

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: WA0003271

Permit Name: Ocean Spray Cranberries, Inc.

Permit Address: 14890 State Route 105

City/State/Zip: Aberdeen, WA 98520

2. Electronic Signer Contact Information

Select One Role: ☒ Facility Signer ☐ Facility Coordinator

Signature Account User Name: rporter

Full Name: Ryan Porter

Work Mailing Address: 1480 State Route 105

City/State/Zip: Aberdeen, WA 98520

Work Phone No. (Ext): 360-648-2552

Work Email Address: rporter@oceanspray.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

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:  (initial here)

I agree that I will not:

- Let anyone else use my Electronic Signature account.

Agree:  (initial here)

I,  (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 Signature

Date

Name (print)

Title

8. Signature of Permittee (Responsible Official)

This form cannot be processed without a handwritten signature.

I, Rich Guerrier (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 may be contacted by Ecology to validate the account holder's employment at the site/facility name listed above.

Handwritten Signature

Date

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.



**Ocean Spray Cranberries
One Ocean Spray Drive
Lakeville, MA 02349**

SIGNATURE AUTHORIZATION LETTER

January 14, 2025

Washington State Department of Ecology
Water Quality Program
PO Box 47696
Olympia, WA 98504-7696

Subject: Industrial Discharge Permit WA0003271
Ocean Spray Cranberries, Inc. — Markham Facility
1480 SR 105, Aberdeen, WA 98520
Signature Authority

Dear Sir/Ma'am

Per the State of Washington Department of Ecology Industrial Discharge Permit No. WA0003271/General Conditions/G.1.A.1., Ocean Spray Cranberries, Inc. delegates signatory authority for the Markham Facility, Aberdeen, Washington, as follows:

I, Rich Guerriero, Sr. Director, Manufacturing and Corporate Officer of Ocean Spray Cranberries, Inc delegate the Operations Manager, Ryan Porter to sign any and all plans/reports required by the Industrial Discharge Permit or information requested by the Department of Ecology in connection with such permit. Mr. Porter has the responsibility for the overall operation of the Facility and/or overall responsibility for environmental matters concerning the Facility.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Rich Guerriero', written over a horizontal line.

Rich Guerriero
Sr. Director - Manufacturing
Ocean Spray Cranberries, Inc.



Permit Number: WA0003271

Permittee: OCEAN SPRAY CRANBERRIES INC

Facility County: Grays Harbor

Receiving Waterbody:

Monitoring Period: 10/01/2024 - 12/31/2024

Outfall: 001

Version: 1

Week	Monitoring Point	Ammonia		Phosphorus	
		Total Nitrogen (mg/L)	Quarterly Composite - 24 HR Time	Total Nitrogen (mg/L)	Quarterly Composite - 24 HR Time
8-W	11/20/24	0.02	1.78	0.02	1.78
Average Monthly		0.02	1.78	0.02	1.78
		Report Only	Report Only	Report Only	Report Only
Daily Maximum		0.02	1.78	0.02	1.78
		Report Only	Report Only	Report Only	Report Only

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.

Signature

Date



Permit Number: WA0003271

Permittee: OCEAN SPRAY CRANBERRIES INC

Facility County: Grays Harbor

Receiving Waterbody:

Monitoring Period: 10/01/2024 - 12/31/2024

Outfall: 001

Version: 1

Sample Date: 11/20/2024

Monitoring Point	Parameter	Fraction	Units	Sample	Qualifier Code	Required Detection Level	Required Quantitation Level	Actual Detection Level	Actual Quantitation Level
001	Antimony	Total	Micrograms/L (ug/L)	0.044	J	0.3	1.0	0.02	0.05
001	Arsenic	Total	Micrograms/L (ug/L)	0.73		0.1	0.5	0.09	0.5
001	Beryllium	Total	Micrograms/L (ug/L)	<0.005	U	0.1	0.5	0.005	0.02
001	Cadmium	Total	Micrograms/L (ug/L)	0.121		0.05	0.25	0.008	0.02
001	Chromium	Total	Micrograms/L (ug/L)	0.69		0.2	1	0.03	0.2
001	Chromium, Hexavalent	Dissolved (soluble)	Micrograms/L (ug/L)	1.0		0.3	1.2	0.036	0.1
001	Copper	Total	Micrograms/L (ug/L)	6.54		0.4	2	0.05	0.1
001	Lead	Total	Micrograms/L (ug/L)	0.167		0.1	0.5	0.006	0.02
001	Mercury	Total	Nanograms/L (ng/L)	1.14		0.2 ng/L	0.5 ng/L	0.5	0.06
001	Nickel	Total	Micrograms/L (ug/L)	0.58		0.1	0.5	0.04	0.2
001	Selenium	Total	Micrograms/L (ug/L)	<0.2	U	1	1	0.2	1
001	Silver	Total	Micrograms/L (ug/L)	0.022		0.04	0.2	0.009	0.02
001	Thallium	Total	Micrograms/L (ug/L)	0.02	J	0.09	0.36	0.009	0.1
001	Zinc	Total	Micrograms/L (ug/L)	17.6		0.5	2.5	0.5	2

