

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			

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.

Site/Facility Name: Wachsmith Fruit
Site Location Address: 1964 Old Naches Hwy
City/State/Zip: Yakima WA 98908
Permit Number: WAG 43-5203

2. Electronic Signer Contact Information

Role: Facility Signer Facility Coordinator
Signature Account User Name: Philip Wachsmith DEPARTMENT OF ECOLOGY
Full Name: Philip Wachsmith
Work Mailing Address: 1964 Old Naches Hwy JUN 27 2016
City/State/Zip: Yakima WA 98908
Work Phone No. (Ext): 509 952-7020 WATER QUALITY PROGRAM
Work Email Address: Wachsmiths@aol.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

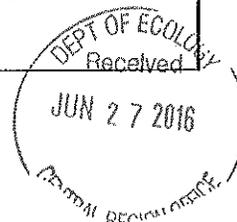
By completing and submitting this form to Ecology, I agree to follow the rules and procedures governing the Electronic Signature account. I also agree that the reports and documents I submit under my Electronic Signature will be used as the corresponding paper report would. I want to submit the following report(s) or document(s) using WQWebPortal with an electronic signature.

Discharge Monitoring Reports/Submittals Notice of Intent (Permit Applications) Certificate of No Exposure

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: PM (initial here)

I agree that I will not:

- Let anyone else use my Electronic Signature account.

Agree: PM (initial here)

DEPARTMENT OF ECOLOGY

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WATER QUALITY PROGRAM

I, Philip M Wachsmith (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.

[Handwritten Signature]

Electronic Signer's Signature

6/15/16

Date

Philip M Wachsmith

Name (print or type)

Manager

Title

8. Signature of Permittee (Responsible Official)

This form cannot be processed without a handwritten signature.

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

[Handwritten Signature]

Signature

6/15/16

Date

Philip M Wachsmith

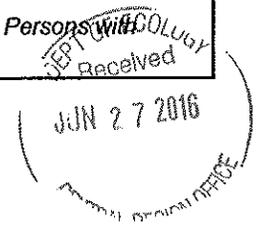
Name (print or type)

Manager

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.



9. Assign Administrator

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.

DEPARTMENT OF ECOLOGY

Signature

Date

JUN 27 2016

Name (print or type)

Title

WATER QUALITY PROGRAM

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.

Mail the signed electronic signature agreement and additional document(s) to one of the following Ecology office.

Stormwater Permit Facilities – Industrial and Construction Stormwater

Major Industrial Unit

**Washington Department of Ecology
Water Quality Program Stormwater Unit
PO Box 47696
Olympia, WA 98504-7696
360-407-7097**

**Washington Department of Ecology
Major Industrial Unit
PO Box 47600
Olympia, WA 98504-7600
360-407-6945**

For all other permits, please contact one of the follow offices.

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

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

**Washington Department of Ecology
Water Quality Program - SWRO
PO Box 47775
Olympia, WA 98504-7775
360-407-6300**

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

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

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

**Washington Department of Ecology
Water Quality Program - CRO
1250 W ALDER ST
UNION GAP WA 98903-0009
509-575-2490**

**Washington Department of Ecology
Water Quality Program - NWRO
ATTN: Chris Smith
3190 - 160th Ave. SE
Bellevue, WA 98008-5452
425-649-7000**



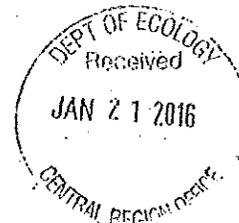
JUN 21 2016

WATER QUALITY PROGRAM
DEPARTMENT OF
ECOLOGY
State of Washington

2015 YEARLY FACILITY REPORT (YFR)

Quarterly Monitoring Results

For the Fresh Fruit Packing General Permit



- Please type or write in pen (preferably blue or black ink)
- Complete any blanks on this cover sheet (i.e. phone number, email address, laboratory name)
- If a question does not apply to your facility write "N/A" or "not applicable"

FACILITY INFORMATION	
Please review the following information, correct any errors, and fill in any missing information	
COMPANY NAME	WACHSMITH FRUIT
FACILITY NAME	N/A
PERMIT NUMBER	WAG 43-5203
MAILING ADDRESS	1964 OLD NACHES HWY - YAKIMA, WA 98908
FACILITY ADDRESS	1964 OLD NACHES HWY - YAKIMA, WA
FACILITY CONTACT	PHILIP WACHSMITH
PHONE NUMBER	509-952-7020
EMAIL ADDRESS	wachsmiths@aol.com
LABORATORY	Valley Environmental

CERTIFICATION	
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 knowing violations.	
NAME (PRINTED) Philip M Wachsmith	TITLE MANAGER
SIGNATURE 	DATE SIGNED 1/18/2016

This document must be signed by either a responsible corporate officer of at least the level of vice president of a corporation, a general partner of a partnership, the proprietor of a sole proprietorship, or by a duly authorized representative of any those mentioned.

NOTE: MONITORING RESULTS OF PROCESS WASTEWATER DISCHARGES TO SURFACE WATERS SHOULD HAVE ALREADY BEEN SUBMITTED ON MONTHLY DISCHARGE MONITORING REPORTS (DMRS). THESE TEST RESULTS DO NOT NEED TO BE RESUBMITTED.

NOTE: KEEP A COPY OF THIS ENTIRE REPORT FOR YOUR RECORDS

NOTE: ANY BOXES LEFT BLANK ARE ASSUMED TO BE REQUIRED TESTS WHICH WERE NOT DONE AND WILL COUNT AS VIOLATIONS.

