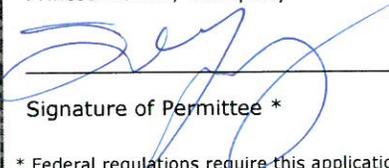


<b>Application Id:</b> 31654	<b>Certification Received:</b> <i>(Ecology use)</i>
<b>Facility/Site Name:</b> Island Grown Farmers CoOp	<b>Permit Number:</b> <i>(Ecology use)</i>
<b>Facility Address:</b> 11719 Westar Ln Burlington, WA 98233	<b>Facility County:</b> Skagit
<b>Permittee Name:</b> Sara Young	<b>Permittee Title:</b>
<b>Permittee Email:</b> saray@portofskagit.com	<b>Permittee Phone:</b> 3607570011
<b>Permittee Address:</b> 15400 Airport Dr Burlington, WA 98233-5311	<b>Company Name:</b> Port of Skagit
<b>Disturbed Acreage:</b> 1.72	

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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."*

<i>Sara Young / Port of Skagit</i>	<i>Director of Facilities</i>
Printed Name / Company	Title
	<i>11/3/2020</i>
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, of at least the level of vice president.  
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:  
Department of Ecology  
ATTN: Water Quality Program, Construction Stormwater P.O. Box 47696  
Olympia, WA 98504-7696