

DEPARTMENT OF ECOLOGY

MAR 13 2023

WATER QUALITY PROGRAM

Application Id: 2460

Exemption Received:
(Ecology use)

Facility Name: OCEAN BEAUTY SEAFOODS INC

CNE Number: CNE126912
(Ecology use)Facility Address: 14651 172ND DR SE
MONROE, WA 98272-1047

Facility County: Snohomish

Legal Responsible
Party Name: Tony RossLegal Responsible
Party Title: CFOLegal Responsible
Party Email: tony.ross@oceanbeauty.comLegal Responsible
Party Phone: 2062856800Legal Responsible
Party Address: 1100 W Ewing St
Seattle, WA 98119-1321Company Name: Ocean Beauty
Seafoods LLC

Certification of Permittee

"I certify under penalty of law that I have read and understand the eligibility requirements for claiming a condition of "no exposure" and obtaining an exclusion from the industrial stormwater general permit.

I certify under penalty of law that there are no discharges of stormwater contaminated by exposure to industrial activities or materials from the industrial facility identified in this document/application [except as allowed under 40 CFR §122.26 (g)(2)].

I understand that I am obligated to submit a conditional no exposure exemption form once every five years to the Washington State Department of Ecology (Ecology) and, if requested, to the operator of the local municipal separate storm sewer system (MS4) into which the facility discharges (where applicable). I understand that I must allow Ecology (or MS4 operator where the discharge is into the local MS4) to perform inspections to confirm the condition of no exposure and to make such inspection reports publicly available upon request. I understand that I must obtain coverage under the industrial stormwater general permit prior to any changes at the facility that will result in exposure of stormwater to industrial activities.

I certify under penalty of law that this document/application and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based upon my inquiry of the person or persons who manage the system, or those persons directly involved in gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Tony Ross / Ocean Beauty
Printed Name / Company

Title

Signature of Legal Responsible Party

Date

Please print, sign and mail this form to the following address:

Washington Department of Ecology - Stormwater
P.O. Box 47696
Olympia, WA 98504-7696