I. Permittee Information

Permittee Name City of Sammamish	**Permittee Coverage Number** WAR04-5540
Contact Name Eric LaFrance	**Phone Number** 425-295-0562
Mailing Address 801 228th Ave SE	
City Sammamish	**State** WA **Zip + 4** 98075
Email Adddress elafrance@ci.sammamish.wa.us	

II. Regulated Small MS4 Location

Jurisdiction City of Sammamish	***Entity Type: Check the box that applies***		
	County	**City/Town**	**Other**
		X	
Major Receiving Water(s) Lake Sammamish			

III. Relying on another Governmental Entity

If you are relying on another governmental entity to satisfy one or more of the permit obligations, list the entity and briefly describe the permit obligation(s) they are implementing on your behalf below. ***Attach a copy of your agreement with the other entity to provide additional detail.***

Name of Entity:	**Permit Obligation(s):**
King County	Inspections and maintenance of public and private drainage systems in Sammamish.