Coastal AG LLC (insert site/facility name) and is authorized to submit documents on the site's/facility's behalf. I understand that I may be contacted by Ecology to validate the account holder's employment at the site/facility name listed above.

Handwritten Signature

Date

Name (print)

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.

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.

\*To expedite access, we are accepting scanned Electronic Signature Agreement Forms (ESAF). You are required to mail the original signed ESAF to Ecology for our official records.





STATE OF WASHINGTON  
**DEPARTMENT OF ECOLOGY**

PO Box 47600, Olympia, WA 98504-7600 • 360-407-6000

August 14, 2024

Chase Metzger  
Coastal AG LLC  
12507 Y Place  
Long Beach, WA 98631

**Permit Number:** WAG993010  
**Site Name:** Heckes Clams, Inc.; Willapa Bay

**RE: Transfer of Coverage under the Zostera Japonica Management on Commercial Clam Beds in Willapa Bay General Permit**

Dear Chase Metzger:

The Washington State Department of Ecology (Ecology) received your Transfer of Coverage form for the Zostera Japonica Management on Commercial Clam Beds in Willapa Bay General Permit (ZJ permit) for the site shown above. Ecology has updated its records to show that you are responsible for permit coverage and liability, effective April 15, 2021, as you requested on the Transfer of Coverage form. **Retain this letter with your permit documents. It is part of the official record of permit coverage.**

A copy of the ZJ permit, forms, and supporting documents may be viewed and downloaded from [Ecology's ZJ webpage](#)<sup>1</sup>.

Please take time to read the entire permit. It contains the requirements you must follow to maintain compliance. Contact Shawn Ultican (email and phone number listed at the end of this letter) if you have questions about the ZJ permit, or if you would like to receive a hard copy.

**Permit Fees**

State law (RCW 90.48.465) requires that all Permittees pay an annual permit fee based upon the state fiscal year. The state fiscal year begins each year on July 1, and ends June 30 the following year. Ecology mails permit fee bills to all Permittees annually. Permittees that have permit coverage on July 1 will receive a permit fee bill. If you would like more information on the permit fee process, contact the Water Quality Program Permit Fee Administrator at 1-800-633-6193 (Option 2), or by email at [wqfeeunit@ecy.wa.gov](mailto:wqfeeunit@ecy.wa.gov).

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<sup>1</sup> <https://ecology.wa.gov/regulations-permits/permits-certifications/aquatic-pesticide-permits/zostera-japonica-eelgrass-management>

Chase Metzger  
August 14, 2024  
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**Questions and Permit Technical Assistance**

If you have questions about this letter, or you have questions or need more information about ZJ permit requirements please contact Shawn Ultican at [Shawn.Ultican@ecy.wa.gov](mailto:Shawn.Ultican@ecy.wa.gov) or (360) 870-3492.

Sincerely,



Jeff Killelea, Manager  
Permit and Technical Services Section  
Water Quality Program

cc: Shawn Ultican, Aquatic Pesticide Permit Specialist, Water Quality Program  
Ken Wiegardt, [oysterman72@hotmail.com](mailto:oysterman72@hotmail.com)  
General Permit Admin, [aquaticpesticideperm@ecy.wa.gov](mailto:aquaticpesticideperm@ecy.wa.gov)  
Ecology Fee Unit, [wqfeeunit@ecy.wa.gov](mailto:wqfeeunit@ecy.wa.gov)

