

# Electronic Signature Agreement Form

**ESAF**

## Washington State Department of Ecology Water Quality Program

Headquarters: (360) 407-6600  
Web site: [www.ecy.wa.gov/programs/wq](http://www.ecy.wa.gov/programs/wq)

For Ecology Use Only		Date Received:	
Form	Reviewed	Entered	Verified
ESAF			

If you are applying for multiple facilities/permits, please include a list containing the site location information and permit numbers for all requested facilities/permits.

Site/Facility Name: City of Mount Vernon Wastewater Utility  
Site Location Address: 1401 Britt Road  
City/State/Zip: Mount Vernon, WA 98273  
Permit Number: WA0024074

Role: ☒ Facility Signer ☐ Facility Coordinator  
Signature Account User Name: 1garyd09  
Full Name: Gary Duranceau  
Work Mailing Address: 1401 Britt Road  
City/State/Zip: Mount Vernon, WA 98273  
Work Phone No. (Ext): 360 336-6219 x2301  
Work Email Address: garyd@mountvernonwa.gov

Please include a copy of one of the following documents, with your name on the document, with your ESAF to prove your association with the facility-(ies).

- Your permit's letter of coverage
- Your permit's cover sheet
- A previously submitted DMR
- A correspondence from Ecology that has both the facility name and permit number on the same page
- Signature authority delegation letter signed by the permittee (responsible official).

By completing and submitting this form to Ecology, I agree to follow the rules and procedures governing the Electronic Signature account. I also agree that the reports and documents I submit under my Electronic Signature will be used as the corresponding paper report would. I want to submit the following report(s) or document(s) using WQWebPortal with an electronic signature.

☒ Discharge Monitoring Reports ☒ Notice of Intent (Permit Applications) ☐ Certificate of No Exposure

All submittals to the Department of Ecology under this WQWebPortal application are subject to the following certification, as required by federal and state regulations:

*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. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete and I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.*

**RECEIVED****MAR 01 2024****DEPARTMENT OF ECOLOGY**

**I agree that I will:**

- Protect my Electronic Signature account, which includes my answers to the verification questions and my password;
- Review the content and meaning of my submitted Annual Reports and Notifications;
- Within 24 hours of discovery, report to Ecology if:
  - My Electronic Signature account is lost, stolen or used by someone else;
  - There is any difference between the information I submitted and the information displayed in WebDMR;
  - My role as a signer for this organization changes.

Agree: GD (initial here)**I agree that I will not:**

- Let anyone else use my Electronic Signature account.

Agree: GD (initial here)**I, Gary Duranceau**

(print Electronic Signer's name), understand that:

1. My electronic signature is legally the same as my handwritten signature for the purpose of compliance with the relevant environmental regulations;
2. A failure to timely notify Ecology of a possible misuse of my Electronic Signature account may result in my liability for the information submitted;
3. There are significant penalties for submitting false information, including possible fines and imprisonment, related to the federal Department of Justice and federal environmental program;
4. I will be asked to verify that I am following the rules outlined in this agreement when I electronically submit documents.

**7. Signature of Electronic Signer (Required)**

This form cannot be processed without a handwritten signature.

Gary Duranceau

Electronic Signer's Signature

2/9/23

Date

Gary Duranceau

Name (print or type)

Wastewater Division Manager

Title

**8. Signature of Permittee (Responsible Official) (Required)**

This form cannot be processed without a handwritten signature.

I, Peter Donovan (insert name of permittee or responsible official) acknowledge that the individual named above works at/for City of Mount Vernon (insert site/facility name) and is authorized to submit documents on the site's/facility's behalf. I understand that I will be contacted by Ecology to validate the account holder's employment at the site/facility name listed above.

P. Donovan

Signature

2/9/2024

Date

Peter Donovan

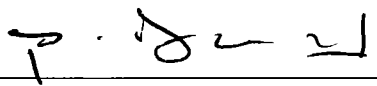
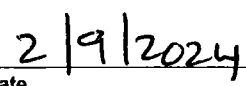
Name (print or type)

Mayor

Title

**Note:** You may skip this section if the responsible official has written, signed, and attached a delegation letter to this form or if the responsible official completes this form.

If you need this document in a version for the visually impaired call the Water Quality Program at 360-407-6401. Persons with hearing loss, call 711 for Washington Relay Service. Persons with a speech disability, call 877-833-6341.

This section cannot be processed without a handwritten signature.	
I, <u>Peter Donovan</u> (insert name of permittee or responsible official) acknowledge that <u>Gary Duranceau</u> (person being assigned) is authorized to be an administrator on the site's/facility's behalf. I understand that I will be contacted by Ecology to validate the account holder's employment at the site/facility name listed above.	
<div style="text-align: center; font-size: 1.5em; margin-bottom: 5px;">  </div> <div style="display: flex; justify-content: space-between;"> <span>Signature</span> <span>Date</span> </div>	<div style="text-align: center; font-size: 1.5em; margin-bottom: 5px;">  </div> <div style="display: flex; justify-content: space-between;"> <span>Peter Donovan</span> <span>Mayor</span> </div>
Name (print or type)	Title
<b>Note:</b> You may skip this section if the responsible official has written, signed, and attached a delegation letter to this form, if the responsible official completes this form, or if the responsible official is not assigning a person to the administrator role.	

Mail the signed electronic signature agreement and additional document(s) to one of the following Ecology office.

For permit numbers starting with **WAR#####**, please mail to one of the following Department of Ecology Units:

*Major Industrial Unit*

**Washington Department of Ecology  
 Water Quality Program Major Industrial Unit  
 P.O. Box 47600  
 Olympia, WA 98504-7600  
 360-407-6945**

*Stormwater Permit Facilities - Industrial and Construction  
 Stormwater*

**Washington Department of Ecology  
 Water Quality Program Stormwater Unit  
 P.O. Box 47696  
 Olympia, WA 98504-7696  
 360-407-6600**

For all other permits, please contact one of the follow offices.

*Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Mason,  
 Lewis, Pacific, Pierce, Skamania, Thurston, and  
 Wahkiakum counties*

**Washington Department of Ecology  
 Water Quality Program - SWRO  
 PO Box 47775  
 Olympia, WA 98504-7775  
 360-407-6300**

*Adams, Asotin, Columbia, Ferry, Franklin, Garfield, Grant,  
 Lincoln, Pend Oreille, Spokane, Stevens, Walla Walla, and  
 Whitman counties*

**Washington Department of Ecology  
 Water Quality Program - ERO  
 N. 4601 Monroe  
 Spokane, WA 99205-1295  
 509-329-3400**

*Benton, Chelan, Douglas, Kittitas, Klickitat, Okanogan,  
 and Yakima counties*

**Washington Department of Ecology  
 Water Quality Program - CRO  
 15 West Yakima Ave -- Suite 200  
 Yakima, WA 98902-3452  
 509-575-2490**

*Island, King, Kitsap, San Juan, Skagit, Snohomish, and  
 Whatcom counties*

**Washington Department of Ecology  
 Water Quality Program - NWRO  
 ATTN: Chris Smith  
 3190 - 160th Ave. SE  
 Bellevue, WA 98008-5452  
 425-649-7000**