



Industrial Stormwater General Permit  
Annual Report Form

Permit No. WAR- 012329

Site Name: LUSAMERICA FOODS INC.

Site County: PIERCE

Use this form to submit your annual report to Ecology. This form is not protected. Use your F11 key to maneuver through the fields. Attach corrective action documentation, and/or additional sheets if necessary. All facilities must submit a signed annual report each year on or before May 15<sup>th</sup>. Retain a copy of your submitted report onsite for Ecology review.

**1. Benchmarks Exceeded**

This report is based on samples collected during calendar year 2022.

Did you exceed the benchmark for any parameter during the above noted calendar year (Jan 1<sup>st</sup> – Dec 31<sup>st</sup>)?

**Note:** If you sampled a parameter (other than pH or visible oil sheen) at a discharge point more than once during a quarter, the average of the sample results must be compared to the benchmark.

Yes ☒ - **Complete Sections 2 and 3 and sign and submit the form as described in Section 4.**

No ☐ - **Complete Section 2, skip Section 3, and sign and submit the form as described in Section 4.**

Include any additional comments here: I thought I submitted 4<sup>th</sup> qtr samples. As I was submitting 1<sup>st</sup> results for 2023 I saw that 4<sup>th</sup> qtr was not processed through the portal.

**2. Stormwater Problems Identified At the Facility**

Instructions: Based on the best available information, briefly describe any potential or actual stormwater pollution problem(s) you identified during the previous calendar year (Jan 1<sup>st</sup> – Dec 31<sup>st</sup>).

- Sources of available information may include (but may not be limited to): SWPPP reviews, audits made by consultants or providers of technical assistance, inspection reports or other notification made by federal/state/local authorities, visual observations, and/or your facility's monthly site inspections (self-inspections).
- For each problem identified, provide the date you discovered the problem (estimate if necessary).
- Do not include problems discovered through stormwater sampling. This information is covered in Section 3.

**Date Problem Discovered: NA Describe the Problem:**

**Date Problem Discovered:                      Describe the Problem:**

**Date Problem Discovered:                      Describe the Problem:**



## Validation Report

Facility: Lusamerica Foods Inc - Permit: WAR012329  
Monitoring Period: 4/1/2022 to 6/30/2022

results 5/23/22  
C/A 5/31/22

### Validation Message Type: Warning

Outfall	Monitoring point	Parameter	Units	Sample Date / Statistical Base	Value Entered	Limit/Benchmark	Message
001	001	Turbidity (Nephelometric) Measured	NTU	Average	30.1	BM: <= 25	The reported value exceeded the benchmark. You are required to take action (See Permit Condition S8).
001	001	Copper Total	Micrograms/L (ug/L)	Average	15.6	BM: <= 14	The reported value exceeded the benchmark. You are required to take action (See Permit Condition S8).
001	001	Zinc Total	Micrograms/L (ug/L)	Average	159	BM: <= 117	The reported value exceeded the benchmark. You are required to take action (See Permit Condition S8).
001	001	Solids (Residue) Total suspended (TSS)	Milligrams/L (mg/L)	Average	34.0	BM: <= 30	The reported value exceeded the benchmark. You are required to take action (See Permit Condition S8).

Report Date: 4/5/2023 3:55 PM

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### APPENDIX 3 - SWPPP CERTIFICATION FORM

The Permittee shall use this form to sign and certify that the Stormwater Pollution Prevention Plan (SWPPP) is complete, accurate and in compliance with Conditions S3 and S8 of the Industrial Stormwater General Permit.

- A SWPPP certification form needs to be completed and attached to all SWPPPs.
- Each time a Level 1, 2 or 3 Corrective Action is required, this form needs to be re-signed and re-certified by the Permittee, and attached to the SWPPP.

