

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: Clark College
Site Location Address: 1933 Fort Vancouver Way
City/State/Zip: 98663
Permit Number: WAR45212

2. Electronic Signer Contact Information

Role: ☒ Facility Signer ☐ Facility Coordinator

Signature Account User Name: Chris
Full Name: Chris Samuels
Work Mailing Address: 1933 Fort Vancouver Way
City/State/Zip: 98663
Work Phone No. (Ext): (360) 992-2408
Work Email Address: csamuels@clark.edu

RECEIVED
MAY 01 2023
WA State Department of Ecology (SWRO)

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.

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: Chris Samuels	I agree that I will <i>not</i>: Chris Samuels
<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.	<ul style="list-style-type: none">• Let anyone else use my Electronic Signature account.
Agree: <u>CS</u> (initial here)	Agree: <u>CS</u> (initial here)

I, Chris Samuels (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.

<u>Chris Samuels</u> Electronic Signer's Signature	<u>4/20/2023</u> Date
<u>Chris Samuels</u> Name (print or type)	<u>Director of Facilities</u> Title

8. Signature of Permittee (Responsible Official)

This form cannot be processed without a handwritten signature.

I, Chris Samuels (insert name of permittee or responsible official) acknowledge that the individual named above works at/for Clark College (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>Chris Samuels</u> Signature	<u>4/20/2023</u> Date
<u>Chris Samuels</u> Name (print or type)	<u>Director of Facilities</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.

6. Certification Statement

I agree that I will: Chris Samuels

- 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:
 - 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: CS (initial here)

I agree that I will not: Chris Samuels

- Let anyone else use my Electronic Signature account.

Agree: CS (initial here)

I, Chris Samuels

(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.

Chris Samuels

Electronic Signer's Signature

Chris Samuels

Name (print or type)

4/20/2023

Date

Director of Facilities

Title

8. Signature of Permittee (Responsible Official)

This form cannot be processed without a handwritten signature.

I, Chris Samuels (insert name of permittee or responsible official) acknowledge that the individual named above works at/for Clark College (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.

Chris Samuels

Signature

Chris Samuels

Name (print or type)

4/20/2023

Date

Director of Facilities

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.
<p>I, <u>Chris Samuels</u> (insert name of permittee or responsible official) acknowledge that <u>Clark College</u> (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.</p>	
<p><u>Chris Samuels</u></p> <p>Signature</p>	<p><u>04/20/2023</u></p> <p>Date</p>
<p><u>Chris Samuels</u></p> <p>Name (print or type)</p>	<p><u>Director of Facilities</u></p> <p>Title</p>
<p>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.</p>	

*Due to COVID and limited access to the office, we are accepting scanned Electronic Signature Agreement Forms (ESAF). When it is safe and you are able, please mail the original signed ESAF to Ecology for our official records.

Stormwater Permit Facilities – Industrial and Construction Stormwater

Major Industrial Facilities (NPDES and State Waste Discharge Permits)

Washington Department of Ecology
Water Quality Program Stormwater IT
PO Box 47699
Olympia, WA 98504-7699
360-407-7097
wqwebportal@ecy.wa.gov

Washington Department of Ecology
Solid Waste Management Program
Industrial Section
ATTN: Ewa Kotwicka
PO Box 47600
Olympia, WA 98504-7600
360-407-6945
WQWebDMR-Industrial@ecy.wa.gov

For all other permits, please contact one of the following offices:

Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Mason, Lewis, Pacific, Pierce, Skamania, Thurston, and Wahkiakum counties

Washington Department of Ecology
Water Quality Program - SWRO
PO Box 47775
Olympia, WA 98504-7775
360-407-6300
WQWebDMR-SWRO@ecy.wa.gov

Adams, Asotin, Columbia, Ferry, Franklin, Garfield, Grant, Lincoln, Pend Oreille, Spokane, Stevens, Walla Walla, and Whitman counties

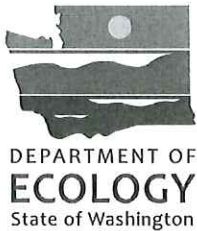
Washington Department of Ecology
Water Quality Program - ERO
4601 N Monroe
Spokane, WA 99205-1295
509-329-3400
WQWebDMR-ERO@ecy.wa.gov

Benton, Chelan, Douglas, Kittitas, Klickitat, Okanogan, and Yakima counties

Washington Department of Ecology
Water Quality Program - CRO
1250 W Alder St
Union Gap, WA 98903-0009
509-575-2490
WQWebDMR-CRO@ecy.wa.gov

