

APR 15 2019

WATER QUALITY PROGRAM

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

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**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</u>	<u>SAFETY MANAGER</u>
Printed Name / Organization <u>FITTINGS, LLC</u>	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