Is this SWPPP certification in response to a Level 1, 2 or 3 Corrective Action? ☒ Yes ☐ No

If Yes, Type of Corrective Action: ☒ Level 1 ☐ Level 2 ☐ Level 3\*

Date SWPPP update/revision completed: **5-31-22**

Briefly describe SWPPP Update (use back side, if necessary): **Storm water results exceeded bench marks for 2<sup>nd</sup> Qtr. Corrective actions attached.**

**\*Note:** For Level 3 Corrective Actions, a qualified industrial stormwater professional must review the revised SWPPP, and sign and certify below, in accordance with Condition S8.D.2:

*"The Permittee has made appropriate revisions to the SWPPP to include additional Treatment BMPs with the goal of achieving the applicable benchmark value(s) in future discharges. Based on my review of the SWPPP, discharges from the facility are reasonably expected to meet the ISGP benchmarks upon implementation."*

*"I certify under penalty of law that this SWPPP 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 information to determine compliance with the Industrial Stormwater General Permit. Based on my inquiry of the person or persons who are responsible for stormwater management at my facility, this SWPPP is, to the best of my knowledge and belief, true, accurate, and complete, and in full compliance with Permit Conditions S3 and S8, including the correct Best Management Practices from the applicable Stormwater Management Manual. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."*

Flora Hiles  
Operator's Printed Name \*

[Signature]  
Operator's Signature \*

5/31/22  
Title

5/31/22  
Date

\* Federal regulations require this document to be signed in accordance with Condition G2.

### 3. Corrective Actions Planned or Taken

Instructions: Complete this section for each pollutant parameter (e.g., turbidity, copper) that exceeded a benchmark during the previous calendar year (Jan 1<sup>st</sup> – Dec 31<sup>st</sup>). The permit requires you to identify the condition triggering the need for corrective action review. To do this, indicate below which quarters had a sample result that exceeded the benchmark. If more than one sample was taken at a sample location, indicate which quarters had an average sample result that exceeded the benchmark. Note: If you exceeded the benchmark for more than one parameter (e.g., turbidity and zinc), make additional copies of Section 3 and complete one for each parameter.

**Pollutant Parameter:** benchmark was exceeded during the following quarters (check all that apply):

- ☒ 1<sup>st</sup> Quarter (January, February, March)  
☐ 2<sup>nd</sup> Quarter (April, May, June)  
☐ 3<sup>rd</sup> Quarter (July, August, September)  
☐ 4<sup>th</sup> Quarter (October, November, December)

Instructions: For the pollutant parameter above, summarize any Level 1, 2, or 3 corrective actions completed during the previous calendar year and include the dates you completed the corrective actions.

☒ Level 1 corrective action – Turbidity QTR 2

Describe the additional *operational source control* BMPs you implemented (Permit Condition S8.B):

OTHER THAN OUR SCHEDULED QUARTERLY SWEEPS, ADDITIONAL WEEKLY SWEEPS AROUND ALL STORM DRAINS BY SANITATION HAVE BEEN IMPLEMENTED.

Date corrective action was completed: 5/31/22

☐ Level 2 corrective action

Describe the additional *structural source control* BMPs you implemented (Permit Condition S8.C):

Date corrective action was completed:

☐ Level 3 corrective action

Describe the additional *treatment* BMPs you implemented (Permit Condition S8.D):

Date corrective action was completed:

Instructions: For the pollutant parameter listed above, describe the status of any Level 2 or 3 corrective actions triggered during the previous calendar year, but have not yet been completed. Identify the date you expect to complete corrective actions.

☐ Level 2 corrective action

Describe the status of the corrective action:

Date you expect to complete corrective action:

☐ Level 3 Corrective Action

Describe the status of the corrective action:

Date you expect to complete corrective action:

### 3. Corrective Actions Planned or Taken

Instructions: Complete this section for each pollutant parameter (e.g., turbidity, copper) that exceeded a benchmark during the previous calendar year (Jan 1<sup>st</sup> – Dec 31<sup>st</sup>). The permit requires you to identify the condition triggering the need for corrective action review. To do this, indicate below which quarters had a sample result that exceeded the benchmark. If more than one sample was taken at a sample location, indicate which quarters had an average sample result that exceeded the benchmark. Note: If you exceeded the benchmark for more than one parameter (e.g., turbidity and zinc), make additional copies of Section 3 and complete one for each parameter.

