



Washington State Department of Ecology
Water Quality Program
Headquarters: (360) 407-7097
Web site: www.ecy.wa.gov/programs/wq

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

Electronic Signature Agreement Form

ESAF

1. Site Location Information

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: Blue Prism Company Shellfish Processing Facility
Site Location Address: 11321 Olive Haven Rd
City/State/Zip: Bow, WA 98232
Permit Number: WA-002926-2

2. Electronic Signer Contact Information

Signature Account User Name: 199474
Role: ☐ Facility Signer ☒ Facility Coordinator

Full Name: Aaron Joseph Schmitt
Work Mailing Address: 11321 Olive Haven Rd
City/State/Zip: Bow WA 98232
Work Phone No. (Ext): 360-632-3035
Work Email Address: aschmitt@pennconshellfish.com

3. Proof of Identity

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).

4. Electronic Signature Agreement and Certification Statement

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.

5. Clean Water Act Certification Statement

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.

6. Certification Statement

<input type="checkbox"/> I agree that I will not:	<input type="checkbox"/> I agree that I will:
<input type="checkbox"/> Let anyone else use my Electronic Signature account.	<input type="checkbox"/> Protect my Electronic Signature account, which includes my answers to the verification questions and my password;
<input type="checkbox"/> Review the content and meaning of my submitted Annual Reports and Notifications;	<input type="checkbox"/> Within 24 hours of discovery, report to Ecology if:
<input type="checkbox"/> My Electronic Signature account is lost, stolen or used by someone else;	<input type="checkbox"/> There is any difference between the information I submitted and the information displayed in WebDMR;
<input type="checkbox"/> My role as a signer for this organization changes.	<input type="checkbox"/> Agree: _____ (initial here)

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

This form cannot be processed without a handwritten signature.

Electronic Signer's Signature _____
 Name (print or type) Arvin Schmitt
 Date 11-1-2022
 Title _____

8. Signature of Permittee (Responsible Official)

This form cannot be processed without a handwritten signature.

I, _____ (insert name of permittee or responsible official) acknowledge that the individual named above works at/for _____ (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.

SEE ATTACHED

Signature _____
 Date _____
 Title _____
 Name (print or type) _____

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.

<p>9. Assign Administrator</p> <p>This section cannot be processed without a handwritten signature.</p>	
<p>I, _____ (insert name of permittee or responsible official) acknowledge that _____ (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.</p>	
<p>Signature _____</p>	<p>Date _____</p>
<p>Name (print or type) _____</p> <p>Title _____</p>	
<p>Note: 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.</p>	

*Due to COVID and limited access to the office, we are accepting scanned Electronic Signature Agreement Forms (ESAF). When it is safe and you are able, please mail the original signed ESAF to Ecology for our official records.

Stormwater Permit Facilities – Industrial and Construction Stormwater

Washington Department of Ecology
Water Quality Program Stormwater IT
PO Box 47699
Olympia, WA 98504-7699
360-407-7097
wqwebportal@ecy.wa.gov

Major Industrial Facilities (NPDES and State Waste Discharge Permits)

Washington Department of Ecology
Solid Waste Management Program
Industrial Section
ATTN: Ewa Kotwicka
PO Box 47600
Olympia, WA 98504-7600
360-407-6945
WQWebDMR-Industrial@ecy.wa.gov

Callam, 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
WQWebDMR-SWRO@ecy.wa.gov

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
4601 N Monroe
Spokane, WA 99205-1295
509-329-3400
WQWebDMR-ERO@ecy.wa.gov

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

Washington Department of Ecology
Water Quality Program - CRO
1250 W Alder St
Union Gap, WA 98903-0009
509-575-2490
WQWebDMR-CRO@ecy.wa.gov

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

Washington Department of Ecology
Water Quality Program - NWRO
ATTN: Chris Smith
PO Box 330316
Shoreline, WA 98133-9716
206-594-0169
WQWebDMR-NWRO@ecy.wa.gov

For all other permits, please contact one of the following offices:



Transfer of Permit to a New Owner/Operator for Individual National Pollutant Discharge Elimination System (NPDES) or State Waste Discharge Permits

This form, when completed and signed by both parties, and approved by the Department of Ecology, automatically transfers the permit as specified in the table below, in accordance with WAC 173-216-120 and WAC 173-220-200. By signing this form, the new owner/operator agrees to assume all responsibility, coverage, and liability of the permit, as of the effective date of the sale or lease. The permit transfer for any facility shall not be valid if there is or will be any significant change from the existing permit in facility operations, discharge volume, or discharge characteristics, as determined by the Department of Ecology. If such changes are or will be present, the new owner/operator shall immediately notify the Department of Ecology at an address listed below. If you have any questions, please contact your regional Permit Coordinator at the phone number listed at the bottom of this form.

