

# 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: WAG992010

Permit Name: AP Aquatic Mosquito Control GP

Permit Address: 1319 S 13th Avenue

City/State/Zip: Kelso, Washington, 98626

### 2. Electronic Signer Contact Information

Select One Role: ☒ Facility Signer ☐ Facility Coordinator

Signature Account User Name: Michael McKeague-Foster

Full Name: Michael William McKeague-Foster

DEPARTMENT OF ECOLOGY

Work Mailing Address: PO Box 1261

City/State/Zip: Longview, WA, 98632

MAR 24 2025

Work Phone No. (Ext): 360-423-5311

WATER QUALITY PROGRAM

Work Email Address: mike.mcfoster@cowlitzmosquitocontrol.org

### 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, Michael McKeague-Foster (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.**

03/13/2025

Signer's Handwritten Signature

Date

Michael McKeague-Foster

Program Manager

Name (print )

Title

**8. Signature of Permittee (Responsible Official)****This form cannot be processed without a handwritten signature.**

I, Michael McKeague-Foster (insert name of permittee or responsible official) acknowledge that the individual named above works at/for Cowlitz County Mosquito Ct (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.



03/13/2025

Handwritten Signature

Date

Michael McKeague-Foster

Program Manager

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](mailto: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.