



DEPARTMENT OF  
**ECOLOGY**  
State of Washington

## Water Quality Program

### Permit Submittal Electronic Certification

**Permittee:** BAINBRIDGE ISLAND CITY

**Permit Number:** WAR045503

**Site Address:** 280 MADISON AVE N  
BAINBRIDGE ISLAND, WA 98110-1812

**Submittal Name:** Monitoring and Assessment Option Notification

**Version:** 1

**Due Date:** 12/1/2024

**Comments:** See attached letter

*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.*

Stella Collier

11/8/2024 9:21:18 AM

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Signature

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Date