**Pollutant Parameter:** benchmark was exceeded during the following quarters (check all that apply):

- ☒ 1<sup>st</sup> Quarter (January, February, March)  
☐ 2<sup>nd</sup> Quarter (April, May, June)  
☐ 3<sup>rd</sup> Quarter (July, August, September)  
☐ 4<sup>th</sup> Quarter (October, November, December)

Instructions: *For the pollutant parameter above*, summarize any Level 1, 2, or 3 corrective actions completed during the previous calendar year and include the dates you completed the corrective actions.

☒ Level 1 corrective action -ZINC QTR 2

Describe the additional *operational source control* BMPs you implemented (Permit Condition S8.B):

OTHER THAN OUR SCHEDULED QUARTERLY SWEEPS, ADDITIONAL WEEKLY SWEEPS AROUND ALL STORM DRAINS AND TRUCK TRAFFIC AREAS BY SANITATION HAVE BEEN IMPLEMENTED

Date corrective action was completed: 5/31/22

☐ Level 2 corrective action

Describe the additional *structural source control* BMPs you implemented (Permit Condition S8.C):

Date corrective action was completed:

☐ Level 3 corrective action

Describe the additional *treatment* BMPs you implemented (Permit Condition S8.D):

Date corrective action was completed:

Instructions: *For the pollutant parameter listed above*, describe the status of any Level 2 or 3 corrective actions triggered during the previous calendar year, but have not yet been completed. Identify the date you expect to complete corrective actions.

☐ Level 2 corrective action

Describe the status of the corrective action:

Date you expect to complete corrective action:

☐ Level 3 Corrective Action

Describe the status of the corrective action:

Date you expect to complete corrective action:

### 3. Corrective Actions Planned or Taken

Instructions: Complete this section for each pollutant parameter (e.g., turbidity, copper) that exceeded a benchmark during the previous calendar year (Jan 1<sup>st</sup> – Dec 31<sup>st</sup>). The permit requires you to identify the condition triggering the need for corrective action review. To do this, indicate below which quarters had a sample result that exceeded the benchmark. If more than one sample was taken at a sample location, indicate which quarters had an average sample result that exceeded the benchmark. Note: If you exceeded the benchmark for more than one parameter (e.g., turbidity and zinc), make additional copies of Section 3 and complete one for each parameter.

**Pollutant Parameter:** benchmark was exceeded during the following quarters (check all that apply):

- ☒ 1<sup>st</sup> Quarter (January, February, March)  
☐ 2<sup>nd</sup> Quarter (April, May, June)  
☐ 3<sup>rd</sup> Quarter (July, August, September)  
☐ 4<sup>th</sup> Quarter (October, November, December)

Instructions: *For the pollutant parameter above, summarize any Level 1, 2, or 3 corrective actions completed during the previous calendar year and include the dates you completed the corrective actions.*

☒ Level 1 corrective action – Copper QTR 2

Describe the additional *operational source control* BMPs you implemented (Permit Condition S8.B):

OTHER THAN OUR SCHEDULED QUARTERLY SWEEPS, ADDITIONAL WEEKLY SWEEPS AROUND ALL STORM DRAINS BY SANITATION HAVE BEEN IMPLEMENTED.

