

# 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](http://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: Brightwater Treatment Plant  
Site Location Address: 22505 SR 9 SE  
City/State/Zip: Woodinville WA, 98072  
Permit Number: ST0045498

## 2. Electronic Signer Contact Information

Role:  Facility Signer  Facility Coordinator

Signature Account User Name: \_\_\_\_\_  
Full Name: Matthew Nolan  
Work Mailing Address: 22505 SR 9 SE  
City/State/Zip: Woodinville WA, 98072  
Work Phone No. (Ext): (206) 263-9483  
Work Email Address: matthew.nolan@kingcounty.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. 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

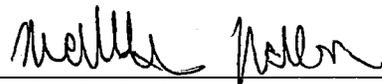
<p>I agree that I will:</p> <ul style="list-style-type: none"> <li>Protect my Electronic Signature account, which includes my answers to the verification questions and my password;</li> <li>Review the content and meaning of my submitted Annual Reports and Notifications;</li> <li>Within 24 hours of discovery, report to Ecology if: <ul style="list-style-type: none"> <li>My Electronic Signature account is lost, stolen or used by someone else;</li> <li>There is any difference between the information I submitted and the information displayed in WebDMR;</li> <li>My role as a signer for this organization changes.</li> </ul> </li> </ul> <p>Agree: <u>MN </u> (initial here)</p>	<p>I agree that I will not:</p> <ul style="list-style-type: none"> <li>Let anyone else use my Electronic Signature account.</li> </ul> <p>Agree: <u>MN </u> (initial here)</p>
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I, Matthew Nolan (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  
Matthew Nolan  
Name (print or type)

10/26/2017  
Date  
Assistant Manager  
Title

8. Signature of Permittee (Responsible Official)

This form cannot be processed without a handwritten signature.

I, ROBERT WADDLE (insert name of permittee or responsible official) acknowledge that the individual named above works at/for Brightwater Treatment Plant (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  
Robert Waddle  
Name (print or type)

10/26/2017  
Date  
Division Operations 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.

## RECLAIMED WATER PLANT MONITORING REPORT

**Permit No.** ST0045498      **Discharge No.** 001      **Month/Year:** September, 2017  
**Facility Name** King County Brightwater RW Treatment Plant      **Location:** 22505 SR 9 SE, Woodinville, WA 98072-6010  
**Receiving Water** Irrigation & Commercial & Industrial Use Sites  
**Plant Type** Class A Reclaimed Water      **NO OFF-SITE RECLAMATION OR REUSE**