Island, King, Kitsap, San Juan, Skagit, Snohomish, and Whatcom counties

Washington Department of Ecology
Water Quality Program - NWRO
ATTN: Chris Smith
PO Box 330316
Shoreline, WA 98133-9716
206-594-0169
WQWebDMR-NWRO@ecy.wa.gov



WATER QUALITY PERMIT FEE PROGRAM
Phase I and II Municipal Stormwater Permit Coverage
for Other Entities - Secondary Information Request Form
For Fiscal Year 2023 (July 1, 2022 – June 30, 2023)
DUE DATE: MARCH 30, 2022

Section 1: General Information

Facility: Clark College	Permit No: WAR-04512
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Section 2: Billing Address Information

Contact: Tim Petta	Phone No: (360) 992-2408 (direct)
Director of Facilities Services	Phone No: (360) 992-2336 (main)
1933 Ft. Vancouver Way	Email: tpetta@clark.edu
Vancouver, WA 98663	

Section 3: Annual Operating Budget Information

Please provide the requested operating budget information related to facility operation and maintenance for the site subject to the permit.
<p><input type="radio"/> Diking, drainage, irrigation and flood control districts: report the operating budget for calendar year 2021.</p> <p><input type="radio"/> Ports: report the operating budget for calendar year 2021.</p> <p><input checked="" type="radio"/> Colleges, schools, universities: report the operating budget for calendar year 2021.</p> <p><input type="radio"/> State agencies: report the operating budget for calendar year 2021.</p> <p><input type="radio"/> Other entities not listed above: report the operating budget for calendar year 2021.</p>
\$ 397,588. (FY 21-22 Grounds budget)

Section 4: Certification of Information

I certify under penalty of law that this document was 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. I am aware there may be significant penalties for submitting false information, including reassessment of fees.

Tim Petta	Director of Facilities Services
Name (printed or type)	Title
Tim Petta <small>Digitally signed by Tim Petta Date: 2022.03.28 15:42:55 -07'00'</small>	
Signature	Date

Documentation supporting budget information provided, **MUST** be attached when submitting this form.

Failure to provide the required information will result in your FY23 permit fee invoice amount being based on the **HIGHEST FEE** subcategory

EMAIL completed form to: wqfeeunit@ecy.wa.gov

Or submit completed form by mail to:

Department of Ecology
Water Quality Program - Permit Fee Unit
PO Box 47600
Olympia, WA 98504-7600

Questions? Please call 800.633.6193 option 2, or email: wqfeeunit@ecy.wa.gov.

REPORTING INSTRUCTIONS

The reported annual operating and maintenance budget (that covers the facilities under the permit) should include at a minimum the following categories: salary related expenses, training/education, general repairs, utilities, supplies and materials, rentals and leases, vendor costs, non-capital equipment, etc.

The reported budget should **NOT** include Capital Improvement Program costs.

To request an ADA accommodation, contact Ecology by phone at 360-407-6831 or email at ecyadacoordinator@ecy.wa.gov, or visit <https://ecology.wa.gov/accessibility>. For Relay Service or TTY, call 711 or 877-833-6341.

Documentation supporting budget information provided, **MUST** be attached when submitting this form.

Failure to provide the required information will result in your FY23 permit fee invoice amount being based on the **HIGHEST FEE** subcategory

EMAIL completed form to: wqfeeunit@ecy.wa.gov

Or submit completed form by mail to:

Department of Ecology
Water Quality Program - Permit Fee Unit
PO Box 47600
Olympia, WA 98504-7600

Questions? Please call 800.633.6193 option 2, or email: wqfeeunit@ecy.wa.gov.

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Washington Department of Ecology

Electronic Submission Cover Letter



WQWebSubmittal - Submittal Submission Id: 1815214 - 3/31/2022 12:02:54 PM

Company Name	Signer Name	System Name
Clark College	Tim Petta	WQWebPortal

Attachments:

Document Name Or Description	Document Name
Submitted Copy of Record for Clark College	Copy of Record ClarkCollege Thursday March 31 2022

Attestation Agreed to at Signing:

I certify I personally signed and submitted to the Department of Ecology an Electronic Signature Agreement. I understand that use of my electronic signature account/password to submit this information is equal to my written signature. I have read and followed all the rules of use in my Electronic Signature Agreement. I believe no one but me has had access to my password and other account information.

I further certify: I had the opportunity to review the content or meaning of the submittal before signing it; and to the best of my knowledge and belief, the information submitted is true, accurate, and complete. I intend to submit this information as part of the implementation, oversight, and enforcement of a federal environmental program. I am aware there are significant penalties for submitting false information, including possible fines and imprisonment.

For Ecology Use Only



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