



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:

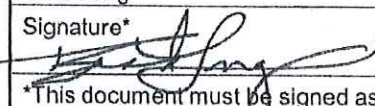
ATTN: MARCIA PORTER
WASHINGTON STATE DEPARTMENT OF ECOLOGY
CENTRAL REGIONAL OFFICE
1250 WEST ALDER STREET
UNION GAP, WA 98903-0009

Send to:

ATTN: ANNIE SIMPSON
WASHINGTON STATE DEPARTMENT OF ECOLOGY
EASTERN REGIONAL OFFICE
4601 N MONROE
SPOKANE WA 99205-1295

For questions, please call: 509-454-7864

For questions, please call: 509-329-3565

Complete the Following General Information and Certification Statement			
Permit Number WAG435186	Company Name Long Properties IV, LLC	Facility Name (if different)	
Street/PO Box:	Mailing Address (check if new <input checked="" type="checkbox"/>)	Facility Location	
	P.O. Box 9783	10 W. Mead Ave.	
City/State/Zip:	Yakima, WA 98909-0783	Yakima, WA 98902	
Person familiar with information in request:	Name Nick Longmire	Title COO	Phone (509) 575-8382
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) Brad Long		Title Owner/Manager	
Signature* 		Date Signed 11-30-2021	
*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:			

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Central Regional Office

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 _____

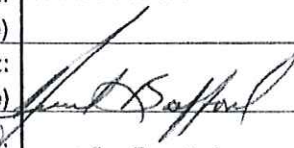

SECTION 2. CANCEL PERMIT COVERAGE

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"/>	WAG435186	11/18/2021
	Current Permittee	New Permittee
Company name:	D&H Properties Yakima LLC	Long Properties IV, LLC
Facility name (if different):		
Mailing Street/PO Box:	1191 E Iron Eagle Dr, Ste 200	P.O. Box 9783
Address City/State/Zip:	Eagle, ID 83616-5146	Yakima, WA 98909-0783
Contact person:	Tyler Argo	Nick Longmire
Phone number:		(509) 575-8382
Owner/President: (print name)	Howard Bafford	Brad Long
Owner/President: (signature)		
Date signed:	10-3-21	11-30-2021

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

To request materials in a format for the visually impaired, visit <https://ecology.wa.gov/accessibility>, call Ecology at 360-407-6600, Relay Service 711, or TTY 877-833-6341.

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