Reporting Codes Used: B - Below Detection Limit/No Detection

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.

Signature

1/15/2025

Date



Permit Number: WA0003271

Permittee: OCEAN SPRAY CRANBERRIES INC

Facility County: Grays Harbor

Receiving Waterbody:

Monitoring Period: 12/01/2024 - 12/31/2024

Outfall: 001

Version: 1

Week	Monitoring Point	Flow Million Gallons/Day Continuous Metered/Recorded	Total Residual Chlorine Micrograms/L (ug/L) Weekly Grab	pH (Hydrogen Ion) Milligrams/L (mg/L) Weekly Grab	Total BOD5 Milligrams/L (mg/L) Weekly Composits - 24 HR Time	Total BOD5 Total Lbs/Day Weekly Calculated	Temperature Measured Degrees C Weekly Measurement	Solids (Residue) Total suspended (TSS) Milligrams/L (mg/L) Weekly Composits - 24 HR Time	Solids (Residue) Total suspended (TSS) Lbs/Day Weekly Calculated	Fecal Coliform #/100ml Weekly Grab	Production Lbs/Day Weekly Metered/Recorded	Production Lbs/Day Weekly Metered/Recorded
		001	001	001	001	001	001	001	001	001	RAW	FIN
1-Su	12/1/24	0.209										
1-M	12/2/24	0.193										
1-T	12/3/24	0.198										
1-W	12/4/24	0.190								<1		
1-Th	12/5/24	0.163			44.8	60.9		180	244.7		238471.00	77760.00
1-F	12/6/24	0.174	0	7.42			11.2					
1-Sa	12/7/24	0.153										
2-Su	12/8/24	0.238										
2-M	12/9/24	0.197										
2-T	12/10/24	0.179			15.85	23.66		380	567.3		218875.00	71712.00
2-W	12/11/24	0.166	0	7.33			10.5			<1		
2-Th	12/12/24	0.163										
2-F	12/13/24	0.177										
2-Sa	12/14/24	0.205										
3-Su	12/15/24	0.207										
3-M	12/16/24	0.189										
3-T	12/17/24	0.109			11.14	10.13		16	14.5		184457.00	56865.00
3-W	12/18/24	0.134	0	7.10			10.7					
3-Th	12/19/24	0.201								<1		
3-F	12/20/24	0.283										
3-Sa	12/21/24	0.281										
4-Su	12/22/24	0.271			14.98	33.86		16	36.2		226570.00	85783.00
4-M	12/23/24	0.278	0	7.17			14.5					
4-T	12/24/24	0.278										
4-W	12/25/24	0.111										
4-Th	12/26/24	0.198								H 200*		
4-F	12/27/24	0.198										
4-Sa	12/28/24	0.198										
5-Su	12/29/24	0.198										
5-M	12/30/24	0.198								<1		
5-T	12/31/24	0.198										
Minimum				7.1								
				>= 6								
Average Monthly		0.197903	0		21.6925	32.1375	11.725	148	215.675	3*	217093	73030
		Report Only	Report Only		Report Only	Report Only	Report Only	Report Only	Report Only	<= 200	Report Only	Report Only
Maximum				7.42								
				<= 9								
Daily Maximum		0.283	0		44.8	60.9	14.5	380	567.3	H 200	238471	85783
		Report Only	Report Only		Report Only	Report Only	Report Only	Report Only	Report Only	<= 400	Report Only	Report Only

Reporting Codes Used: B - Below Detection Limit/No Detection, H - Greater Than



Outfall: 001 -

Monitoring Point	Parameter	Sample Date/ Statistical Base	Value	Notes/Comment
001	Fecal Coliform #/100ml	Average Monthly	3	Geometric Mean of the five values
001	Fecal Coliform #/100ml	12/26/2024	H 200	The results were TNTC. Department of ecology was notified.

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.

Signature

Date

1/15/2025