CERTIFICATE OF SERVICE

I certify that the original of the attached **CONSENT AGREEMENT AND FINAL ORDER, In the Matter of: City of Medical Lake, Docket No.: CWA-10-2024-0139**, was filed with the Regional Hearing Clerk; and that a true and correct copy was served on the date specified below to the following addresses via electronic mail:

Vanessa Oquendo
U.S. Environmental Protection Agency
Region 10, Mail Stop 20-C04
1200 Sixth Avenue, Suite 155
Seattle, Washington 98101
oquendo.vanessa@epa.gov

The Honorable Terri Cooper Mayor City of Medical Lake PO Box 369 / 200 Lefevre Street Medical Lake, Washington 99022 tcooper@medical-lake.org

Regional Hearing Clerk
EPA Region 10