

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: 44195	Certification Received: (Ecology use)
Facility/Site Name: East Columbia Basin Irrigation District	Permit Number: WAG991010 (Ecology use)
Facility Address: 55 N 8TH ST Othello, WA 99344	Facility County: Adams
Permittee Name: Craig Simpson	Permittee Title: Sec-Manager
Permittee Email: info@ecbid.org	Permittee Phone: 5094889671101
Permittee Address: 55 N 8th Ave Othello, WA 99344-1268	Company Name: East Columbia Basin 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>Craig N. Simpson</u> , <u>East Columbia Basin Irrigation District</u>	<u>Secretary - manager</u>
Printed Name / Company	Title
<u></u>	<u>01/24/2024</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.

DEPARTMENT OF ECOLOGY
JAN 31 2024
WATER QUALITY PROGRAM