Date corrective action was completed: 5/31/22

☐ Level 2 corrective action

Describe the additional *structural source control* BMPs you implemented (Permit Condition S8.C):

Date corrective action was completed:

☐ Level 3 corrective action

Describe the additional *treatment* BMPs you implemented (Permit Condition S8.D):

Date corrective action was completed:

Instructions: *For the pollutant parameter listed above, describe the status of any Level 2 or 3 corrective actions triggered during the previous calendar year, but have not yet been completed. Identify the date you expect to complete corrective actions.*

☐ Level 2 corrective action

Describe the status of the corrective action:

Date you expect to complete corrective action:

☐ Level 3 Corrective Action

Describe the status of the corrective action:

Date you expect to complete corrective action:

### 3. Corrective Actions Planned or Taken

Instructions: Complete this section for each pollutant parameter (e.g., turbidity, copper) that exceeded a benchmark during the previous calendar year (Jan 1<sup>st</sup> – Dec 31<sup>st</sup>). The permit requires you to identify the condition triggering the need for corrective action review. To do this, indicate below which quarters had a sample result that exceeded the benchmark. If more than one sample was taken at a sample location, indicate which quarters had an average sample result that exceeded the benchmark. Note: If you exceeded the benchmark for more than one parameter (e.g., turbidity and zinc), make additional copies of Section 3 and complete one for each parameter.

**Pollutant Parameter:** \_\_\_\_\_ benchmark was exceeded during the following quarters (check all that apply):

- ☒ 1<sup>st</sup> Quarter (January, February, March)  
☐ 2<sup>nd</sup> Quarter (April, May, June)  
☐ 3<sup>rd</sup> Quarter (July, August, September)  
☐ 4<sup>th</sup> Quarter (October, November, December)

Instructions: *For the pollutant parameter above*, summarize any Level 1, 2, or 3 corrective actions completed during the previous calendar year and include the dates you completed the corrective actions.

☒ Level 1 corrective action -SOLIDS TTS QTR 2

Describe the additional *operational source control* BMPs you implemented (Permit Condition S8.B):

OTHER THAN OUR SCHEDULED QUARTERLY SWEEPS, ADDITIONAL WEEKLY SWEEPS AROUND ALL STORM DRAINS AND TRUCK TRAFFIC AREAS BY SANITATION HAVE BEEN IMPLEMENTED DURING THE DRYER MONTHS

Date corrective action was completed: 5/31/22

☐ Level 2 corrective action

Describe the additional *structural source control* BMPs you implemented (Permit Condition S8.C):

Date corrective action was completed:

☐ Level 3 corrective action

Describe the additional *treatment* BMPs you implemented (Permit Condition S8.D):

Date corrective action was completed:

Instructions: *For the pollutant parameter listed above*, describe the status of any Level 2 or 3 corrective actions triggered during the previous calendar year, but have not yet been completed. Identify the date you expect to complete corrective actions.

☐ Level 2 corrective action

Describe the status of the corrective action:

Date you expect to complete corrective action:

☐ Level 3 Corrective Action

Describe the status of the corrective action:

Date you expect to complete corrective action:

## Validation Report

Facility: Lusamerica Foods Inc - Permit: WAR012329  
Monitoring Period: 10/1/2022 to 12/31/2022

### Validation Message Type: Violation

Outfall	Monitoring Point	Parameter	Units	Sample Date / Statistical Base	Value Entered	Limit / Benchmark	Message
		Overall DMR				Report Only	The DMR will be late. This will create a violation.

### Validation Message Type: Warning

Outfall	Monitoring Point	Parameter	Units	Sample Date / Statistical Base	Value Entered	Limit / Benchmark	Message
001	001	Biochemical Oxygen Demand (BOD5) Total	Milligrams/L (mg/L)	Average	74.6	BM: <= 30	The reported value exceeded the benchmark. You are required to take action (See Permit Condition S8).
001	001	Turbidity (Nephelometric) Measured	NTU	Average	26.4	BM: <= 25	The reported value exceeded the benchmark. You are required to take action (See Permit Condition S8).
001	001	Solids (Residue) Total suspended (TSS)	Milligrams/L (mg/L)	Average	45	BM: <= 30	The reported value exceeded the benchmark. You are required to take action (See Permit Condition S8).

