



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"/> LEASE	<input type="checkbox"/> OTHER Describe:
Permit number to be transferred:	ST0045510	
Facility name:	National Food Hilltop Farm	
Street/PO Box:	2005 268 th St NW	
City/State/Zip:	Stanwood, WA 98292	
Effective date of sale/ lease/transfer:	9/1/21	
	Old	New
Company name:	National Food Corporation	National Food NW LLC
Uniform Business Code (UBI):	600 140 803	604 788 466
Facility name (if different):	National Food Hilltop Farm	National Food NW Hilltop Farm
Mailing address: Street/PO Box:	728 134 th St SW, Suite 103	728 134 th St SW, Suite 103
City/State/Zip:	Everett, WA 98204	Everett, WA 98204
Contact person:	Brian Bookey	Mike Cain
Phone number:	425-407-6233	209-535-1167

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)	Brian Bookey, President	Steven Gemperle, Manager
Owner/President/Operator/Mgr: (signature)		
Date signed:	10/4/2021	

Please complete this form and send it to: Washington State Department of Ecology, Permit Coordinator, (at the appropriate regional office address):

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 - 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

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.