



## Change in Status for State Waste Discharge Permits

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**JUL 19 2017**

Dept of Ecology  
Central Regional Office

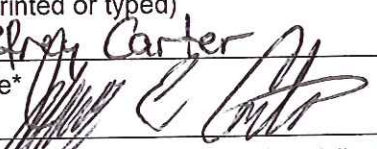
Please complete this form and send it to:

Washington State Department of Ecology  
Water Quality Permit Coordinator  
Central Regional Office  
1250 West Alder Street  
Union Gap, WA 98903-0009

(509) 575-2490, Fax (509) 575-2809

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)

Complete the Following General Information and Certification Statement			
Permit Number <b>ST0009193</b>	Company Name <b>Farwest Fabricators, Inc.</b>	Facility Name (if different)	
Street/PO Box:	Mailing Address <b>P.O. Box 1247</b>	Facility Location <b>7537 Postma Rd.</b>	
	City/State/Zip: <b>Moxee, WA 98936</b>	<b>Moxee, WA 98936</b>	
Person familiar with information in request:	Name <b>Deborah Dougherty</b>	Title <b>Quality Administrator</b>	Phone <b>(509) 453-1663</b>
<b>CERTIFICATION:</b> 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) <b>Jeffrey Carter</b>		Title <b>President</b>	
Signature* 		Date Signed <b>7/14/2017</b>	
<small>*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.</small>			

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

Old Name

New Name

**SECTION 2. CANCEL PERMIT COVERAGE**

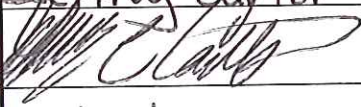

Cancellation of Permit No. \_\_\_\_\_ is requested because

(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 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
<input checked="" type="checkbox"/> SALE <input type="checkbox"/> LEASE		ST0009193	June 29, 2017
		Current Permittee	New Permittee
Company name:		Farwest Fabricators, Inc.	Farwest Operating LLC
Facility name (if different):			Farwest Fabricators
Mailing Address	Street/PO Box:	P.O. Box 1247	P.O. Box 1247
	City/State/Zip:	Moxee, WA 98936	Moxee, WA 98936
Contact person:		Deborah Dougherty	Deborah Dougherty
Phone number:		(509) 453-1663	(509) 453-1663
Owner/President: (print name)		Jeffrey Carter	Norm Thomas
Owner/President: (signature)			
Date signed:		7/14/2017	7/17/17

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.





**FARWEST**  
FABRICATORS

P.O. Box 1247  
Moxee, WA 98936  
Ph: (509) 453-1663  
Fax: (509) 453-0594

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JUL 19 2017  
DEPARTMENT OF ECOLOGY  
CENTRAL REGIONAL OFFICE

June 30, 2017

This letter is to inform the Washington State Department of Ecology that Farwest Fabricators, Inc.'s owner Jeff Carter has set up a new corporation called Farwest Operating LLC. In this new entity, Jeff is the largest shareholder and has brought in new investors. We would like to transfer State Waste Discharge Permit #ST0009193 issued to Farwest Fabricators, Inc. effective February 1, 2017 and including all of the responsibility, coverage and liability stated within, to Farwest Operating LLC as of the acquisition date of June 29, 2017.

If you have any questions, please feel free to contact us at the above number.

  
Owner Signature

Date

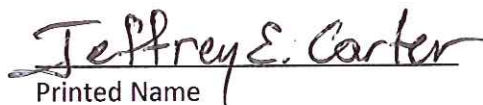
Farwest Fabricators, Inc.

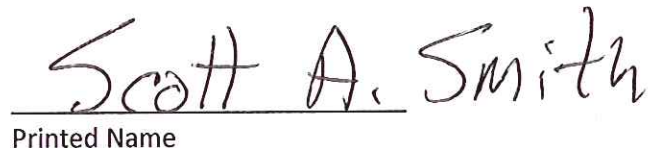
7-11-17

  
Chairman Signature  
Farwest Operating LLC

Date

7/11/17

  
Printed Name

  
Printed Name