

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: Blaw Oyster Co. Inc.
Site Location Address: 11321 Blue Heron Rd
City/State/Zip: Bow, Wa. 98232
Permit Number: WA0029262

2. Electronic Signer Contact Information

Role: ☐ Facility Signer ☐ Facility Coordinator

Signature Account User Name: Steven Blaw
Full Name: Steven Blaw
Work Mailing Address: 11321 Blue Heron Rd. 1
City/State/Zip: Bow Wa. 98232
Work Phone No. (Ext): 360-746-6171
Work Email Address: blawoystercorp@gmail.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 (*included*)
- 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.

RECEIVED
JUN 23 2017
DEPARTMENT OF ECOLOGY

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>SB</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>SD</u> (initial here)</p>
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- I, Steven Blaw Steven Blaw (print Electronic Signer's name), understand that:
- My electronic signature is legally the same as my handwritten signature for the purpose of compliance with the relevant environmental regulations;
 - A failure to timely notify Ecology of a possible misuse of my Electronic Signature account may result in my liability for the information submitted;
 - There are significant penalties for submitting false information, including possible fines and imprisonment, related to the federal Department of Justice and federal environmental program;
 - 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>Steven Blaw</u> Electronic Signer's Signature	<u>6/21/17</u> Date
<u>Steven Blaw</u> Name (print or type)	<u>Officer</u> Title

8. Signature of Permittee (Responsible Official)

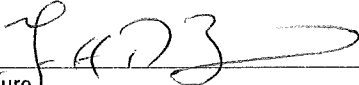
This form cannot be processed without a handwritten signature.

I, Garrett Di Biase (insert name of permittee or responsible official) acknowledge that the individual named above works at/for BLAU OYSTER CO (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.

<u>[Signature]</u> Signature	<u>6-21-17</u> Date
<u>Garrett Di Biase</u> Name (print or type)	<u>Manager</u> 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.
<p>I, <u>Garrett Di Biase</u> (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.</p>	
<p>Signature <u></u></p>	<p>Date <u>6-21-17</u></p>
<p>Name (print or type) <u>Garrett Di Biase</u></p>	<p>Title <u>Manager</u></p>
<p><small>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.</small></p>	

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

Stormwater Permit Facilities – Industrial and Construction Stormwater

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

Major Industrial Unit

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

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

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
N. 4601 Monroe
Spokane, WA 99205-1295
509-329-3400

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

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

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



Small Business and/or Extreme Hardship Permit Fee Reduction Application

This application covers FY2018 (July 1, 2017 - June 30, 2018) for calendar year 2016.

Company: BLAU OYSTER CO INC	
Contact Name and Address:	Permit No: WA0029262
ACCOUNTS PAYABLE	Phone No: (360) 766-6171
11321 BLUE HERON RD-SAMISH ISL	Alt Phone No: .
	Email Address:
BOW, WA 98232	

1. Type of fee reduction you are requesting.

- ☒ Small Business
☐ Extreme Hardship

2. Type of ownership.

- ☒ Corporation
☐ Limited Liability Company
☐ Partnership
☐ Sole Proprietorship
☐ Nonprofit Organization No: _____
☐ Other: _____

3. Is your business owned and operated independently from all other businesses (not a subsidiary of a parent company)? To qualify for fee reduction, business must be operated independently and have its own UBI number.

☒ Yes ☐ No

4. What was your gross revenue from the total sales of the goods and services produced using the processes regulated by the wastewater discharge permit in calendar year 2016?

Sales: \$ 260,400

Attach documentation of the amount of gross revenue from the total sales of the goods and services produced using the processes regulated by the wastewater discharge permit in calendar year 2016.

WA 0029262

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Site/Facility Name: Blaw Oyster Co. Inc. MAY 15 2017
 Site Location Address: 11321 Blue Heron Rd
 City/State/Zip: Bow Wa. 98232 WATER QUALITY PROGRAM
 Permit Number: WA0029262

2. Electronic Signer Contact Information

Role: ☒ Facility Signer ☒ Facility Coordinator
 Signature Account User Name: Steven Blaw
 Full Name: Steven James Blaw
 Work Mailing Address: 11321 Blue Heron Rd.
 City/State/Zip: Bow Wa. 98232
 Work Phone No. (Ext): 360-766-6171
 Work Email Address: blawoysterco@gmail.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
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I, Steven Blau (print Electronic Signer's name), understand that:

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<u>Steven Blau</u> Electronic Signer's Signature	<u>5/10/17</u> Date
<u>Steven Blau</u> Name (print or type)	<u>Officer</u> Title

8. Signature of Permittee (Responsible Official)

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I, Steven Blau (insert name of permittee or responsible official) acknowledge that the individual named above works at/for Blau Oyster Co. Inc. (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.

