



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

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 transfer 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"/> OTHER
	<input type="checkbox"/> LEASE	Describe:
Permit number to be transferred:	WA00001503	
Facility name:	CenTrio Energy Seattle LLC	
Street/PO Box:	1325 4th Ave Ste. 1440	
City/State/Zip:	Seattle, WA 98101	
Effective date of sale/ lease/transfer:	4/22/2021	
	Old	New
Company name:	BIF II DIST ENERGY HOLDINGS III DELAWARE DBA: ENWAVE SEATTLE	CenTrio Energy USA Holdings LLC DBA: CenTrio Energy Seattle LLC
Uniform Business Code (UBI):	EIN 47-1334175	EIN 27-1397463
Facility name (if different):	Enwave Seattle	CenTrio Energy Seattle LLC
Mailing address: Street/PO Box:	1325 4th Ave Ste. 1440	1325 4th Ave Ste. 1440
	City/State/Zip: Seattle, WA 98101	Seattle, WA 98101
Contact person:	Michael Reeves	Michael Reeves
Phone number:	206-623-6366	206-623-6366

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 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/Mgr: (print name)	Clarence Clipper (General Manager)	Michael Reeves (Operations Manager/chief engineer)
Owner/President/Operator/Mgr: (signature)		
Date signed:	10/11/2021	10/11/2021

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. Monroe Street
Spokane, WA 99205-1295
(509) 329-3400
Fax (509) 329-3529 | Nuclear Waste Program
3100 Port of Benton Blvd
Richland, WA 99354
(509) 372-7897
Fax (509) 372-7971 | Northwest Regional Office
3190 – 160 th 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 1-800-833-6388.