



Pierce County

Office of Executive Ryan N. Mello
1501 Market Street, Suite 510
Tacoma, Washington 98402
(253) 798-7477 • FAX (253) 798-6628

Ryan N. Mello
Executive
(253) 798-7477
Ryan.Mello@piercecountywa.gov

January 21, 2025

Gayle Garbush

Carey Cholski, Permit Administrator Department of Ecology
Southwest Regional Office - WQ
P.O. Box 47775
Olympia, WA 98504-7775

RECEIVED

JAN 30 2025

WA State Department
of Ecology (SWRC)

Subject: Duly Authorized Representative for National Pollutant Discharge Elimination System (NPDES) Permits Issued to Pierce County

Please accept this letter as written approval of and delegation to Brian Stacy, in his current position as Acting Director of Planning and Public Works as a duly authorized representative for the purpose of signing, certifying, and issuing other formal submittals to the Department of Ecology for all National Pollutant Discharge Elimination System (NPDES) permits issued to Pierce County, including:

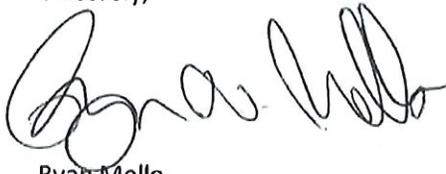
- WAR044002 Phase I Municipal Stormwater Permit
- WAR125006 Tacoma Narrow Airport Industrial Stormwater Permit
- WAG501010 Orting Quarry Sand and Gravel Permit
- WAG992006 AP Aquatic Mosquito Control Permit
- WAG501346 Prairie Pit Sand and Gravel Permit
- WAG501351 Ramsdell Pier Sand and Gravel Permit
- WAG501172 Blau Pit Sand and Gravel Permit
- WAG501173 Rhodes Lake Pit Sand and Gravel Permit
- WAG501339 Waller Road Pit Sand and Gravel Permit
- WAG501550 Strickland Pit Sand and Gravel Permit
- WAG501169 Elk Plain Pit Sand and Gravel Permit
- WAG 501350 Poleline Pit Sand and Gravel Permit
- WAG501354 Anderson Island Pit Sand and Gravel Permit
- WAR0039624 Chambers Creek Regional Wastewater Treatment Plant Industrial Stormwater Permit (ISWP)
- WAR000727 Chambers Creek Regional Wastewater Treatment Plant Industrial Stormwater Permit
- ST6215 Cascadia Wastewater Treatment Facility, State Waste Discharge Permit
- BA0039624 Chambers Creek Regional Wastewater Treatment Bio-Solid Permit
- WAG994560 Puget Sound Nutrient General Permit

This authorization endures permits reissuances and extends to additional permits applied for or issued to Pierce County Planning and Public Works. Further, the Director of Planning and Public Works is

authorized to delegate such responsibilities to employee positions by role (see Pierce County NPDES Permit Delegation Matrix Summary, attached). Such delegation endures permit reissuances and extends to subsequent Pierce County employees occupying any of the positions receiving delegated roles.

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 gathered and evaluated 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 willful violations.

Sincerely,

A handwritten signature in black ink, appearing to read "Ryan Mello". The signature is fluid and cursive, with the first name "Ryan" and last name "Mello" clearly distinguishable.

Ryan Mello
Pierce County Executive

Attachment A: 2025 NPDES Permit Delegation by Position – Effective: January 1, 2025

Pierce County 2025 NPDES Permit Delegation Matrix Summary

Pierce County employee positions listed below will be delegated roles by position title. These delegations endure permit reissuances and extend to subsequent Pierce County employees occupying any of the positions listed:

SURFACE WATER MANAGEMENT DIVISION				
Permit	Permit #	Facility Coordinator	Facility Signer	Facility Preparer
Phase I Municipal Stormwater (MS4)	WAR044002	<ul style="list-style-type: none"> • Director of Planning and Public Works • Deputy Director of Planning and Public Works • SWM Surface Water Manager/Assistant County Engineer • SWM Water Quality Manager 	<ul style="list-style-type: none"> • SWM Water Quality Manager • SWM Water Quality Supervisor 	<ul style="list-style-type: none"> • SWM Water Quality Specialist 3

ROAD OPERATIONS DIVISION				
Permit	Permit #	Facility Coordinator	Facility Signer	Facility Preparer
Orting Quarry, Sand & Gravel	WAG501010	<ul style="list-style-type: none"> • Director of Planning and Public Works • Deputy Director of Planning and Public Works • M&O Division Manager 	<ul style="list-style-type: none"> • Environmental Biologist 3 • Road M&O Superintendent • Maintenance Manager. 1 	<ul style="list-style-type: none"> • Environmental Biologist 3 • Environmental Biologist 1 • Maintenance Program Manager • Water Quality Specialist 3
AP Aquatic Mosquito Control	WAG992006			
Prairie Pit Sand and Gravel	WAG501346			
Ramsdell Pit Sand and Gravel	WAG501351			
Blau Pit, Sand & Gravel	WAG501172			
Rhodes Lake Pit, Sand & Gravel	WAG501173			