MEB or IPS							DISINFECTION BLDG.						York PS
Frequency	CONT	CONT	WEEKLY	WEEKLY	WEEKLY	Indicate Sample Location (either MEB or IPS)	DAILY	DAILY	DAILY	CONT	CONT	CONT	CONT
Type	RECORD	RECORD	24HC	24HC	24HC		RECORD	GRAB	CALC	RECORD	RECORD	RECORD	RECORD
Sample	MIN pH	MAX pH	NH3	NO2 + NO3	TP		Dist. Flow	TC	TC	MIN pH	MAX pH	Cl2 for Disinfect	Cl2 for Dist. @ YPS
Day of the Month	S.U.	S.U.	mg/L	mg/L	mg/L		GPD - Disinfection Bldg	# / 100 mL @ Disinfection Bldg.	7 - DAY MEDIAN @ Disinfection Bldg.	ST UNITS @ Disinf. Bldg	ST UNITS @ Disinfect. Bldg.	mg/L - MIN @ Disinfect. Bldg.	mg/L - MIN
01	6.5	6.8				MEB	3,265	0.0	0.0	7.0	7.2	1.3	1.8
02	6.5	6.8				MEB	1,693	0.0	0.0	7.0	7.2	3.7	1.0
03	6.6	6.9				MEB	2,286	0.0	0.0	7.1	7.3	1.6	0.9
04	6.6	6.9				MEB	4,231	0.0	0.0	7.0	7.3	1.2	1.1
05	6.6	6.8	<0.1	47.7	5.5	MEB	4,147	0.0	0.0	7.0	7.2	2.8	0.9
06	6.6	7.7		35.7		MEB	2,652	0.0	0.0	7.0	7.2	1.2	0.6
07	6.6	6.8	<0.1	41.0	5.5	MEB	2,999	0.0	0.0	7.0	7.1	2.1	0.6
08	6.6	6.7				MEB	3,059	0.0	0.0	7.0	7.1	2.2	0.7
09	6.6	6.8				MEB	2,393	0.0	0.0	7.0	7.2	4.3	0.7
10	6.5	6.8	<0.1	45.7	6.3	MEB	2,074	0.0	0.0	7.0	7.1	1.3	0.5
11	6.6	6.9				MEB	3,297	0.0	0.0	7.0	7.2	3.0	0.5
12	6.7	7.5	<0.1	39.9	6.2	MEB	2,659	0.0	0.0	7.0	7.1	1.1	0.5
13	6.6	6.8		42.9		MEB	1,490	0.0	0.0	6.9	7.0	3.5	1.2
14	6.5	6.7	0.2	48.5	6.4	MEB	2,528	0.0	0.0	6.8	7.1	3.8	1.4
15	6.5	6.8				MEB	2,551	0.0	0.0	6.9	7.1	3.0	1.0
16	6.5	6.9				MEB	1,582	0.0	0.0	6.9	7.3	4.7	0.9
17	6.5	6.9	<0.1	42.3	4.6	MEB	2,196	0.0	0.0	6.9	7.3	1.3	1.2
18	6.7	7.1				MEB	2,460	0.0	0.0	7.0	7.3	1.2	1.0
19	6.6	6.9	<0.1	37.4	5.2	MEB	1,489	0.0	0.0	6.9	7.3	2.0	1.7
20	6.6	6.9		45.1		MEB	928	0.0	0.0	7.0	7.2	1.1	0.8
21	6.7	7.5	<0.1	32.0	6.4	MEB							0.8
22	6.7	7.1				MEB	570	0.0	0.0	7.1	7.5	5.0	0.9
23	6.6	6.9				MEB	1,740	0.0	0.0	7.0	7.3	4.5	1.1
24	6.5	6.9	<0.1	46.3	6.3	MEB	70	0.0	0.0	6.9	7.3	5.0	1.1
25	6.5	6.8				MEB	1,276	0.0	0.0	6.9	7.2	1.3	1.4
26	6.6	6.8	<0.1	36.9	5.4	MEB	1,521	0.0	0.0	7.0	7.2	1.2	0.6
27	6.6	6.8		40.7		MEB	1,578	0.0	0.0	7.0	7.2	5.0	0.8
28	6.7	6.9	<0.1	40.6	6.7	MEB	1,626	0.0	0.0	7.1	7.3	1.4	0.8
29	6.6	6.9				MEB	1,231	0.0	0.0	7.0	7.3	1.3	1.1
30	6.6	6.8				MEB	1,240	0.0	0.0	7.1	7.3	1.2	
<b>Total</b>	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	MIN	*****	AVG	AVG	AVG	*****	AVG	*****	*****	*****	*****	MIN	MIN
	6.5	*****	<0.1	41.5	5.9	*****	2098	*****	*****	*****	*****	1.1	0.50
<b>Limit</b>	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	1.0	0.50
	*****	MAX	MAX	MAX	MAX	*****	MAX	MAX	MDN7	MIN	MAX	*****	*****
	*****	7.7	0.2	48.5	6.7	*****	4,231	0.0	0.0	6.8	7.5	*****	*****
<b>Limit</b>	*****	*****	*****	*****	*****	*****	*****	23.0	2.2	6.0	9.0	*****	*****
<b>EXCEEDANCES</b>								0	0	0	0	0	0

**Explanations:**

9/21/2017	RW BOD result rejected due to failure to meet QA/QC requirements

A description of all excursions and violations that occurred during the month is to be provided with the monthly DMR submittal.

## RECLAIMED WATER PLANT MONITORING REPORT

Permit No. <b>ST0045498</b>	Discharge No. <b>001</b>	Month/Year: <b>September, 2017</b>
Facility Name <b>King County Brightwater RW Treatment Plant</b>	Location: <b>22505 SR 9 SE, Woodinville, WA 98072-6010</b>	
Receiving Water <b>Irrigation &amp; Commercial &amp; Industrial Use Sites</b>		
Plant Type <b>Class A Reclaimed Water</b>	NO OFF-SITE RECLAMATION OR REUSE <input type="checkbox"/>	