Report Date: 4/5/2023 10:53 AM

*Handwritten notes:*  
11/13/23  
Results



### APPENDIX 3 - SWPPP CERTIFICATION FORM

The Permittee shall use this form to sign and certify that the Stormwater Pollution Prevention Plan (SWPPP) is complete, accurate and in compliance with Conditions S3 and S8 of the Industrial Stormwater General Permit.

- A SWPPP certification form needs to be completed and attached to all SWPPPs.
- Each time a Level 1, 2 or 3 Corrective Action is required, this form needs to be re-signed and re-certified by the Permittee, and attached to the SWPPP.

Is this SWPPP certification in response to a Level 1, 2 or 3 Corrective Action? ☒ Yes ☐ No

If Yes, Type of Corrective Action: ☒ Level 1 ☐ Level 2 ☐ Level 3\*

Date SWPPP update/revision completed: **1-17-23**

Briefly describe SWPPP Update (use back side, if necessary): **Storm water results exceeded bench marks for 4TH Qtr. Corrective actions attached.**

**\*Note:** For Level 3 Corrective Actions, a qualified industrial stormwater professional must review the revised SWPPP, and sign and certify below, in accordance with Condition S8.D.2:

*"The Permittee has made appropriate revisions to the SWPPP to include additional Treatment BMPs with the goal of achieving the applicable benchmark value(s) in future discharges. Based on my review of the SWPPP, discharges from the facility are reasonably expected to meet the ISGP benchmarks upon implementation."*

*"I certify under penalty of law that this SWPPP 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 information to determine compliance with the Industrial Stormwater General Permit. Based on my inquiry of the person or persons who are responsible for stormwater management at my facility, this SWPPP is, to the best of my knowledge and belief, true, accurate, and complete, and in full compliance with Permit Conditions S3 and S8, including the correct Best Management Practices from the applicable Stormwater Management Manual. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."*

Hona Hiles  
Operator's Printed Name \*

1/17/23  
Title

[Signature]  
Operator's Signature \*

1/17/23  
Date

\* Federal regulations require this document to be signed in accordance with Condition G2.

### 3. Corrective Actions Planned or Taken

Instructions: Complete this section for each pollutant parameter (e.g., turbidity, copper) that exceeded a benchmark during the previous calendar year (Jan 1<sup>st</sup> – Dec 31<sup>st</sup>). The permit requires you to identify the condition triggering the need for corrective action review. To do this, indicate below which quarters had a sample result that exceeded the benchmark. If more than one sample was taken at a sample location, indicate which quarters had an average sample result that exceeded the benchmark. Note: If you exceeded the benchmark for more than one parameter (e.g., turbidity and zinc), make additional copies of Section 3 and complete one for each parameter.

**Pollutant Parameter:** benchmark was exceeded during the following quarters (check all that apply):

- ☐ 1<sup>st</sup> Quarter (January, February, March)  
☐ 2<sup>nd</sup> Quarter (April, May, June)  
☐ 3<sup>rd</sup> Quarter (July, August, September)  
☒ 4<sup>th</sup> Quarter (October, November, December)

Instructions: For the pollutant parameter above, summarize any Level 1, 2, or 3 corrective actions completed during the previous calendar year and include the dates you completed the corrective actions.

☒ Level 1 corrective action -BOD'S QTR 2

Describe the additional *operational source control* BMPs you implemented (Permit Condition S8.B):

OTHER THAN OUR SCHEDULED QUARTERLY SWEEPS, ADDITIONAL WEEKLY SWEEPS AROUND ALL STORM DRAINS AND TRUCK TRAFFIC AREAS BY SANITATION HAVE BEEN IMPLEMENTED

Date corrective action was completed: 01/17/23

☐ Level 2 corrective action

Describe the additional *structural source control* BMPs you implemented (Permit Condition S8.C):

Date corrective action was completed:

☐ Level 3 corrective action

Describe the additional *treatment* BMPs you implemented (Permit Condition S8.D):

Date corrective action was completed:

Instructions: For the pollutant parameter listed above, describe the status of any Level 2 or 3 corrective actions triggered during the previous calendar year, but have not yet been completed. Identify the date you expect to complete corrective actions.

