

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: Synrad, A Novanta Company
Site Location Address: 4600 Camplus PI
City/State/Zip: Mukilteo, WA 98275
Permit Number: ST0004736

RECEIVED
AUG 24 2023**DEPARTMENT OF ECOLOGY**

2. Electronic Signer Contact Information

Role: ☐ Facility Signer ☒ Facility Coordinator

Signature Account User Name: MUKNovanta
Full Name: Erik Scudder
Work Mailing Address: 4600 Campus PI
City/State/Zip: Mukilteo, WA 98275
Work Phone No. (Ext): 425-892-4711
Work Email Address: erik.scudder@novanta.com

3. Attach to ESAF

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 Qualification 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. Data Entry Authorization 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:

- 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:  (initial here)

I agree that I will not:

- Let anyone else use my Electronic Signature account.

Agree:  (initial here)**Erik Scudder**

(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.



Electronic Signer's Signature

22 AUG 2023

Date

Erik ScudderFacilities Administrator

Name (print or type)

Title

8. Signature of Permittee (Responsible Official)

This form cannot be processed without a handwritten signature.

I, Jude Martin (insert name of permittee or responsible official) acknowledge that the individual named above works at/for Synrad, a Novanta Company (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.



Signature

8/22/23

Date

Jude MartinPresident & GM, Synrad

Name (print or type)

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.

Issuance Date: December 11, 2019
Effective Date: January 1, 2020
Expiration Date: December 31, 2024

State Waste Discharge Permit Number ST0007436

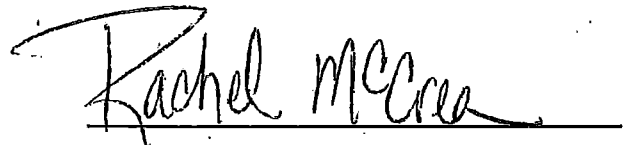
State of Washington
DEPARTMENT OF ECOLOGY
Northwest Regional Office
3190 160th Avenue SE
Bellevue, WA 98008-5452

In compliance with the provisions of the
State of Washington Water Pollution Control Law
Chapter 90.48 Revised Code of Washington, as amended,

Synrad
4600 Campus Place
Mukilteo, WA 98275

is authorized to discharge wastewater in accordance with the Special and General Conditions which follow.

Facility Location: 4600 Campus Place Mukilteo, WA 98275 Industry Type: Electrical Equipment and Component Manufacturing POTW Receiving Discharge: Picnic Point Wastewater Treatment Facility	SIC Code: 3699 NAICS Code: 335999 Non-Significant Industrial User Non-Categorical Industry
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Rachel McCrea
Water Quality Section Manager
Northwest Regional Office
Washington State Department of Ecology

Mail Date: August 3, 2023



Permit Number: ST0007436

ATTN: GARY TOSAYA

GSI GROUP INC
4600 CAMPUS PLACE
MUKILTEO WA 98275

FY 2024 Fee Invoice

Water Quality Program

Facilities Not Otherwise Classified

FY 2024 Fee Amount	\$1,960.00
FY 2024 Invoiced Amount	\$980.00
Total Due	\$980.00

Invoice Number	Billed	Paid	Due	Due Date
24-ST0007436-1	\$980.00	\$0.00	\$980.00	09/17/2023

This invoice covers Fiscal Year 2024 (July 1, 2023 through June 30, 2024).

ECOLOGY DOES NOT PRORATE FEE FOR PERMIT TERMINATIONS. Ecology does not assess future annual fees once Ecology terminates permit coverage. However, the full annual amount is owed for the current fiscal year regardless of the permit termination date within that fiscal year.

Please send check or money order in US currency
payable to

WASHINGTON STATE DEPARTMENT OF ECOLOGY

(DO NOT SEND CASH)

**Mail the payment with the payment voucher / coupon
to:**

Washington State Department of Ecology
Cashiering Unit
PO BOX 47611
Olympia, WA 98504-7611

You can pay via credit card (convenience fees apply) or echeck at <https://apps.ecology.wa.gov/ecoepay/>

Questions? Direct questions regarding the permit fee assessment to the Water Quality Fee Unit at (800) 633-6193 /Option 2 or via email at wqfeeunit@ecy.wa.gov

-----Detach and return this payment voucher with your check or money order.-----

Water Quality Program

Facilities Not Otherwise Classified

Invoice	24-ST0007436-1

Total Amount Due	\$980.00
Coding	176-WWD-02-86-000196

ATTN: GARY TOSAYA
GSI GROUP INC
4600 CAMPUS PLACE
MUKILTEO WA 98275

Mail payment to
Washington State Department of Ecology
Cashiering Unit
PO BOX 47611
Olympia, WA 98504-7611