

DEC 19 2023

WATER QUALITY PROGRAM

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

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

Application Id: 44654	Certification Received: <i>(Ecology use)</i>
Facility/Site Name: Kennewick Irrigation District	Permit Number: WAG991002 <i>(Ecology use)</i>
Facility Address: 12 W KENNEWICK AVE Kennewick, WA 99336	Facility County: Benton
Permittee Name: Ben Woodard	Permittee Title: Engineering & Operations Manager
Permittee Email: Bwoodard@kid.org	Permittee Phone: 5092057105
Permittee Address: 12 W Kennewick Ave Kennewick, WA 99336-3832	Company Name: Kennewick Irrigation District

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

<u>Ben Woodard</u> / <u>Kennewick Irrigation District</u>	<u>Engineering & Operations Manager</u>
Printed Name / Company	Title
	<u>12/8/2023</u>
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.