

WILLIS **ENTERPRISES**

208 N Park St./P.O. Box 457
Oakville, WA 98568
(360) 273-0728

October 13, 2023

WA Department of Ecology
Water Quality Program
Industrial Stormwater
PO Box 47696
Olympia, WA 98504-7696

RE: Hoquiam Plywood
Permit # WAR001939

Willis Enterprises, Inc. has five sites located in Grays Harbor County that have been issued an Industrial Stormwater General Permit: Pacific Veneer (WAR000388) in Aberdeen, Moon Island (WAR011407) in Hoquiam, Grays Harbor Terminal 3 Dock (WAR311945) in Hoquiam and Oakville (WAR000871) in Oakville. Our company headquarters is located at the Oakville site.

We have recently had some staffing changes to Hoquiam Plywood (WAR001939). We need to remove Elaine Broome as the Facility Coordinator.

This is to notify the Department of Ecology that Susan Radke works for Willis Enterprises, Inc. As the Responsible Official for environmental matters. I am authorizing Susan Radke to submit Discharge Monitoring Reports as the Facility Coordinator on behalf of Willis Enterprises, Inc. to also include Hoquiam Plywood (WAR001939).

I can be contacted by phone at (360) 507-5897 or by email at todd@willisent.com for questions you may have concerning this delegation. You may also contact Susan Radke at (509) 630-4288 or at hr@willisent.com for site/facility questions.

Sincerely,



Todd Charlton
Operations Manager
Willis Enterprises, Inc.

Enc.

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: Hogman PlywoodSite Location Address: 1000 Woodlawn AvenueCity/State/Zip: Hogman, WA 98550

Permit Number: _____

2. Electronic Signer Contact Information

Role: ☐ Facility Signer☒ Facility Coordinator

Signature Account User Name: _____

Full Name: Susan BackeWork Mailing Address: P.O. Box 457City/State/Zip: Oakville, WA 98568Work Phone No. (Ext): 360-273-0728Work Email Address: hewinisenl.com

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

<p>I agree that I will:</p> <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. <p>Agree: <u>SR</u> (initial here)</p>	<p>I agree that I will not:</p> <ul style="list-style-type: none"> Let anyone else use my Electronic Signature account. <p>Agree: <u>SR</u> (initial here)</p>
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I, _____ (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.

Susan Racke 10/13/2023
 Electronic Signer's Signature Date
Susan Racke HR Manager
 Name (print or type) Title

8. Signature of Permittee (Responsible Official)

This form cannot be processed without a handwritten signature.

I, Todd Charlton (insert name of permittee or responsible official) acknowledge that the individual named above works at/for Mills Enterprises, Aquatic Division (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.

Todd Charlton 10/13/2023
 Signature Date
Todd Charlton Operations Manager
 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.

9. Assign Administrator**This section cannot be processed without a handwritten signature.**

I, Todd Charlton (insert name of permittee or responsible official) acknowledge that
Brian Rache (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.

Todd Charlton
Signature

10/13/2023
Date

Todd Charlton
Name (print or type)

operations manager
Title

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.

*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**