



Water Quality Program

Permit Submittal Electronic Certification

Permittee: TACOMA CENTRAL NO 1

Permit Number: WA0037087

Site Address: 2201 E PORTLAND AVE
TACOMA, WA 98421

Submittal Name: Acute Toxicity Complicance Monitoring Reporting

Version: 1

Due Date:

Comments: Voluntary submittal of 2025 Q1

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.

Matthew Symington

5/15/2025 2:29:15 PM

Signature

Date