

DEPARTMENT OF ECOLOGY

JAN 22 2024

WATER QUALITY PROGRAM

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

ATTN: Water Quality Program – Aquatic Mosquito Control Permit Manager
Washington State Department of Ecology
PO Box 47696
Olympia, WA 98504-7696

Application Id: 45041

Certification
Received:
(Ecology use)Facility/Site Name: City of Orting - Mosquito
ControlPermit Number: WAG994607
(Ecology use)Facility Address: 110 TRAIN ST SE
ORTING, WA 98360-0489

Facility County: Pierce

Permittee Name: Ryan Miller

Permittee Title:

Permittee Email: ryan.miller@west-ext.com

Permittee Phone: 2062501930

Permittee Address: 6242 S 196th St
Kent, WA 98032-1167Company Name: Western Exterminator
(Rentokil NA)

Certification Statement

"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. Based on my inquiry of the person or persons who manage the system or those directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Permittee Signature

RYAN MILLER, WESTERN EXT.

BRANCH MANAGER

Printed Name / Company

Title



1/8/2024

Signature of Permittee *

Date

* Federal regulations require this application is signed by one of the following:

- A. For a corporation: By a responsible corporate officer, of at least the level of vice president.
- B. For a partnership or sole proprietorship: By a general partner or the proprietor, respectively.
- C. For a municipality, state, federal, or other public facility: By either a principal executive officer or ranking elected official.

Sponsor Name: Laura Hinds**Sponsor Title:****Sponsor Email:** LHinds@cityoforting.org**Sponsor Phone:** 3608939039**Sponsor Address:** PO Box 489
Orting, WA 98360-0489**Company Name:** City of Orting**Sponsor Signature**Laura Hinds, 01/08/2024Admin. Asst. PW

Printed Name / Company

Title

Laura Hinds01/08/2024

Signature of Sponsor

Date