



Fresh Fruit Packing General Permit Coverage Modification Due to Change in Facility Status



This form must be completed prior to any changes in company or facility status. Send all completed forms to appropriate regional office:

Central Region Counties: Okanogan, Chelan, Douglas, Kittitas, Yakima, Benton, Klickitat

Eastern Region Counties: Grant, Ferry, Stevens, Pend Oreille, Lincoln, Spokane, Adams, Whitman, Franklin, Walla Walla, Columbia, Asotin, Garfield
Send to:

Send to:

ATTN MARCIA PORTER GENERAL PERMIT
MANAGER
WASHINGTON STATE DEPARTMENT OF ECOLOGY
CENTRAL REGIONAL OFFICE
1250 West Alder Street
Union Gap, WA 98903-0009
For questions, please call: 509-454-7864

ATTN JIM CHULOS GENERAL PERMIT MANAGER
WASHINGTON STATE DEPARTMENT OF ECOLOGY
EASTERN REGIONAL OFFICE
4601 N MONROE
SPOKANE WA 99205-1295
For questions, please call: 509-329-3565

Complete the Following General Information and Certification Statement

Permit Number	Windy Point Packing		Facility Name (if different)
Street/PO Box:	Mailing Address (check if new) <input checked="" type="checkbox"/>	Facility Location	
	183 Windy Point Dr.		
	City/State/Zip:	Wapato, WA 98951	
Person familiar with information in request:	Name James Foreman	Title COO	Phone 509-877-4446

CERTIFICATION: 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 assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry, the information submitted is to the best of my knowledge, 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.

Name (printed or typed) James Foreman	Title COO
Signature*	Date Signed 1/29/2016

*This document must be signed as follows: Corporations, by a principal executive officer of at least the level of vice-president; partnership, by a general partner; sole proprietorship, by the proprietor or owner. If these titles do not apply to your organization, the application is to be signed by the person who makes budget decisions for this facility.

For official use only:



Please check one of the following then complete the indicated section:

Section 1. Change a facility or company name with no ownership change

Section 2. Cancel permit coverage

Section 3. Transfer permit coverage to a new owner or operator (sale or lease)

SECTION 1. CHANGE COMPANY OR FACILITY NAME WITH NO CHANGE IN OWNERSHIP.

Old Name	New Name
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SECTION 2. CANCEL PERMIT COVERAGE

Cancellation of Permit No. _____ is requested because (check one):

The facility was sold or leased and is not eligible for permit transfer
Date of sale or lease _____

There are no longer wastewater discharges (including NCCW) at this facility
Date of last discharge _____

Other (specify) _____

SECTION 3. TRANSFER PERMIT COVERAGE DUE TO SALE OR LEASE

This section, when completed and signed by both parties and approved by Ecology, automatically transfers the specified permit, in accordance with chapter 173-226-210 WAC. The new permittee is responsible for seeing that all parts of this section (including the "Current Permittee Information") are complete before submitting this form. By signing this form, the new permittee agrees to assume all responsibility, coverage, and liability of the permit, as of the effective date of the sale or lease. A permit transfer for any facility shall not be valid if there is or will be any significant changes in facility operations, discharge volume, or discharge characteristics, as determined by Ecology. If such changes are or will be present, the new permittee shall immediately notify Ecology. It is the new permittee's responsibility to get copies of all relevant records from the current permittee (i.e., Yearly Facility Reports, Monthly DMRs, Road Management Plans, Environmental Compliance Plans, logbooks, etc.).

Reason for transfer (check one)	Permit number to be transferred	Effective date of sale/lease
SALE <input checked="" type="checkbox"/> LEASE <input type="checkbox"/>	WAG 43-5161	12/31/15
	Current Permittee	New Permittee
Company name:	Windy Point Packing	Windy Point LLC
Facility name (if different):		
Mailing Address	Street/PO Box: 420 Windy Point Dr.	183 Windy Point DR.
	City/State/Zip: Wapato, WA 98951	Wapato, WA
Contact person:	Michael Stepniewski	James foreman
Phone number:	509-877-4446	509-877-4446
Owner/President: (print name)	Michael Stepniewski	James Foreman
Owner/President: (signature)		
Date signed:	1-27-15	1/29/2016

cc (completed form): Permit Manager WQ Permit Coordinator Fee Unit, HQ

If you need this document in a format for the visually impaired, call the Water Quality Program at 360-407-6401. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.