☐ Level 2 corrective action

Describe the status of the corrective action:

Date you expect to complete corrective action:

☐ Level 3 Corrective Action

Describe the status of the corrective action:

Date you expect to complete corrective action:

### 3. Corrective Actions Planned or Taken

Instructions: Complete this section for each pollutant parameter (e.g., turbidity, copper) that exceeded a benchmark during the previous calendar year (Jan 1<sup>st</sup> – Dec 31<sup>st</sup>). The permit requires you to identify the condition triggering the need for corrective action review. To do this, indicate below which quarters had a sample result that exceeded the benchmark. If more than one sample was taken at a sample location, indicate which quarters had an average sample result that exceeded the benchmark. Note: If you exceeded the benchmark for more than one parameter (e.g., turbidity and zinc), make additional copies of Section 3 and complete one for each parameter.

**Pollutant Parameter:** benchmark was exceeded during the following quarters (check all that apply):

- ☐ 1<sup>st</sup> Quarter (January, February, March)  
☐ 2<sup>nd</sup> Quarter (April, May, June)  
☐ 3<sup>rd</sup> Quarter (July, August, September)  
☒ 4<sup>th</sup> Quarter (October, November, December)

Instructions: For the pollutant parameter above, summarize any Level 1, 2, or 3 corrective actions completed during the previous calendar year and include the dates you completed the corrective actions.

☒ Level 1 corrective action -TURBIDITY QTR 2

Describe the additional *operational source control* BMPs you implemented (Permit Condition S8.B):

OTHER THAN OUR SCHEDULED QUARTERLY SWEEPS, ADDITIONAL WEEKLY SWEEPS AROUND ALL STORM DRAINS AND TRUCK TRAFFIC AREAS BY SANITATION HAVE BEEN IMPLEMENTED

Date corrective action was completed: 01/17/23

☐ Level 2 corrective action

Describe the additional *structural source control* BMPs you implemented (Permit Condition S8.C):

Date corrective action was completed:

☐ Level 3 corrective action

Describe the additional *treatment* BMPs you implemented (Permit Condition S8.D):

Date corrective action was completed:

Instructions: For the pollutant parameter listed above, describe the status of any Level 2 or 3 corrective actions triggered during the previous calendar year, but have not yet been completed. Identify the date you expect to complete corrective actions.

☐ Level 2 corrective action

Describe the status of the corrective action:

Date you expect to complete corrective action:

☐ Level 3 Corrective Action

Describe the status of the corrective action:

Date you expect to complete corrective action:

### 3. Corrective Actions Planned or Taken

Instructions: Complete this section for each pollutant parameter (e.g., turbidity, copper) that exceeded a benchmark during the previous calendar year (Jan 1<sup>st</sup> – Dec 31<sup>st</sup>). The permit requires you to identify the condition triggering the need for corrective action review. To do this, indicate below which quarters had a sample result that exceeded the benchmark. If more than one sample was taken at a sample location, indicate which quarters had an average sample result that exceeded the benchmark. Note: If you exceeded the benchmark for more than one parameter (e.g., turbidity and zinc), make additional copies of Section 3 and complete one for each parameter.

**Pollutant Parameter:** benchmark was exceeded during the following quarters (check all that apply):

- ☐ 1<sup>st</sup> Quarter (January, February, March)  
☐ 2<sup>nd</sup> Quarter (April, May, June)  
☐ 3<sup>rd</sup> Quarter (July, August, September)  
☒ 4<sup>th</sup> Quarter (October, November, December)

Instructions: *For the pollutant parameter above*, summarize any Level 1, 2, or 3 corrective actions completed during the previous calendar year and include the dates you completed the corrective actions.

