

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: ASCENSUS SPECIALTIES LLC
Site Location Address: 4800 State Route 12
City/State/Zip: ELMA WA 98541
Permit Number: ST0005037

2. Electronic Signer Contact Information

Role: ☒ Facility Signer ☐ Facility Coordinator
Signature Account User Name: justinlovato
Full Name: Justin B. Lovato
Work Mailing Address: 4800 State Route 12
City/State/Zip: ELMA WA 98541
Work Phone No. (Ext): 360-482-8820
Work Email Address: jlovato@ascensusspecialties.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

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: SBL (initial here)

I agree that I will not:

- Let anyone else use my Electronic Signature account.

Agree: SBL (initial here)

I, Justin B. Lovato (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

1-12-2024
Date

Justin B. Lovato
Name (print or type)

EHS & S MANAGER
Title

8. Signature of Permittee (Responsible Official)

This form cannot be processed without a handwritten signature.

I, JARED FRAISURE (insert name of permittee or responsible official) acknowledge that the individual named above works at/for ASCENSUS SPECIALTIES (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

1/18/24
Date

JARED FRAISURE
Name (print or type)

DIRECTOR OF OPERATIONS
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, _____ (insert name of permittee or responsible official) acknowledge that _____ (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>_____ Signature</p>	<p>_____ Date</p>
<p>_____ Name (print or type)</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

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

Major Industrial Facilities (NPDES and State Waste Discharge Permits)

**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**