

APR 20 2021



Transfer of Coverage

Industrial Stormwater General Permit

WATER QUALITY PROGRAM

Use this form to transfer permit coverage for all, or a portion of a site, to one or more new operators

Permit # WAR- 000074

Specific date that permit responsibility, coverage, and liability is transferred to new operator: 5-1-2021

Will any of the industrial activities change at this facility? ☐ Yes* ☒ No If yes, explain: _____

*If the Industrial activities substantially change, then the permit cannot be transferred (Special condition S2.D of the General Permit).

Current Operator/Permittee Information

Current Operator/Permittee Name: Eric Rothermel		Company: MI Windows and Doors	
Signature 	Date: 4/16/21	Title: Chief Talent Officer	
Mailing Address: 760 West Market street			
City: Gratz	State: PA	Zip: 17030	
Business Phone: 717-365-3300	Ext. NA	Fax (Optional):	
E-mail: Eric.rothermel@miwd.com	Cell Phone (Optional):		

New Operator/Permittee Information

I. New Operator / Permittee (all permit correspondence will be mailed here)			
Contact name/ Title: Dave Buffelen / Environmental Excellence Manager		Company name: Milgard Manufacturing LLC	
Business Phone: 253-330-3050 Ext. NA		Unified Business Identifier (UBI): 9-digit number provided by Dept. of Revenue to business owners. Individuals without a UBI, enter "none." 278041846	
Cell Phone (Optional):			
Fax (Optional):			
E-mail: davebuffelen@milgard.com			
Mailing address: 1001 54th ave e		City: Tacoma	State: WA Zip + 4: 98424
II. On-Site Contact Person			
Contact name: JoAnn Brandal		Company name: Milgard Manufacturing LLC	
Mailing address: 965 54th street e		City: Tacoma	State: WA Zip + 4: 98424
Business Phone: 253-579-2749		Ext. NA	Fax (Optional):
E-mail: joannbrandal@milgard.c		Cell Phone (Optional):	
III. Facility Information			
Facility Name:		County:	
Street Address (or Location description):		City:	Zip+4:
List the Standard Industrial Classification Code(s) for your facility.			
1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 4. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Type of industrial activity on site: _____			

IV. Receiving Water Information

Will there be a change in discharge point locations, discharge identifiers, sampling points, or receiving water locations? ☐ Yes ☐ No If yes, complete this section. If no, proceed to Section V.

A. Discharge Point(s) Latitude and Longitude*: Provide latitude and longitude, expressed in decimal degrees, for each of your facility's discharge point(s). List **all** discharge points. (Please use an extra sheet of paper if necessary.) Please use topographic maps and GPS settings that use the 1983 North American Datum (NAD 83).

For the discharge identifier, list the name, number, or letter used on the map to identify the point(s) of discharge. The identifier can only be a maximum of three characters long and **must be unique** for each discharge point.

If you identify more than one discharge point, mark the discharge point(s) you will sample to comply with the permit sampling requirements by checking the "S/P" (sample point) box.

Discharge identifier. These cannot be symbols. (maximum of three characters ex. 01A)	Latitude (decimal degrees)	Longitude (decimal degrees)	S/P	Location description
	° N	° W	<input type="checkbox"/>	
	° N	° W	<input type="checkbox"/>	
	° N	° W	<input type="checkbox"/>	
	° N	° W	<input type="checkbox"/>	
	° N	° W	<input type="checkbox"/>	

NOTE: You must use the unique identifier for the sampling point on each discharge monitoring report (DMR) form you will submit each quarter. Ecology will provide the DMR form when we issue coverage under the permit.

B. Receiving Water Latitude / Longitude: Provide latitude and longitude, expressed in decimal degrees, of your facility's discharge where it enters the receiving water(s). Please use topographic maps and GPS settings that use the 1983 North American Datum (NAD 83). List **all** receiving waters for the site. These receiving waters must be listed in the public notice. (Please use an extra sheet of paper if necessary.)

Receiving Water Body	Latitude (decimal degrees)	Longitude (decimal degrees)
	° N	° W
	° N	° W
	° N	° W
	° N	° W
	° N	° W

C. Name of Conveyance System: If you discharge to a municipal stormwater system or other stormwater conveyance system (e.g., Kent stormwater drainage system, roadside ditch), identify the system by name or if unnamed, by other identifier (e.g., 145th street ditch).

**For assistance with latitude and longitude, refer to either of the following websites:*

<http://www.getlatlon.com> or http://www.epa.gov/tri/report/siting_tool/index.htm. Please convert all latitude and longitude coordinates into decimal degrees format. For help with this process go to: <http://www.fcc.gov/mb/audio/bickel/DDDMSS-decimal.html>

If your site discharges to a water body that is on the impaired water bodies list (i.e., 303(d) list) you may be required to sample for more parameters. Ecology will notify you if any additional sampling requirements apply. Information on impaired water bodies is available online at: <http://www.ecy.wa.gov/programs/wq/stormwater/construction/impaired.html>

Before signing, please use the following checklist to ensure this form is complete:

- ☐ All spaces on this form have been completed (attach additional sheets if necessary).
- ☐ The transfer form is signed* by both the current permittee and the new permittee(s).
 * **Federal regulations require this application is signed by one of the following:**
 - A. For a corporation: by a principal executive officer of at least the level of vice president;
 - B. For a partnership or sole proprietorship: by a general partner or the proprietor, respectively or
 - C. For a municipality, state, federal, or other public facility: by either a principal executive officer or ranking elected official.
- ☐ New Operator/Permittee: Before you submit this form to Ecology, please retain a copy for your records – this will serve as proof of permit coverage until documentation arrives from Ecology.

V. Certification of New Permittee	
<i>"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 gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those 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 fine and imprisonment for knowing violations."</i>	
Printed Name/Company <div style="text-align: center;">Dave Buffelen / Milgard Manufacturing LLC</div>	Title <div style="text-align: center;">Environmental Excellence Manager</div>
Signature 	Date <div style="text-align: center;">4-16-2021</div>

Please sign and return this original document to:
 Department of Ecology
 Stormwater Unit – Industrial
 P. O. Box 47696
 Olympia, WA 98504-7696

Location	Contact Name	Phone	E-mail
City of Seattle, Kitsap, Pierce, and Thurston counties	Josh Klimek	360-407-7451	jokl461@ecy.wa.gov
Island, King, and San Juan counties	Clay Keown	360-407-6048	ckeo461@ecy.wa.gov
Adams, Asotin, Columbia, Ferry, Franklin, Garfield, Grant, Lincoln, Pend Oreille, Skagit, Snohomish, Spokane, Stevens, Walla Walla, Whatcom, and Whitman counties.	Shawn Hopkins	360-407-6442	shop461@ecy.wa.gov
Benton, Chelan, Clallam, Clark, Cowlitz, Douglas, Grays Harbor, Jefferson, Kittitas, Klickitat, Lewis, Mason, Okanogan, Pacific, Skamania, Wahkiakum, and Yakima counties.	Joyce Smith	360-407-6858	josm461@ecy.wa.gov

To ask about the availability of this document in a version for the visually impaired call the Water Quality Program at 360-407-6401. Persons with hearing loss, call 711 for Washington Relay Service. Persons with a speech disability, call 877-833-6341.