☒ Level 1 corrective action -SOLIDS QTR 2

Describe the additional *operational source control* BMPs you implemented (Permit Condition S8.B):

OTHER THAN OUR SCHEDULED QUARTERLY SWEEPS, ADDITIONAL WEEKLY SWEEPS AROUND ALL STORM DRAINS AND TRUCK TRAFFIC AREAS BY SANITATION HAVE BEEN IMPLEMENTED

Date corrective action was completed: 01/17/23

☐ Level 2 corrective action

Describe the additional *structural source control* BMPs you implemented (Permit Condition S8.C):

Date corrective action was completed:

☐ Level 3 corrective action

Describe the additional *treatment* BMPs you implemented (Permit Condition S8.D):

Date corrective action was completed:

Instructions: *For the pollutant parameter listed above*, describe the status of any Level 2 or 3 corrective actions triggered during the previous calendar year, but have not yet been completed. Identify the date you expect to complete corrective actions.

☐ Level 2 corrective action

Describe the status of the corrective action:

Date you expect to complete corrective action:

☐ Level 3 Corrective Action

Describe the status of the corrective action:

Date you expect to complete corrective action:

#### 4. Certification by 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 persons 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."*

**FLORA HILES**

**LUSAMERICA FOODS, INC.**

**4/6/2023**

**Printed Name**

**Company**

**Date**

**Signature\***

**\*Note:** Signature not required if the form is submitted electronically through the Water Quality Permitting Portal

**\*Federal regulations require this report to be signed by the following person, or a duly authorized representative:**

A. In the case of corporations, by a responsible corporate officer.

**Note:** Responsible Corporate Officer is defined on p.59 of ISGP:

<http://www.ecy.wa.gov/programs/wq/stormwater/industrial/ISGPFinal2015.pdf>

B. In the case of a partnership, by a general partner of a partnership.

C. In the case of sole proprietorship, by the proprietor.

D. In the case of a municipality, state, federal, or other public facility: by either a principal executive officer or ranking elected official.

**A person is a duly authorized representative only if:**

1. The authorization is made in writing by a person described above and submitted to Ecology.
2. The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility, such as the position of plant manager, superintendent, position of equivalent responsibility, or an individual or position having overall responsibility for environmental matters.

**Please upload the completed form to the Water Quality Permitting Portal:**

<http://www.ecy.wa.gov/programs/wq/permits/paris/portal.html>. Make sure you retain a copy for your records.

- Click on "Permit Submittals"
- Then, click on "My Permits", and
- Then, click on "Submittals".

If you have any issues or questions, please contact Ecology's IT support staff at [WQWebPortal@ecy.wa.gov](mailto:WQWebPortal@ecy.wa.gov) or call 800-633-6193/Option 3

**If you have questions about this form, contact the following Ecology staff:**

Location	Contact Name	Phone	E-mail
City of Seattle, and Kitsap, Pierce, and Thurston counties	Josh Klimek	360-407-7451	<a href="mailto:josh.klimek@ecy.wa.gov">josh.klimek@ecy.wa.gov</a>
Island, King, and San Juan counties	Clay Keown	360-407-6048	<a href="mailto:clay.keown@ecy.wa.gov">clay.keown@ecy.wa.gov</a>
Adams, Asotin, Columbia, Ferry, Franklin, Garfield, Grant, Lincoln, Pend Oreille, Skagit, Snohomish, Spokane, Stevens, Walla, Whatcom, and Whitman counties.	Shawn Hopkins	360-407-6442	<a href="mailto:shawn.hopkins@ecy.wa.gov">shawn.hopkins@ecy.wa.gov</a>
Benton, Chelan, Clallam, Clark, Cowlitz, Douglas, Grays Harbor, Jefferson, Kittitas, Klickitat, Lewis, Mason, Okanogan, Pacific, Skamania, Wahkiakum, and Yakima counties.	Joyce Smith	360-407-6858	<a href="mailto:joyce.smith@ecy.wa.gov">joyce.smith@ecy.wa.gov</a>

To request materials in a format for the visually impaired, call the Water Quality Program at Ecology, 360-407-6600, Relay Service 711, or TTY 877-833-6341.