

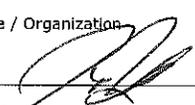
APR 15 2019

WATER QUALITY PROGRAM

Application Id: 22336	Certification Received: <i>(Ecology use)</i>
Facility Name: SPECIFIED FITTINGS INC	Permit Number: WAR011142 <i>(Ecology use)</i>
Facility Address: 164 W SMITH RD BELLINGHAM, WA 98226	Facility County: Whatcom
Permittee Name: Jerry Peterson	Permittee Title: Safety Manager
Permittee Email: JPeterson@specfit.com	Permittee Phone: 3603987700
Permittee Address: 164 W Smith Rd Bellingham, WA 98226-9616	Organization Name: Specified Fittings, LLC

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."

<u>JERRY PETERSON SPECIFIED FITTINGS, LLC</u>	<u>SAFETY MANAGER</u>
Printed Name / Organization	Title
	<u>04/11/2019</u>
Signature of Permittee *	Date

- * Federal regulations require this application is signed by one of the following:
- 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:

Washington Department of Ecology - Stormwater
P.O. Box 47696
Olympia, WA 98504-7696