

DEPARTMENT OF ECOLOGY

MAR 14 2017

<b>Application Id:</b> 14351	<b>WATER QUALITY PROGRAM</b>	<b>Certification Received:</b> <i>(Ecology use)</i>
<b>Facility/Site Name:</b> WA DOT US 195/Colfax to Spangle/add PL1		<b>Permit Number:</b> <i>(Ecology use)</i>
<b>Facility Address:</b> Location Description Supplied		<b>Facility County:</b> Whitman
<b>Permittee Name:</b> Mark Allen		<b>Permittee Title:</b> Project Engineer
<b>Permittee Email:</b> AllenMV@wsdot.wa.gov		<b>Permittee Phone:</b> 509-324-6232
<b>Permittee Address:</b> 2714 N Mayfair St Spokane, WA 99207		<b>Company Name:</b> WSDOT Eastern Region

**Certification of Permittee**

"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 directly responsible for gathering the 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."

Tammie Williams, WSDOT

Environmental Manager

Printed Name / Company

Title

TAMMIE

3/10/2017

Signature of Permittee \*

Date

- A. For a corporation: By a responsible corporate officer.
- B. For a partnership or sole proprietorship: By a general partner or the proprietor, respectively.
- C. For a municipality, state, federal, or other public facility: By either a principal executive officer or ranking elected official.

Please print, sign and mail this form to the following address:

Department of Ecology  
ATTN: Water Quality Program, Construction Stormwater P.O. Box 47696  
Olympia, WA 98504-7696

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