

# 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: WAG 993007  
Permit Name: Zostera japonica management on commercial clam beds in  
Permit Address: Willapa Bay general permit  
City/State/Zip: PO Box 1039  
OCEAN PARK, WA 98640

### 2. Electronic Signer Contact Information

Select One Role: ☒ Facility Signer ☐ Facility Coordinator

Signature Account User Name: brian@northernoysterco.com  
Full Name: Brian SHELTON DEPARTMENT OF ECOLOGY  
Work Mailing Address: PO Box 1039  
City/State/Zip: OCEAN PARK, WA 98640 MAY 12 2025  
Work Phone No. (Ext): 360 665-2804 WATER QUALITY PROGRAM  
Work Email Address: brian@northernoysterco.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.*

*Brian Sheldon*

## 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: *BAS* (initial here)

### I agree that I will not:

- Let anyone else use my Electronic Signature account.

Agree: *BAS* (initial here)

I, *BRIAN SHELDON* (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.**Brian Sheldon5-5-25

Signer's Handwritten Signature

Date

Brian SHELDONOWNER

Name (print )

Title

**8. Signature of Permittee (Responsible Official)****This form cannot be processed without a handwritten signature.**

I, Brian SHELDON (insert name of permittee or responsible official) acknowledge that the individual named above works at/for NORTHERN OYSTER CO (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.

Brian Sheldon5-5-25

Handwritten Signature

Date

Brian SHELDONOWNER

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.



Marilyn Sheldon <northernosterco@gmail.com>

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## Dept. of Ecology - Zostera Japonica ESAFs Needed for Submittals Online

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ECY RE AQUATIC PESTICIDE PERMITS (WQ)

<aquaticpesticideperm@ecy.wa.gov>

To: "oysters@willapabay.org" <oysters@willapabay.org>

Cc: David Beugli <wghoga@gmail.com>

Mon, May 5, 2025 at  
10:25 AM

Good morning, Brian Sheldon.

My name is Eman and I help Shawn Ultican with the Zostera japonica management on commercial clam beds in Willapa Bay general permit (ZJ). I help behind the scenes with documents and the database and I wanted to let you know that we still need an electronic signature agreement form (ESAF) for you and your permit.

WAG993007 – Northern Oyster Co.

Please see these instructions on how to create an electronic signature account. The final step is mailing me the original/handwritten signature ESAF. Once approved, you'll receive an email confirmation from Ecology stating that you can then sign for your permit.

This needs to be done asap please. The next upcoming due date for a submittal is May 15, 2025 for the pre-treatment plans. I know that David will be helping prepare those but in order to sign and submit, you as the permittee need to have an ESAF approved and on file for your permit.

Thank you in advance.

Respectfully,

Eman Jabali | General Permit Administrator | Water Quality Program – General Permit Unit

Issuance Date: April 2, 2025  
Effective Date: May 2, 2025  
Expiration Date: May 1, 2030

# **ZOSTERA JAPONICA MANAGEMENT ON COMMERCIAL CLAM BEDS IN WILLAPA BAY GENERAL PERMIT**

National Pollutant Discharge Elimination System and  
State Waste Discharge General Permit

State of Washington  
Department of Ecology  
Olympia, Washington 98504

In compliance with the provisions of  
Chapter 90.48 Revised Code of Washington  
(State of Washington Water Pollution Control Act)

and

Title 33 United States Code, Section 1251 et seq.  
The Federal Water Pollution Control Act (The Clean Water Act)

Until this Permit expires, is modified, or is revoked, Permittees that have properly obtained coverage under this Permit are authorized to discharge in accordance with the special and general conditions that follow.



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Vincent McGowan, P.E.  
Water Quality Program Manager  
Washington State Department of Ecology