

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: Novanta Synrad
Site Location Address: 4600 Campus Place
City/State/Zip: Mukilteo, WA 98275
Permit Number: ST0007436

RECEIVED
OCT 22 2019
DEPARTMENT OF ECOLOGY

2. Electronic Signer Contact Information

Role: Facility Signer Facility Coordinator
Signature Account User Name: gary.tosaya
Full Name: Gary Tosaya
Work Mailing Address: 4600 Campus Place
City/State/Zip: Mukilteo, WA 98275
Work Phone No. (Ext): 425-609-5022 or 425-349-3500 x5022
Work Email Address: gary.tosaya@synrad.com

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).

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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.

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

Gary Tosaya
 Electronic Signer's Signature
Gary Tosaya
 Name (print or type)

10/03/19
 Date
Manufacturing Engineer
 Title

8. Signature of Permittee (Responsible Official)

This form cannot be processed without a handwritten signature.

I, Fredrik Haggett (insert name of permittee or responsible official) acknowledge that the individual named above works at/for Novanta Synrad (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]
 Signature
Fredrik Haggett
 Name (print or type)

10/4/19
 Date
Plant Manager
 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, <u>Glenn Gardner</u> (insert name of permittee or responsible official) acknowledge that <u>Fredrik Haggett</u> (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.	
	<u>10/4/2019</u>
Signature <u>Glenn Gardner</u>	Date <u>President & General Manager</u>
Name (print or type)	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**

Permittee Name/Address

Include Name/Location (if different)

NAME **NOVANTA SYNRAD** 5744
 ADDRESS **4600 - CAMPUS PLACE**
MUKILTEO, WA 98275
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 DISCHARGE MONITORING REPORT (DMR)

ST-0007436 001
 PERMIT NUMBER DISCHARGE NUMBER
 MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
2019 08 01 TO 2019 08 31

NOTE: Read instructions
 before completing this form.

Discharge Location
 Lat 47° 52' 27" N
 Long 122° 20' 10" W
NO DISCHARGE

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			No. of Exceedances	Frequency of Analysis	Sample Type
	Average	Maximum	Units	Minimum	Average	Maximum			
FLOW	*****	165	gpd	*****	*****	***	0	01/30	Measured
PERMIT REQUIREMENT	*****	1000		*****	*****			01/30	METER
pH	*****	*****	***	6	*****	STD.	0	CONT	Cont.
PERMIT REQUIREMENT	*****	*****		5.5	*****	UNITS		01/30	GRAB**
LEAD (T) *	*****	*****	***	*****	*****	mg/L	0	01/30	Grab
PERMIT REQUIREMENT	*****	*****		*****	*****			01/30	GRAB
COPPER (T) *	*****	*****	***	*****	*****	mg/L	0	01/30	Grab
PERMIT REQUIREMENT	*****	*****		*****	*****			01/30	GRAB
OIL & GREASE	*****	*****	***	*****	*****	mg/L	0	01/30	Grab
PERMIT REQUIREMENT	*****	*****		*****	*****			01/30	GRAB
SAMPLE MEASUREMENT	*****	*****		*****	*****			01/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****			01/30	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Matthijs Galstra President TYPED OR PRINTED	SIGNATURE OF PRINCIPAL  EXECUTIVE OFFICER OR AUTHORIZED AGENT Gary Tosaya Manufacturing Engineer	TELEPHONE (206) 841-9742	DATE 2019 / 10 / 3
		AREA NUMBER CODE (David E. Sloat) (Enviro Consultant)	YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

* = T MEANS TOTAL ** = METER/RECORDER FOR CONTINUOUS DISCHARGE OR GRAB FOR BATCH DISCHARGE.