

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 Control	Permit 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 98032-1167	Company 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, 01/08/2024

Admin. Asst. PW

Printed Name / Company

Title

Laura Hinds

01/08/2024

Signature of Sponsor

Date