

Electronic Signature Agreement Form

ESAF

Washington State Department of Ecology Water Quality Program

Web site:
<https://ecology.wa.gov/wqwebportal/>

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 that have the same Permittee (Responsible Official) otherwise complete separate Form for each request.

Permit Number/Application ID: WAG994607

Permit Name: Orting City, Pierce County

Permit Address: 110 Train St SE

City/State/Zip: Orting, WA 98360

2. Electronic Signer Contact Information

Select One Role: ☐ Facility Signer ☒ Facility Coordinator

Signature Account User Name: WesternExt

Full Name: Ryan Miller

Work Mailing Address: 19620 Russell Rd

City/State/Zip: Kent, WA 98032

Work Phone No. (Ext): 206 250 1930

Work Email Address: ryan.miller@west-ext.com

WAG994607

DEC 26 2024

WATER QUALITY PROGRAM

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:

- 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:
 - 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: RAM  (initial here)

I agree that I will not:

- Let anyone else use my Electronic Signature account.

Agree: RAM  (initial here)

I, Ryan Miller (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**This form cannot be processed without a handwritten signature.**

Signer's Handwritten Signature12/20/2024
_____**Date**Ryan Miller
_____Branch Manager
_____**Name (print)****Title****8. Signature of Permittee (Responsible Official)****This form cannot be processed without a handwritten signature.**

I, Ryan Miller (insert name of permittee or responsible official) acknowledge that the individual named above works at/for City of Orting (insert site/facility name) and is authorized to submit documents on the site's/facility's behalf. I understand that I may be contacted by Ecology to validate the account holder's employment at the site/facility name listed above.



Handwritten Signature12/20/2024
_____**Date**Ryan Miller
_____12/20/2024
_____**Name (print)****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.

*To expedite access, we are accepting scanned Electronic Signature Agreement Forms (ESAF). You are required to mail the original signed ESAF to Ecology for our official records.



STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY

PO Box 47600, Olympia, WA 98504-7600 • 360-407-6000

June 13, 2024

Ryan Miller
City of Orting - Mosquito Control
6242 S 196th St
Kent, WA 98032

Permit Number: WAG994607
Site Name: Orting City, Pierce County

RE: Coverage under the Aquatic Mosquito Control General Permit

Dear Ryan Miller:

The Washington State Department of Ecology (Ecology) received your application to renew coverage under the Aquatic Mosquito Control (AMC) General Permit. The updated permit was reissued on May 21, 2024, and goes into effect on June 20, 2024. Ecology is issuing you coverage under the new AMC permit as of June 20, 2024. **Retain this letter with your permit documents. It is part of the official record of permit coverage.**

You may view and download the AMC permit, forms, and supporting documents from [Ecology's Mosquito Control web page](#)¹.

Please take time to read the entire permit. It contains the requirements you must follow to maintain compliance. One change is that annual public notices must now be provided in both English and other language(s) commonly spoken in the treatment area(s). Resources to help identify these languages are provided on the AMC permit web page linked above, in the Public Notification Templates box. Contact Shawn Ultican (email and phone number listed at the end of this letter) if you have questions about the AMC permit or would like to receive a hard copy.

Areas of Restricted Larvicide and Adulticide Use

Washington Department of Fish and Wildlife (WDFW) has identified areas that contain vulnerable animal species that may be harmed by some methods of mosquito control. Treatment in these areas is restricted to the use of Bacillus based products unless other methods are approved. Maps of the restricted areas are available at [Ecology's Mosquito Control web page](#)¹, in the Mosquito Control Resources section.

If you wish to apply pesticides other than Bacillus-based products in a restricted area, you must comply with the requirements in the AMC permit special condition S4.C.

¹ <https://ecology.wa.gov/Regulations-Permits/Permits-certifications/Aquatic-pesticide-permits/Aquatic-mosquito-control>

Ryan Miller
June 13, 2024
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Permit Fees

State law (RCW 90.48.465) requires that all Permittees pay an annual permit fee based upon the state fiscal year. The state fiscal year begins each year on July 1, and ends June 30 the following year. Ecology mails permit fee bills to all Permittees annually. Permittees that have permit coverage on July 1 will receive a permit fee bill. If you would like more information on the permit fee process, contact the Water Quality Program Permit Fee Administrator at 1-800-633-6193 (Option 2), or by email at wqfeeunit@ecy.wa.gov.

Appeal

The issuance of permit coverage may be appealed within 30-days of receiving this letter as detailed in the Appeal of General Permit Coverage focus sheet, which you may view and download from [Ecology's website](#)². Any appeal is limited to the applicability or non-applicability of the permit to a specific discharger.

Questions and Permit Technical Assistance

If you have questions about this letter, or you have questions or need more information about AMC permit requirements please contact Shawn Ultican at Shawn.Ultican@ecy.wa.gov or (360) 870-3492.

Sincerely,



Jeff Killelea, Manager
Permit and Technical Services Section
Water Quality Program

cc: Shawn Ultican, Aquatic Pesticide Permit Specialist, Water Quality Program
General Permit Admin, aquaticpesticideperm@ecy.wa.gov
Ecology Fee Unit, wqfeeunit@ecy.wa.gov

² <https://fortress.wa.gov/ecy/publications/documents/1710007.pdf>

