



# Water Quality Program

## Permit Submittal Electronic Certification

**Permittee:** Waste Management North Sound

**Permit Number:** WAR000574

**Site Address:** 6225 233RD ST SE  
WOODINVILLE, WA 98072

**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	Stephen Sobczak
5	S11	Billing Contact's Mailing Address	6211 234th St SE, Woodinville, WA, 98072
6	S11	Billing Contact's Phone Number	8646809419
7	S11	Billing Contact's Email Address	ssobczak@wm.com
8	S11	Number of Employees (as of December 31, 2024)	234
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.*

Jason Davendonis

2/24/2025 8:24:43 AM

Signature

Date