

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: Monson Bulk Crush
Site Location Address: 63615 East Jacobs Rd
City/State/Zip: Benton City, WA 99320
Permit Number: ST0009266

2. Electronic Signer Contact Information

Role: ☐ Facility Signer ☒ Facility Coordinator

Signature Account User Name: _____
Full Name: Robert Gates
Work Mailing Address: 63615 East Jacobs Rd
City/State/Zip: Benton City, WA 99320
Work Phone No. (Ext): 509-627-6249
Work Email Address: bobg@gooseridge.com

RECEIVED**OCT 29 2018**Dept of Ecology
Central Regional Office

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.

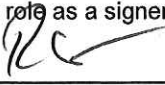

☒ Discharge Monitoring Reports/Submittals ☐ Notice of Intent (Permit Applications) ☐ Certificate of No Exposure

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: <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. Agree: <u></u> (initial here) | I agree that I will not: <ul style="list-style-type: none">• Let anyone else use my Electronic Signature account. Agree: <u></u> (initial here) |
|--|---|

I, Robert Gates (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

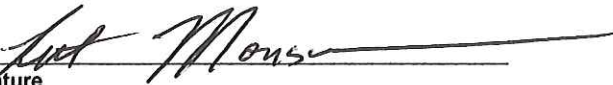
This form cannot be processed without a handwritten signature.

| | |
|--|----------------------------|
|  Electronic Signer's Signature | <u>9/26/2018</u> Date |
| <u>Robert Gates</u> Name (print or type) | <u>Controller</u> Title |

8. Signature of Permittee (Responsible Official)

This form cannot be processed without a handwritten signature.

I, Bill Monson (insert name of permittee or responsible official) acknowledge that the individual named above works at/for Monson Bulk Crush (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 | <u>09/28/2018</u> Date |
| <u>Bill Monson</u> Name (print or type) | <u>Owner</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.

I, Bill Monson (insert name of permittee or responsible official) acknowledge that
Robert Gates (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.


Signature

9/28/2018

Date

Bill Monson

Name (print or type)

Owner

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.

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 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**

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**