



Water Quality Program

Permit Submittal Electronic Certification

Permittee: SPOKANE COUNTY REGIONAL WATER RECLAMATION FACILITY (SCRWRF)

Permit Number: WA0093317

Site Address: 1004 N FREYA ST
Spokane, WA 99202

Submittal Name: Compliance Testing for Chronic Toxicity

Version: 1

Due Date:

Comments: 4th Quarter Test Results for Chronic Toxicity

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.

Valerie Garcia

11/1/2018 1:20:22 PM

Signature

Date