



Water Quality Program

Permit Submittal Electronic Certification

Permittee: SPOKANE COUNTY REGIONAL WATER RECLAMATION FACILITY (SCRWRF)

Permit Number: WA0093317

Site Address: 1004 N FREYA ST
SPOKANE, WA 99202

Submittal Name: Chronic Toxicity Compliance Monitoring Report

Version: 1

Due Date: 10/15/2024

Comments:

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 persons directly responsible for gathering 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.

Anthony Benavidez

9/23/2024 3:17:10 PM

Signature

Date