

**Application Id:** 48071**Certification  
Received:**  
(Ecology use)**Facility Name:** Waste Management North  
Sound**Permit Number:** WAR000574  
(Ecology use)**Facility Address:** 6225 233RD ST SE  
WOODINVILLE, WA 98072**Facility County:** Snohomish**Permittee Name:** Stephen Sobczak**Permittee Title:** DISTRICT MANAGER**Permittee Email:** ssobczak@wm.com**Permittee Phone:** 8646809419**Permittee  
Address:** 6211 234th St SE  
Woodinville, WA 98072-8658**Organization Name:** Waste Management of WA, Inc.  
North Sound Hauling**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."

STEPHEN SOBCHAK / WM

Sr. District Manager

Printed Name / Organization

Title



6/28/24

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.
- 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:

Washington Department of Ecology - Industrial Stormwater  
P.O. Box 47696  
Olympia, WA 98504-7696

DEPARTMENT OF ECOLOGY

JUL 02 2024

WATER QUALITY PROGRAM