Frequency	Membrane Effluent Box (MEB)					DAILY	CONT	CONT	DAILY	DAILY	CONT
	2/WEEK	2/WEEK	CONT	CONT	CONT						
Type	24HC	24HC	RECORD	RECORD	RECORD	RECORD	RECORD	RECORD	GRAB	CALC	RECORD
Sample	BOD 5	TSS	TURB	TURB	DO	Dist. Flow	TURB	TURB	TC	TC	Cl2 for Disinfect
Day of the Month	mg/L - @ MEB	mg/L - @ MEB	AVG NTU - @ MEB	MAX NTU - @ MEB	MG/L @ MEB	MGD - @ YORK PS	AVG NTU - @ IPS	MAX NTU - @ IPS	# / 100 mL @ IPS	7 - DAY MEDIAN @ IPS	mg/L - MIN @ IPS
01	2.6	<2.0	0.08	0.15	4.02	0.1300	0.05	0.07	0.0	0.0	1.0
02	3.0	3.0	0.08	0.20	3.44	0.6200	0.05	0.07	0.0	0.0	1.0
03	3.2	2.3	0.07	0.09	3.83	0.5730	0.05	0.10	0.0	0.0	1.5
04	3.2	3.0	0.06	0.10	3.48	0.9840	0.05	0.09	0.0	0.0	1.2
05	2.8	<2.0	0.06	0.07	3.66	0.7950	0.06	0.16	0.0	0.0	1.0
06	2.8	<2.0	0.05	0.11	3.61	0.6430	0.13	0.23	0.0	0.0	1.0
07	1.8	<2.0	0.05	0.10	3.28	0.7030	0.07	0.24	0.0	0.0	1.0
08	2.0	2.3	0.06	0.16	3.54	0.7730	0.05	0.06	0.0	0.0	1.0
09	1.7	<2.0	0.06	0.09	3.49	0.4300	0.08	0.23	0.0	0.0	1.0
10	1.6	2.3	0.06	0.08	3.42	0.4870	0.07	0.25	0.0	0.0	1.0
11	1.3	<2.0	0.06	0.13	3.52	0.6820	0.08	0.29	0.0	0.0	1.0
12	1.2	2.0	0.06	0.08	3.38	0.8620	0.05	0.17	0.0	0.0	1.0
13	1.2	<2.0	0.08	0.08	3.21	1.0570	0.04	0.07	0.0	0.0	1.2
14	1.1	<2.0	0.07	0.12	1.97	0.9610	0.14	0.20	0.0	0.0	1.0
15	1.2	<2.0	0.06	0.10	3.58	0.9090	0.07	0.41	0.0	0.0	1.0
16	2.0	4.7	0.06	0.09	2.69	0.9210	0.05	0.07	0.0	0.0	1.0
17	1.4	3.7	0.06	0.10	2.35	0.7930	0.04	0.07	0.0	0.0	1.0
18	2.1	<2.0	0.06	0.09	3.09	0.5160	0.06	0.16	0.0	0.0	1.7
19	1.2	<2.0	0.06	0.07	2.67	0.7330	0.06	0.11	0.0	0.0	1.0
20	1.2	<2.0	0.06	0.08	3.66	0.7720	0.05	0.08	0.0	0.0	1.2
21	REJ	<2.0	0.07	0.23	2.31	0.3000	0.15	0.45	0.0	0.0	1.2
22	1.8	<2.0	0.08	0.13	2.60	0.7030	0.10	0.26	0.0	0.0	1.2
23	1.6	<2.0	0.08	0.15	2.23	0.4510	0.12	0.40	0.0	0.0	1.3
24	3.6	<2.0	0.08	0.14	2.19	0.6250	0.07	0.15	0.0	0.0	1.2
25	5.6	<2.0	0.08	0.11	2.34	0.7450	0.06	0.14	0.0	0.0	1.4
26	6.0	<2.0	0.08	0.09	2.99	0.6220	0.10	0.38	0.0	0.0	1.1
27	6.4	<2.0	0.09	0.18	4.02	0.7060	0.05	0.09	0.0	0.0	1.1
28	7.6	<2.0	0.09	0.11	3.99	0.2470	0.04	0.08	0.0	0.0	1.6
29	7.5	<2.0	0.09	0.13	3.62	0.0160	0.05	0.14	0.0	0.0	1.0
30	5.9	<2.0	0.09	0.10	3.32						
<b>Total</b>	****	****	****	****	****	****	****	****	****	****	****
	AVG	AVG	AVG	****	MIN	AVG	AVG	****	****	****	MIN
	2.8	<2.2	0.07	****	1.97	0.647	0.07	****	****	****	1.00
<b>Limit</b>	30	30	****	****	****	****	0.20	****	****	****	1.00
	AVW	AVW	****	MAX	****	MAX	****	MAX	MAX	MDN7	****
	6.1	2.4	****	0.23	****	1.057	****	0.45	0.0	0.0	****
<b>Limit</b>	45	45	****	0.50	****	****	****	0.50	23.0	2.2	****
<b>EXCEEDANCES</b>	0	0		0				0	0	0	

AVG=Average AVW=Highest Weekly Average GEM=Geometric Mean MAX=Maximum MIN=Minimum MXD=Max Daily MDN7=7-Day Median E=Estimated nm = Not Measured  
 REJ=Rejected ns=No Sample

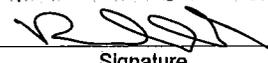
COMMENT AND EXPLANATION OF ANY VIOLATIONS MUST BE ATTACHED ON A SEPARATE SHEET.

Mail to: Department of Ecology, Northwest Regional Office, Water Quality, 3190 160th Ave SE Bellevue, WA 98008

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 persons 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.

Robert Waddle, Operation Manager

Name and Title (Typed or Printed)



Signature

(206) 263-9481

Phone Number