<u>Steven Blau</u> Signature	<u>5/10/17</u> Date
<u>Steven Blau</u> Name (print or type)	<u>Officer</u> Title

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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, if the responsible official completes this form, or if the responsible official is not assigning a person to the administrator role.

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Construction Stormwater*

Major Industrial Unit

**Washington Department of Ecology
Water Quality Program Stormwater IT
PO Box 47699
Olympia, WA 98504-7699
360-407-7097**

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

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*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**



Permit Number: WA0029262

Permittee: BLAU OYSTER CO

Facility County: Skagit

Receiving Waterbody: Samish Bay

Monitoring Period: 01/01/2017 - 01/31/2017

Outfall: 001 - SAMISH BAY

Version: 1

Week	Monitoring Point	Flow Gallons/Day (gpd) Monthly Calculated	Fecal Coliform #/100ml Monthly Grab	pH Daily Min Standard Units Monthly Grab	pH (Hydrogen Ion) Daily Max Standard Units Monthly Grab	Biochemical Oxygen Demand (BOD5) Milligrams/L (mg/L) Monthly Grab	Solids (Residue) Total suspended (TSS) Milligrams/L (mg/L) Monthly Grab
		001	001	001	001	001	001
1-Su	1/1/17						
1-M	1/2/17						
1-T	1/3/17						
1-W	1/4/17						
1-Th	1/5/17						
1-F	1/6/17						
1-Sa	1/7/17						
2-Su	1/8/17						
2-M	1/9/17						
2-T	1/10/17						
2-W	1/11/17						
2-Th	1/12/17						
2-F	1/13/17						
2-Sa	1/14/17						
3-Su	1/15/17						
3-M	1/16/17						
3-T	1/17/17						
3-W	1/18/17						
3-Th	1/19/17						
3-F	1/20/17	1229	1.8	7.21	7.21	110	63
3-Sa	1/21/17						
4-Su	1/22/17						
4-M	1/23/17						
4-T	1/24/17						
4-W	1/25/17						
4-Th	1/26/17						
4-F	1/27/17						
4-Sa	1/28/17						
5-Su	1/29/17						
5-M	1/30/17						
5-T	1/31/17						
Minimum				7.21			
				>= 6.0			
Average		1229					
		Report Only					
Maximum			1.8		7.21	110	63
			Report Only		<= 9.0	Report Only	Report Only



Washington State Department of Ecology Discharge Monitoring Report (DMR)

Page: 2 of 2

Permit Number: WA0029262

Permittee: BLAU OYSTER CO

Facility County: Skagit

Receiving Waterbody:

Monitoring Period: 01/01/2017 - 01/31/2017

Outfall: 002

Version: 1

Week	Monitoring Point	Flow Gallons/Day (gpd) Monthly Calculated	Fecal Coliform #/100ml Monthly Grab	pH Daily Min Standard Units Monthly Grab	pH (Hydrogen Ion) Daily Max Standard Units Monthly Grab	Biochemical Oxygen Demand (BOD5) Milligrams/L (mg/L) Monthly Grab	Solids (Residue) Total suspended (TSS) Milligrams/L (mg/L) Monthly Grab
1-Su	1/1/17						
1-M	1/2/17						
1-T	1/3/17						
1-W	1/4/17						
1-Th	1/5/17						
1-F	1/6/17						
1-Sa	1/7/17						
2-Su	1/8/17						
2-M	1/9/17						
2-T	1/10/17						
2-W	1/11/17						
2-Th	1/12/17						
2-F	1/13/17						
2-Sa	1/14/17						
3-Su	1/15/17						
3-M	1/16/17						
3-T	1/17/17						
3-W	1/18/17						
3-Th	1/19/17						
3-F	1/20/17	1229	1.8	7.45	7.45	31	99
3-Sa	1/21/17						
4-Su	1/22/17						
4-M	1/23/17						
4-T	1/24/17						
4-W	1/25/17						
4-Th	1/26/17						
4-F	1/27/17						
4-Sa	1/28/17						
5-Su	1/29/17						
5-M	1/30/17						
5-T	1/31/17						
Minimum				7.45			
				>= 6.0			
Average		1229					
		Report Only					
Maximum			1.8		7.45	31	99
			Report Only		<= 9.0	Report Only	Report Only

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 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.

Jediah Schimke

2/25/2017 12:43:03 PM

Signature

Date