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Electronic Signature Agreement Form

ESAF

Washington State Department of Ecology Water Quality Program

Headquarters: (360) 407-7097
Web site: <https://ecology.wa.gov/wqwebportal/>

For Ecology Use Only**Date Received:**

Form

Reviewed

Entered

Verified

ESAF

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.

Permit Name: City of Snohomish
Permit Address: 2115 2nd Street
City/State/Zip: Snohomish, WA 98290
Permit Number: WAR045543

2. Electronic Signer Contact Information

Role: ☒ Facility Signer ☐ Facility Coordinator

Signature Account User Name: hthomas0802 **DEPARTMENT OF ECOLOGY**
Full Name: Heather Thomas
Work Mailing Address: P.O. Box 1589 **APR 01 2024**
City/State/Zip: Snohomish, WA 98291-1589
Work Phone No. (Ext): 360-282-3194 **WATER QUALITY PROGRAM**
Work Email Address: hthomas@snohomishwa.gov

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: HT (initial here)

I agree that I will *not*:

- Let anyone else use my Electronic Signature account.

Agree: HT (initial here)

I, Heather Thomas (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 of Electronic Signer

This form cannot be processed without a handwritten signature.

Heather Thomas

Digitally signed by Heather Thomas
Date: 2024.03.22 11:35:04 -07'00'

3/22/2024

Electronic Signer's Signature

Date

Heather Thomas

City Administrator

Name (print or type)

Title

8. Signature of Permittee (Responsible Official)

This form cannot be processed without a handwritten signature.

I, Heather Thomas (insert name of permittee or responsible official) acknowledge that the individual named above works at/for City of Snohomish (insert site/facility name) and is authorized to submit documents on the site's/facility's behalf. I understand that I will be contacted by Ecology to validate the account holder's employment at the site/facility name listed above.

Signature

3/22/2024

Date

Heather Thomas

3/22/2024

Name (print or type)

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.



March 21, 2024

Washington State Department of Ecology
Water Quality Program
Northwest Region Office
Attention: Leah Shamlian
P.O. Box 330316
15700 Dayton Ave. N.
Shoreline WA 98133-9716

Subject: G19 Signatory Delegation for Western Washington Phase II Municipal Stormwater Permit

To Whom It May Concern,

This letter serves to name duly authorized representatives for the City of Snohomish with regards to our Western Washington Phase II Municipal Stormwater Permit.

I, Heather Thomas, City Administrator of the City of Snohomish, do hereby duly authorize individuals who hold the following positions to sign formal Permit submittals on my behalf and have responsibility for the overall development and implementation of the stormwater management program:

- Mayor (including Interim Mayor)
- Public Works Director (including Interim Public Works Director)
- Utility Manager (including Interim Utility Manager)
- City Engineer (including Interim City Engineer)
- Senior Utility Engineer (including Interim Senior Utility Engineer)
- NPDES Coordinator (including Interim NPDES Coordinator)

I certify, under penalty of law, that this document was prepared under my direction or supervision in accordance with a system designed to assure that Qualified Personnel properly gathered and evaluated 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 willful violations.

Sincerely,

A handwritten signature in black ink, appearing to read "Heather Thomas". The signature is fluid and cursive, with a long horizontal line extending from the end of the name.

Heather Thomas
City Administrator

