

**Application Id:** 36518**Certification Received:**  
(Ecology use)**Facility/Site Name:** Lacey Museum and Cultural Center**Permit Number:**  
(Ecology use)**Facility Address:** 5700 Lacey Blvd SE  
Lacey, WA 98503**Facility County:** Thurston**Permittee Name:** Ashley Smith**Permittee Title:** PE, PMP**Permittee Email:** acsmith@ci.lacey.wa.us**Permittee Phone:** 3604134340**Permittee Address:** 420 College St SE  
Lacey, WA 98503-1238**Company Name:** City of Lacey**Disturbed Acreage:** 2.8**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."

Ashley Smith / City of Lacey

Printed Name / Company

Capital projects Engineer

Title

AS

Signature of Permittee \*

9/1/2021

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

DEPARTMENT OF ECOLOGY

SEP 02 2021

WATER QUALITY PROGRAM