

JUL 02 2019

Application Id: 23893**Certification Received:**
(Ecology use)**WATER QUALITY PROGRAM****Facility Name:** LTI INC**Permit Number:** WAR000072
(Ecology use)**Facility Address:** 8631 DEPOT RD
LYNDEN, WA 98264**Facility County:** Whatcom**Permittee Name:** Anthony Knapp**Permittee Title:** Director of HSSE and Compliance**Permittee Email:** aknapp@lynden.com**Permittee Phone:** 9073179152**Permittee Address:** 8631 Depot Rd
Lynden, WA 98264-9301**Organization Name:** LTI, Inc**Certification of Permittee**

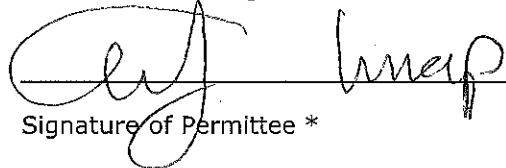
"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage 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."

Anthony Knapp, LTI Inc.

Printed Name / Organization

Dir HSSE & Compliance

Title



Signature of Permittee *

26 Jun 19

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