

JAN 22 2024

WATER QUALITY PROGRAM

**Application Id:** 44046**Certification Received:**  
(Ecology use)**Facility/Site Name:** Jubilant HollisterStier Line 4**Permit Number:**  
(Ecology use)**Facility Address:** 3525 N Regal St  
Spokane, WA 99207**Facility County:** Spokane**Permittee Name:** Lisa Shier**Permittee Title:** Senior Project Manager**Permittee Email:** Lshier@Lydig.com**Permittee Phone:** 5095340451**Permittee Address:** 11001 E Montgomery Dr  
Spokane Valley, WA 99206-4714**Company Name:** Lydig Construction, Inc.**Disturbed Acreage:** 16**Certification of Permittee**

"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."

LISA SHIER / LYDIG CONSTRUCTION INC. PROJECT MANAGER

Printed Name / Company

Title

Lisa Shier1/16/2024

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.

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

Department of Ecology  
ATTN: Water Quality Program, Construction Stormwater P.O. Box 47696  
Olympia, WA 98504-7696