



SNOHOMISH COUNTY BOARDS & COMMISSIONS NOMINATION FORM

INITIATOR: Please fill in this section

County department/agency: Public Works Department / Solid Waste Division

Contact person/phone: Jo-Anne Antoun / 425-388-6489

Name of Board/Commission: Solid Waste Advisory Committee

Advisory Ongoing

Term of Appointment 2 years Commencing from Date of Appointment

Mandated Requirements for Appointment* Must meet criteria outlined in SCC 7.34

SNOHOMISH COUNTY BOARDS & COMMISSIONS APPLICATION FORM

NOMINEE: Please fill in this section

Name of Board/Commission: Solid Waste Advisory Committee

New appointment: _____ Reappointment: 1st _____ 2nd _____ Ex-Officio X

Snohomish County Council District (Please choose one):

1 2 3 4 **5** Don't Know

Name: Aran Enger

Home Address: 7013 137th Pl SE

City: Snohomish State: WA Zip: 98296

Mailing Address (if different): _____

Telephone (Home): 425-385-3137 (Cell) 425-773-7770

E-mail: aenger@snohd.org

Current Employer: Snohomish Health District

Occupation: Lead Environmental Health Specialist

Education: BS Environmental Health

Licenses held (if applicable): _____

Why would you like to serve on this board/commission? _____



Please explain why you are a qualified candidate, including relevant professional experience, to serve on the board/commission. Solid Waste Facility regulator with the Snohomish Health District. I review facility design and operation plans, conduct compliance inspections, and investigate accidents and complaints.

Please list community involvement/volunteer activities. CERT, US ARMY Reserves (Army Medical Officer)

How did you learn of this opportunity? I was a guest this year when the SWAC reviewed the COMP plan.

Do you currently serve on a Snohomish County board or commission?* No

***2.03.060SCC - Candidates for appointment to County boards or commission must meet the following requirements:**

1. Possess qualifications for the appointment sought, as shown by the candidate’s written documentation and any hearing testimony.
2. If a reappointment, demonstrate the continuing benefits of retaining the board member as discussed in the executive’s recommendation and a satisfactory attendance record, as determined by adopted criteria of the particular board.
3. Reside or work in Snohomish County or show evidence of special interest in Snohomish County, provided that a candidate may not be a County employee.

By signing this Application Form, Nominee acknowledges that he/she will comply with all county policies, county code, and state law. Nominee also acknowledges that any record, including personal e-mail, prepared, owned, used, or retained by Nominee in the conduct of Board/Commission business is a public record, and Nominee agrees to produce said records to County upon request. Failure to comply with the above provisions may result in Nominee’s removal from Board/Commission.

Signature: 

Date: 9/8/21

Please attach resume if available and return to:
Dave Somers, County Executive Snohomish County



Executive Office 3000 Rockefeller Ave., MS 407
Everett, WA 98201-4046
(425) 388-3699 phone (425) 388-3434 fax county.executive@snoco.org