

AUG 31 2018

<b>Application Id:</b> 1350	<b>Exemption Received:</b> (Ecology use) <b>WATER QUALITY PROGRAM</b>
<b>Facility Name:</b> Analog Devices	<b>CNE Number:</b> CNE126425 (Ecology use)
<b>Facility Address:</b> 4200 NW PACIFIC RIM BLVD Camas, WA 98607-8801	<b>Facility County:</b> Clark
<b>Legal Responsible Party Name:</b> Mike Gillespie	<b>Legal Responsible Party Title:</b> General Manager
<b>Legal Responsible Party Email:</b> Mike.Gillespie@analog.com	<b>Legal Responsible Party Phone:</b> 3608341900
<b>Legal Responsible Party Address:</b> 4200 NW Pacific Rim Blvd Camas, WA 98607-8801	<b>Company Name:</b> Analog Devices

**Certification of Permittee**

"I certify under penalty of law that I have read and understand the eligibility requirements for claiming a condition of "no exposure" and obtaining an exclusion from the industrial stormwater general permit.

I certify under penalty of law that there are no discharges of stormwater contaminated by exposure to industrial activities or materials from the industrial facility identified in this document/application [except as allowed under 40 CFR §122.26 (g)(2)].

I understand that I am obligated to submit a conditional no exposure exemption form once every five years to the Washington State Department of Ecology (Ecology) and, if requested, to the operator of the local municipal separate storm sewer system (MS4) into which the facility discharges (where applicable). I understand that I must allow Ecology (or MS4 operator where the discharge is into the local MS4) to perform inspections to confirm the condition of no exposure and to make such inspection reports publicly available upon request. I understand that I must obtain coverage under the industrial stormwater general permit prior to any changes at the facility that will result in exposure of stormwater to industrial activities.

I certify under penalty of law that this document/application and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based upon my inquiry of the person or persons who manage the system, or those persons directly involved in gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

MIKE GILLESPIE / ANALOG DEVICES INC.

GENERAL MANAGER

Printed Name / Company

Title



8/29/18

Signature of Legal Responsible Party

Date

Please print, sign and mail this form to the following address:

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

Rita, can you overnight this to the address here to be received on 8/31/18? Thank You!