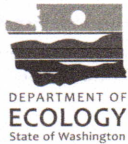


Electronic Signature Agreement Form

ESAF

Washington State Department of Ecology Water Quality Program

Headquarters: (360) 407-7097
Web site: <https://ecology.wa.gov/wqwebportal/>

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

Permit Name: Project Macoma
Permit Address: 1301 Marine Drive Terminal 7
City/State/Zip: Port Angeles, WA 98363
Permit Number: WA0991051

2. Electronic Signer Contact Information

Role: ☒ Facility Signer ☐ Facility Coordinator

Signature Account User Name: MacomaCompliance
Full Name: Todd Pelman
Work Mailing Address: 111 S Maple Ave
City/State/Zip: South San Francisco, CA 94080
Work Phone No. (Ext): 650-760-5001
Work Email Address: compliance@projectmacoma.llc

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

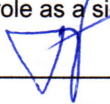

By completing and submitting this form to Ecology, I agree to follow the rules and procedures governing the Electronic Signature account. I also agree that the reports and documents I submit under my Electronic Signature will be used as the corresponding paper report would.

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

I agree that I will: <ul style="list-style-type: none">• 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:<ul style="list-style-type: none">○ 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: <u></u> (initial here)	I agree that I will not: <ul style="list-style-type: none">• Let anyone else use my Electronic Signature account. Agree: <u></u> (initial here)
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

I, Todd Pelman (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

This form cannot be processed without a handwritten signature.


Electronic Signer's Signature

11/5/2024
Date

TODD PELMAN
Name (print or type)

MANAGER PROJECT MACOMACK
Title

8. Signature of Permittee (Responsible Official)

This form cannot be processed without a handwritten signature.

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


Signature

11/5/2024
Date

Todd Pelman

Manager

Name (print or type)

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.

To request an ADA accommodation, contact Ecology by phone at 360-407-6401 or email at ecyadacoordinator@ecy.wa.gov, or visit <https://ecology.wa.gov/accessibility>. For Relay Service or TTY call 711 or 877-833-6341.



Issuance Date: October 30, 2024

Effective Date: December 1, 2024

Expiration Date: November 30, 2028

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
WASTE DISCHARGE PERMIT WA099105**

**State of Washington
DEPARTMENT OF ECOLOGY**

Southwest Region Office
PO Box 47775
Olympia WA 98504-7775

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 1342 et seq

**Project Macoma, LLC
950 Commercial Street
San Carlos, California 94070**

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

Facility Location: 1301 Marine Drive, Terminal 7 Port Angeles, WA 98363	Receiving Water: Port Angeles Harbor
Industry Type: Commercial Physical Biological Research	SIC Code: 8731 NAICS: 541715
Treatment Type: Mixed media filters, nano filtration, RO, Bipolar electrodialysis, acid neutralization	

**Andrew Kolosseus
Southwest Region Section Manager
Water Quality Program
Washington State Department of Ecology**