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DEPARTMENT OF
ECOLOGY
State of Washington

Transfer of Coverage Form

Aquatic Plant and Algae Management General Permit

Both the original Permittee and the new Permittee(s) must sign this form. Provide the date the new applicator will assume responsibility for permit coverage. Once both parties sign this form, the new Permittee becomes responsible for permit compliance and permit fees.

I. Original Permittee

Permit Number: WAG 993008		Willapa Bay Shellfish	
Permittee's Name: Warren Cowell			
Company: Willapa Bay Shellfish			
Mailing Address: P.O. Box 43			
City: Ocean Park	State: WA	Zip: 98640	
Phone Number: 360-751-2034	Fax:		
In order to ensure compliance with permit Section S1.A.2.a.ii.3, the Original Permittee must supply with New Permittee with a copy of a map that shows the areas covered under permit, and the areas that have been treated.			
Signature: <i>Warren Cowell</i>		4-15-21	

II. New Permittee

Name: Chase Metzger		
Company: Coastal Ag LLC		
Mailing Address: 12507 Y Place		
City: Long Beach	State: WA	Zip: 98631
Phone Number: 206-276-9115	Fax:	
Email address: chasecoastalag@gmail.com		
WSDA Aquatic Pesticide License Number: 65552	Expires: 12/31/2021	
Will assume responsibility and liability for coverage on: April 15, 2021		
Signature: <i>[Signature]</i>		3-30-21

III. Permit Contact (if different from New Permittee above)

Name:		
Company:		
Mailing Address:		
City:	State:	Zip:
Phone Number:	Fax:	
Email address:		