Strickland Pit, Sand & Gravel	WAG501550			
Elk Plain Pit, Sand & Gravel	WAG501169			
Poleline Pit, Sand & Gravel	WAG501350			
Anderson Island Pit, Sand & Gravel	WAG501354			

AIRPORTS DIVISION				
Permit	Permit #	Facility Coordinator	Facility Signer	Facility Preparer
Tacoma Narrows Airport (TIW) Industrial Stormwater	WAR125006	<ul style="list-style-type: none"> • Director of Planning and Public Works • Deputy Director of, Planning and Public Works • Assistant Airport Administrator 	<ul style="list-style-type: none"> • Assistant Airport Administrator • Maintenance Manager 1 	<ul style="list-style-type: none"> • Operations Coordinator

SEWERS DIVISION				
Permit	Permit #	Facility Coordinator	Facility Signer	Facility Preparer
Chambers Creek Regional Wastewater Treatment Plant, Wastewater Permit	WA0039624	<ul style="list-style-type: none"> • Director of Planning and Public Works • Deputy Director of Planning and Public Works • Utility Manager • WWTP Operations Manager 	<ul style="list-style-type: none"> • WWTP Operations Manager • Utility Manager 	<ul style="list-style-type: none"> • Lab Analyst • WWTP Lab Supervisor
Chambers Creek Regional Wastewater Treatment Plant, Industrial Stormwater Permit	WAR000727			
Cascadia Wastewater Treatment	ST6215			

Facility, State Waste Discharge Permit				
Cascadia Wastewater Treatment Plant Biosolids Permit	BA0006215			
Chambers Creek Regional WWTP Biosolids Permit	BA0039624			
Puget Sound Nutrient General Permit	WAG994560			

NOTES:

Facility Coordinator – can assign staff to the signer and preparer roles to work on DMRs and can sign type assigned. *This is the most comprehensive role and can assign staff to other roles within the Department of Ecology’s (Ecology) SAW database. Staff positions that will be delegated to submit or sign off Division and Departments NPDES reports, should be assigned this role.*

Facility Signer – can sign and prepare DMRs and is usually granted access to WAWebDMR by a Facility Coordinator. Requires an individual signature account (SAW) with Ecology for each permit-type assigned. *This role prepares DMRs and other reports and may sign for the DMRs but cannot assign staff to roles. This role must be assigned to an individual(s) by the permit Facility Coordinator within the SAW account.*

Facility Preparer – can prepare DMRs and is granted access to WAWebDMR only by a Facility Coordinator. Requires an individual signature account (SAW) with Ecology for each permit-type assigned.

Facility Administrator – can assist Facility Coordinator with assigning others to prepare and sign DMRs and can also prepare DMRs. Examples: administrative assistant and project lead. *Not currently used by Pierce County.*

Electronic Signature Agreement Form

ESAF

Washington State Department of Ecology Water Quality Program

Headquarters: (360) 407-7097
Web site: <https://ecology.wa.gov/wqwebportal/>

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

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.

Permit Name: Pierce County - Phase 1 Municipal General Stormwater Permit
Permit Address: See attached list with signed delegation memo
City/State/Zip: Tacoma, WA
Permit Number: WAR044002

2. Electronic Signer Contact Information

Role: Facility Signer Facility Coordinator

Signature Account User Name: Maureen78b
Full Name: Maureen Meehan
Work Mailing Address: 2702 S 42nd St. Ste 109
City/State/Zip: Tacoma, WA 98409
Work Phone No. (Ext): 253-798-6793
Work Email Address: Maureen.Meehan@PierceCountyWa.gov

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

<p>I agree that I will:</p> <ul style="list-style-type: none">• 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:<ul style="list-style-type: none">○ 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. <p>Agree: <u>MM</u> (initial here)</p>	<p>I agree that I will <i>not</i>:</p> <ul style="list-style-type: none">• Let anyone else use my Electronic Signature account. <p>Agree: <u>MM</u> (initial here)</p>
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I, Maureen Meehan (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 of Electronic Signer

This form cannot be processed without a handwritten signature.

<u>Maureen Meehan</u> Electronic Signer's Signature	<u>January 27, 2025</u> Date
<u>Maureen Meehan</u> Name (print or type)	<u>Water Quality Manager</u> Title

8. Signature of Permittee (Responsible Official)

This form cannot be processed without a handwritten signature.

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

_____ 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 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, or visit <https://ecology.wa.gov/accessibility>. For Relay Service or TTY call 711 or 877-833-6341.

