



Water Quality Program

Permit Submittal Electronic Certification

Permittee: DARIGOLD INC SUNNYSIDE

Permit Number: WAR000567

Site Address: 400 ALEXANDER RD
SUNNYSIDE, WA 98944

Submittal Name: FY26 Annual Gross Revenue Form

Version: 1

Due Date: 3/15/2025

Questionnaire

Number	Permit Section	Question	Answer
4	S11	Billing Contact's First and Last Name	Jacqueline Kranz
5	S11	Billing Contact's Mailing Address	400 Alexander Rd, Sunnyside, WA, 98944
6	S11	Billing Contact's Phone Number	509 837 8000 Comment: 509 837 8000 ext. 4811
7	S11	Billing Contact's Email Address	jacqueline.kranz@darigold.com
8	S11	Number of Employees (as of December 31, 2024)	213
9	S11	Are you a Municipality, Publically-Owned Entity, or State/Federal Agency?	No
10	S11	Gross Revenue Earned (for most recently completed calendar year)	> \$20,000,000

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.

Chris Babcock

1/27/2025 10:19:42 AM

Signature

Date