Reason for transfer (check one):	<input type="checkbox"/> SALE <input checked="" type="checkbox"/> LEASE Describe:
Permit number to be transferred:	WA-002926-2
Facility name:	Blau Oyster Company Shellfish Processing Facility
Street/PO Box:	11321 Blue Heron Road
City/State/Zip:	Bow, WA 98232
Effective date of sale/ lease/transfer:	September 21, 2022
Company name:	Blau Oyster Company, Inc.
Uniform Business Code (UBI):	601-694-063
Facility name (if different):	Blau Oyster Company Shellfish Processing Facility
Mailing address: Street/PO Box:	11272 Blue Heron Road P.O. Box 148
City/State/Zip:	Coupeville, WA 98239
Contact person:	Paul Blau
Phone number:	360-766-4401
	360-915-3662

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 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 a fine and/or imprisonment for knowing violations.

Owner/President/Operator/Mgr. (print name)	Paul Blau	→
Owner/President/Operator/Mgr. (signature)	Ian Jeffers	→
Date signed:	08/17/22	

Please complete this form and send it to: Washington State Department of Ecology, Permit Coordinator, (at the appropriate regional office address):

Central Regional Office 1250 West Alder Street Union Gap, WA 98903 Fax (509) 575-2809	Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1295 Fax (509) 329-3529	Nuclear Waste Program 3100 Port of Benton Blvd Richland, WA 99354 Fax (509) 372-7897	Northwest Regional Office P.O. Box 330316 Shoreline, WA 98133-9716 Fax (206) 594-0000	Southwest Regional Office P.O. Box 47775 Olympia, WA 98504-7775 Fax (360) 407-6305
------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------

If you need this publication in an alternate format, please contact us at 360-407-6404 or TTY (for the speech and hearing impaired) at 711 or 1-800-833-6388.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
WASTE DISCHARGE PERMIT No. WA-002926-2

State of Washington
DEPARTMENT OF ECOLOGY
Northwest Regional Office
3190 - 160th Avenue SE
Bellevue, WA 98008-5452

In compliance with the provisions of
The State of Washington Water Pollution Control Law
Chapter 90.48 Revised Code of Washington
and
The Federal Water Pollution Control Act
(The Clean Water Act)
Title 33 United States Code, Section 1251 et seq.

BLAU OYSTER COMPANY, INC.
11321 Blue Heron Road
Bow, WA 98232

<u>Facility Location:</u> 11321 Blue Heron Road Bow, WA 98232 Skagit County	
<u>Waterbody I.D. No.:</u> 02-03-01	<u>Discharge Location:</u> Latitude: 48° 34' 36" N Longitude: 122° 30' 15" W
<u>Industry Type:</u> Shellfish Processing, SIC Code 2092	<u>Waterway Segment No.:</u> WA-PS-0210

is authorized to discharge in accordance with the Special and General Conditions which follow.

Kevin C. Fitzpatrick
Water Quality Section Manager
Northwest Regional Office
Washington State Department of Ecology



Ian W. Jeffers, G.M.
P.O. Box 148, Coupeville, WA 98239
ian@penncove-shellfish.com 360.678.4803

August 18, 2022

Permit Coordinator
Department of Ecology, NWRO
P.O. Box 330316
15700 Dayton Ave. N.
Shoreline, WA 98133-9716

Re: NPDES Permit No. WA-002926-2 Permit Transfer

To Whom It May Concern,

Penn Cove Shellfish, LLC ("Penn Cove") hereby provides notice to the Washington State Department of Ecology ("Ecology") at least 30 days in advance of the proposed transfer of the above referenced National Pollutant Discharge Elimination System Permit No. WA-00292602 (the "Permit") to a new Permittee. This notice letter is being provided to Ecology pursuant to Condition G7 of the Permit, WAC 173-216-120, and WAC 173-220-200, for automatic transfer of the Permit. Enclosed with this letter is a written agreement - in the form of Ecology form ECY 070-164 - between Blau Oyster Company, Inc. as the existing Permittee and Penn Cove as the new Permittee "containing a specific date transfer of Permit responsibility, coverage, and liability between them" as required by Permit Condition G7.B.2, WAC 174-216-120(1)(a), and WAC 173-220-200(1)(a). Other than the transfer of the Permit, there are no operational changes proposed for the facility.

Thank you for your time and attention to this important matter.

Sincerely,

Ian Jeffers

General Manager