Electronic Signature Agreement Form

ESAF



Washington State Department of Ecology Water Quality Program

Web site:
<https://ecology.wa.gov/wqwebportal/>

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 Form for each request.

Permit Number/Application ID: See list with attached signed delegation letter
Permit Name: Pierce County Phase 1 Municipal Stormwater General Permit WAR044492
Permit Address: _____
City/State/Zip: Tacoma, WA 98409

2. Electronic Signer Contact Information

Select One Role: Facility Signer Facility Coordinator

Signature Account User Name: _____
Full Name: Leonard (Brandon) Smith
Work Mailing Address: 2702 S 42nd St. Ste 109
City/State/Zip: Tacoma, WA 98409-7460
Work Phone No. (Ext): 253-798-2754
Work Email Address: Leonard.Smith@piercecountywa.gov

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

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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: LS (initial here)

I agree that I will not:

- Let anyone else use my Electronic Signature account.

Agree: LS (initial here)

I, Leonard (Brandon) Smith (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.
 <hr/> Signer's Handwritten Signature	<hr/> 01/27/2025 <hr/> Date
Leonard (Brandon) Smith <hr/> Name (print)	Assistant County Engineer - Stormwater/Surface <hr/> Title <i>water Manager</i>
8. Signature of Permittee (Responsible Official)	This form cannot be processed without a handwritten signature.

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

<hr/> Handwritten Signature	<hr/> Date
<hr/> Name (print)	<hr/> 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.

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*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.

*Stormwater Permit Facilities –
Industrial and Construction
Stormwater*

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

*Aquatic Pesticides, Bridgewashing,
CAFO, Irrigation, and Vessel
Decommissioning General Permits:*

**Washington Department of
Ecology Water Quality Program
ATTN: Eman Jabali
PO Box 47696
Olympia, WA 98504-7696
360-407-6600
WQGPUUnit@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**

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

**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**

Electronic Signature Agreement Form

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Washington State Department of Ecology
Water Quality Program

Headquarters: (360) 407-7097
Web site: <https://ecology.wa.gov/wqwebportal/>

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ESAF			

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.

Permit Name: See list in attached signed delegation letter
Permit Address: _____
City/State/Zip: 1000 _____
Permit Number: _____

2. Electronic Signer Contact Information

Role: Facility Signer Facility Coordinator

Signature Account User Name: PCBSTACY2
Full Name: Brian Stacy
Work Mailing Address: 2401 S 35th St. Rm. 2
City/State/Zip: Tacoma, WA 98409-7460
Work Phone No. (Ext): 253-798-2754
Work Email Address: brian.stacy@piercecountywa.gov

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

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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

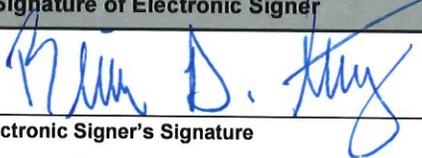
I agree that I will: <ul style="list-style-type: none">• Protect my Electronic Signature account, which includes my answers to the verification questions and my password;• Review the content and meaning of my submitted Annual Reports and Notifications;• Within 24 hours of discovery, report to Ecology if:<ul style="list-style-type: none">○ 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: <u>BS</u> (initial here)	I agree that I will not: <ul style="list-style-type: none">• Let anyone else use my Electronic Signature account. Agree: <u>BS</u> (initial here)
--	--

I, Brian Stacy (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 of Electronic Signer

This form cannot be processed without a handwritten signature.


Electronic Signer's Signature
Brian Stacy
Name (print or type)

January 27, 2025
Date
Acting Director of Planning and Public Works
Title

8. Signature of Permittee (Responsible Official)

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

Signature

Name (print or type)

Date

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.

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ESAF			

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.

Permit Name: See attached Signed delegation memo and list of permits _____

Permit Address: _____

City/State/Zip: _____

Permit Number: _____

2. Electronic Signer Contact Information

Role: Facility Signer Facility Coordinator

Signature Account User Name: Bruce.Wagner@Piercecountywa.gov

Full Name: Bruce Wagner

Work Mailing Address: 2702 S 42nd St, Ste 109

City/State/Zip: Tacoma, WA 98409

Work Phone No. (Ext): 253-798-3720

Work Email Address: bruce.wagner@piercecounitywa.gov

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).

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--	--

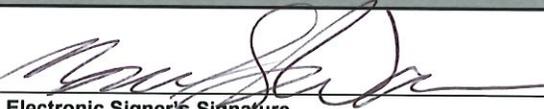
I, Bruce Wagner

(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 of Electronic Signer

This form cannot be processed without a handwritten signature.


Electronic Signer's Signature

January 27, 2025

Date

Bruce Wagner

Deputy Director of Planning and Public Works

Name (print or type)

Title

8. Signature of Permittee (Responsible Official)

This form cannot be processed without a handwritten signature.

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

Signature

Date

Name (print or type)

Title

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