

NOV 06 2023

WATER QUALITY PROGRAM

**Application Id:** 44348**Certification Received:**  
(Ecology use)**Facility/Site Name:** Cascade Irrigation District**Permit Number:** WAG991007  
(Ecology use)**Facility Address:** 8063 HWY 10  
Ellensburg, WA 98926**Facility County:** Kittitas**Permittee Name:** Kelton Montgomery**Permittee Title:** Manager**Permittee Email:** cid@fairpoint.net**Permittee Phone:** 5099629583**Permittee Address:** 8063 Hwy 10  
Ellensburg, WA 98926-8573**Company Name:** Cascade Irrigation  
District**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."

*Kelton Montgomery / Cascade Irrigation Dist*      *Manager*

Printed Name / Company

Title

*Kelton Montgomery*

Signature of Permittee \*

*10/31/2023*

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:

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