

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: SunOpta Grains and Foods, Inc.
Site Location Address: 1124 5th Ave. E.
City/State/Zip: Omak, WA 98841
Permit Number: ST0009253

2. Electronic Signer Contact Information

Role: ☒ Facility Signer ☒ Facility Coordinator

Signature Account User Name: _____
Full Name: Garrett Questad
Work Mailing Address: 1124 5th Ave. E.
City/State/Zip: Omak, WA 98841
Work Phone No. (Ext): 805 363 0635
Work Email Address: garrett.questad@sunopta.com

RECEIVED
DEC 24 2020
Dept of Ecology
Central Business Center

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).

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.

6. Certification Statement


I agree that I will: <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. Agree: <u>GQ</u> (Initial here)	I agree that I will not: <ul style="list-style-type: none">• Let anyone else use my Electronic Signature account. Agree: <u>GQ</u> (Initial here)
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I, Garrett Questad (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.

 Electronic Signer's Signature	<u>12/17/2020</u> Date
<u>Garrett Questad</u> Name (print or type)	<u>Plant Manager</u> Title

8. Signature of Permittee (Responsible Official)

This form cannot be processed without a handwritten signature.

I, Paul Bruns (insert name of permittee or responsible official) acknowledge that the individual named above works at/for SunOpta Grains and Foods, Inc. (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.

<u>Paul Bruns</u> Signature	<u>12-18-2020</u> Date
<u>Paul Bruns</u> Name (print or type)	<u>V.P. Operations</u> 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, _____ (insert name of permittee or responsible official) acknowledge that _____ (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.

Signature_____
Date_____
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 Unit
PO Box 47696
Olympia, WA 98504-7696
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**



Permit Number: ST0009253

Permittee: Sunopta Healthy Fruit Snacks

Facility County: Okanogan

Receiving Waterbody:

Monitoring Period: 11/01/2020 - 11/30/2020

Outfall: 001 - to Omak POTW

Version: 1

Week	Monitoring Point	Flow Million Gallons/Day Continuous Metered/Recorded	pH Standard Units Weekly Grab	Total 50 D's Total Milligrams/L (mg/L) Weekly Composite - 24 HR Time	Total 50 D's Total Lbs/Day Weekly Calculated	Solids (Residue) Total suspended (TSS) Milligrams/L (mg/L) Weekly Composite - 24 HR Time	Solids (Residue) Total suspended (TSS) Lbs/Day Weekly Calculated
1-Su	11/1/20	0					
1-M	11/2/20	.0370	7.0				
1-T	11/3/20	.0135	7.0				
1-W	11/4/20	.03059	7.11	451.4	115	82.2	21
1-Th	11/5/20	.0277	7.0				
1-F	11/6/20	.085	7.0				
1-Sa	11/7/20	0					
2-Su	11/8/20	0					
2-M	11/9/20	.0013					
2-T	11/10/20	.0136	7.5				
2-W	11/11/20	.0155					
2-Th	11/12/20	.01795	6.98	286.4	42.9	38.2	5.7
2-F	11/13/20	.01897	7.16	212	33.5	32.6	5.2
2-Sa	11/14/20	0					
3-Su	11/15/20	0					
3-M	11/16/20	.0054					
3-T	11/17/20	.0320					
3-W	11/18/20	.0193	7.14	504.8	81.3	94	15.1
3-Th	11/19/20	.0226	7.0				
3-F	11/20/20	.0090	7.5				
3-Sa	11/21/20	0					
4-Su	11/22/20	.0					
4-M	11/23/20	.0					
4-T	11/24/20	.0					
4-W	11/25/20	.0					
4-Th	11/26/20	.0					
4-F	11/27/20	.0					
4-Sa	11/28/20	0					
5-Su	11/29/20	0					
5-M	11/30/20	.0218	7.0				
Minimum			6.98				
			>= 5.0 (RO)				
Average Monthly		0.0161396		363.65	68.175	61.75	11.75
		<= 50000		Report Only	<= 350	Report Only	<= 50
Maximum			7.5				
			<= 11.0 (RO)				

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 persons directly responsible for gathering 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.

Scott Campbell

12/11/2020 8:26:06 AM

Signature

Date

Issuance Date: November 13, 2020
Effective Date: January 1, 2021
Expiration Date: December 31, 2025

State Waste Discharge Permit Number ST0009253


State of Washington
DEPARTMENT OF ECOLOGY
Central Regional Office
1250 West Alder Street
Union Gap, WA 98903

In compliance with the provisions of the
State of Washington Water Pollution Control Law
Chapter 90.48 Revised Code of Washington, as amended,

SunOpta Grains and Foods, Inc. (SunOpta)
1124 East 5th Street
Omak, WA 98841

is authorized to discharge wastewater in accordance with the special and general conditions which follow.

Facility Location: SunOpta Healthy Fruit Snacks 1124 5 th Ave. East Omak, WA 98841	SIC Code: 2034 NAICS Code: 31142
Industry Type: Food Processor POTW Receiving Discharge: City of Omak POTW	Significant Industrial User Categorical Industry: 40 CFR 407 Subpart F- Canned and Preserved Fruit



David B. Bowen
Section Manager
Water Quality Program
Central Regional Office
Washington State Department of Ecology