

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

DEPARTMENT OF ECOLOGY

FEB 06 2024

WATER QUALITY PROGRAM

Application Id: 44717

**Certification
Received:**
(Ecology use)

Facility/Site Name: Columbia Irrigation District

Permit Number: WAG991005
(Ecology use)

Facility Address: 10 E KENNEWICK AVE
Kennewick, WA 99336

Facility County: Benton

Permittee Name: Columbia Irrigation

Permittee Title:

Permittee Email: cid@columbiairrigation.com

Permittee Phone: 5095866118

Permittee Address: 10 E Kennewick Ave
Kennewick, WA 99336-3756

Company Name: Columbia 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

Curt Strifert / Columbia Irrigation District District Manager

Printed Name / Company

Title



1-31-24

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.