

SECTION J. CERTIFICATIONS

1. Approval by Publicly-Owned Treatment Works [required by WAC 173-216-070(4)(b)]

I approve of the discharge as described in this application. The applicant is:

(Please check the appropriate box below.)

- ☐ ☐ ☐ A Significant Industrial User (see Definitions at the end of this Section)
☒ ☐ ☐ A Categorical Industrial User
☐ ☐ ☐ Neither of the above

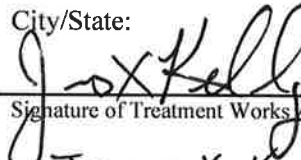
Name and location of sewer system to which this project will be tributary:

Arlington Wastewater Treatment Plant

Treatment Works Owner: City of Arlington

Street: 154 West Cox Street

City/State: Arlington, Washington Zip: 98223

 11-18-2021 PUBLIC WORKS DIRECTOR
Signature of Treatment Works Authority Date Title
JAMES X KELLY
Printed Name

2. Application review by Intermediate Sewer Owner at point of discharge (if applicable)

I hereby acknowledge that I have reviewed the application for discharge to this sewer system.

Name and location of sewer system to which this project will be tributary:

Sewer System Owner: _____

Street: _____

City/State: _____ Zip: _____

Signature of Sewer System Authority Date Title

Printed Name