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Transfer of Permit to a New Owner/Operator
for Individual National Pollutant Discharge
Elimination System (NPDES) or State Waste Discharge Permits

WATER QUALITY PROGRAM

JAN 28 2016

DEPARTMENT OF ECOLOGY



This form, when completed and signed by both parties, and approved by the Department of Ecology, automatically transfers the permit as specified in the table below, in accordance with WAC 173-216-120 and WAC 173-220-200. By signing this form, the new owner/operator agrees to assume all responsibility, coverage, and liability of the permit, as of the effective date of the sale or lease. The permit transfers for any facility shall not be valid if there is or will be any significant change from the existing permit in facility operations, discharge volume, or discharge characteristics, as determined by the Department of Ecology. If such changes are or will be present, the new owner/operator shall immediately notify the Department of Ecology at an address listed below. If you have any questions, please contact your regional Permit Coordinator at the phone number listed at the bottom of this form.

Reason for transfer (check one): <input checked="" type="checkbox"/> SALE <input type="checkbox"/> LEASE <input type="checkbox"/> OTHER	Permit number to be transferred: WAAR-010777	Facility name: M/Cenark Reservoir # 7 Pine Station	Site/Parcel ID: 1807 SUD OLD CUMON ROAD	City/State/Zip: PORT ORCHARD, WA	Effective date of sale/lease/transfer: 12/31/15	Company name: CEM I, LLC	Uniform Business Code (UBC): 602-325-934	Facility name (if different):	Mailing address: Street/PO Box: 805 Melville Wash Ave	City/State/Zip: Port Orchard, WA 98367	Contact person: Dana Stewart	Phone number: 206 419 0667
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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 ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the 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 a fine and/or imprisonment for knowing violations.

Owner/President/Operator/Manager: (print name): Dana Stewart	Owner/President/Operator/Manager: (signature): <i>[Signature]</i>	Date signed: 1-18-2016
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Please complete this form and send it to: Washington State Department of Ecology, Permit Coordinator, at the appropriate regional office address:

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| Central Regional Office
1250 West Alder Street
Union Gap, WA 98903
(509) 575-2490
Fax (509) 575-2809 | Eastern Regional Office
4601 N. Main Street
Spokane, WA 99205-1295
(509) 329-3400
Fax (509) 329-3529 | Northern Waste Program
3100 Port of Blanton Blvd
Richland, WA 99354
(509) 372-7897
Fax (509) 372-7971 | Northwest Regional Office
3190 - 160th Avenue SE
Bellevue, WA 98008-5452
(425) 649-7000
Fax (425) 649-7098 | Southwest Regional Office
P.O. Box 47775
Olympia, WA 98504-7775
(360) 407-6300
Fax (360) 407-6305 |
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If you need this publication in an alternate format, please contact us at 360-407-6404 or TTY (for the speech and hearing impaired) at 711 or 1-800-433-6388.

