



STATE OF WASHINGTON  
**DEPARTMENT OF ECOLOGY**

PO Box 47600, Olympia, WA 98504-7600 • 360-407-6000

January 11, 2023

Paula Stoppler, Technical Director  
Cosmo Specialty Fibers, Inc.  
POB 539  
Cosmopolis, WA 98537

**Re: Cosmo Specialty Fibers Ownership Transfer Letter**

Dear Paula Stoppler:

On January 3, 2023, Cosmo Specialty Fibers (Cosmo) notified the Department of Ecology (Ecology) via phone regarding the purchase of your facility on December 30, 2022.

Ecology will require a letter signed by a legally responsible authority to formalize the notification and official transfer of the applicable permits. The letter must describe the date of the ownership change, the previous and current owner names, and the description of the type of transfer (including any changes to the facility name, Washington State UBI number, and Federal EIN number). The letter should identify the permits that are part of the transfer as well as any new contacts and their positions. Please submit the letter by **January 15, 2023**.

In addition to the letter, Ecology also requires submittals of other forms and paperwork as part of transfer process. These are identified by the appropriate media below.

**Water Quality:** Cosmo currently operates under NPDES permit WA000809. Requirements associated with this permit are as below.

- In accordance with General Condition G1.1 of your NPDES permit, only certain individuals have the authority to sign and certify the various submittals required by the permit. Those individuals may delegate their signature authority to certain other individuals by appropriately notifying Ecology. General Condition G1.3 also requires notification to Ecology of any changes to such authorizations. This "Notice of Change in Authorization" must be uploaded to the WQ Portal. If Cosmo feels that no such changes have occurred, the above letter must state that there have been no changes to the individuals who have the authority under G1 to sign and certify submittals under NPDES permit WA000809.
- Please refer to Ecology's WQWebPortal guidance website (<https://ecology.wa.gov/Regulations-Permits/Guidance-technical-assistance/Water-quality-permits-guidance/WQWebPortal-guidance>) for information on the steps and forms required for electronically submitting NPDES submittals to Ecology and how to designate that authority to others. Please submit the required forms to Ewa Kotwicka of the Industrial Section.

- General Condition G7 required the previous owner to notify the new owner of the existence of the NPDES permit by letter. Provide Ecology with a copy of the letter by uploading it to the WQ Portal under condition G7.
- Complete the attached Transfer of Permit to New Owner/Operator Form and upload it to Ecology's WQ Portal under condition G7. A copy of the form is available here: <https://apps.ecology.wa.gov/publications/documents/ecy070164.pdf>.

**Dangerous/Hazardous Waste:** Cosmo does not have a dangerous waste permit. However, the facility does have an active EPA/State ID number and is subject to requirements of WAC 173-303. Cosmo must complete the attached Dangerous Waste Identification Form. Please send the hard copy with the wet ink signature to the HWTR Annual Reporting Team and provide me with an electronic copy via e-mail.

**Air Quality:** The letter as noted above will formalize the transfer of the applicable air quality permit(s). No other submittals are necessary.

If you have any questions about submittals for the transfer, please contact me at (360) 709-6276 or [ha.tran@ecy.wa.gov](mailto:ha.tran@ecy.wa.gov).

Sincerely,



Ha Tran  
Industrial Section  
Washington Department of Ecology

Cc: Erik Hiles, Cosmo Specialty Fibers, Environmental Engineer

Enclosures: Electronic Signature Authority Form  
Dangerous Waste Identification Form



**8. Site Contact Person**

Name: Craig McKinney	Name: _____
Title: Environmental Engineer	Title: _____
Street 1: PO Box 539	Street 1: _____
Street 2:	Street 2: _____
City/State/Zip: Cosmopolis, WA 98537	City/State/Zip: _____
Email: cmckinney@cosmospecialty fibers.com	Email: _____
Phone: (360)500-4638	Phone: _____
Phone Ext:	Phone Ext: _____

**9a. Legal Owner**

Owner Type: Private	Owner Type: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Other <input type="checkbox"/> District <input type="checkbox"/> Private <input type="checkbox"/> Tribal <input type="checkbox"/> Puyallup Trust
Owner Name: Cosmo Specialty Fibers Inc	Owner Name: _____
Street 1: PO Box 539	Street 1: _____
Street 2:	Street 2: _____
City/State/Zip: Cosmopolis, WA 98537	City/State/Zip: _____
Owner Since: 09/16/2010	Owner Since: _____
Phone: (360)500-4638	Phone: _____
Email:	Email: _____

**9b. Land Owner**

Owner Type: Private	Owner Type: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Other <input type="checkbox"/> District <input type="checkbox"/> Private <input type="checkbox"/> Tribal <input type="checkbox"/> Puyallup Trust
Owner Name: Cosmo Specialty Fibers Inc	Owner Name: _____
Street 1: PO Box 539	Street 1: _____
Street 2:	Street 2: _____
City/State/Zip: Cosmopolis, WA 98537	City/State/Zip: _____
Owner Since: 12/31/2017	Owner Since: _____
Phone: (360)500-4638	Phone: _____
Email:	Email: _____

**9c. Site Operator**

Operator Type: Private	Operator Type: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Other <input type="checkbox"/> District <input type="checkbox"/> Private <input type="checkbox"/> Tribal <input type="checkbox"/> Puyallup Trust
Operator Name: Cosmo Specialty Fibers Inc	Operator Name: _____
Street 1: PO Box 539	Street 1: _____
Street 2:	Street 2: _____
City/State/Zip: Cosmopolis, WA 98537	City/State/Zip: _____
Operator Since: 09/16/2010	Operator Since: _____
Phone: (360)500-4638	Phone: _____
Email:	Email: _____

## 10. Dangerous Waste Activities

### 10a. Dangerous Waste Activities

1. Generator of Dangerous Waste (State)

a. LQG: Large Quantity Generator (Greater than 2,200 lbs/mo)

b. MQG: Medium Quantity Generator (Between 220 - 2,200 lbs/mo)

c. SQG: Small Quantity Generator (Less than 220 lbs/mo)

d. XQG: No Regulated Waste Generated

2. Generator of Dangerous Waste (Federal)

a. LQG: Large Quantity Generator (Greater than 2,200 lbs/mo)

b. SQG: Small Quantity Generator (Between 220 - 2,200 lbs/mo)

c. VSQG: Very Small Quantity Generator (Less than 220 lbs/mo)

d. NQG: Not a Generator (No Regulated Waste Generated)

3. Short Term Generator

(This question is automatically reported as "no" to U.S. Environmental Protection Agency)

4. United States Importer of Dangerous Waste

5. Mixed Waste (Dangerous and Radioactive) Generator

6. Transporter of Dangerous Waste

a. HW Transporter

b. HW Transfer Facility

7. Designated Facility of Dangerous Waste (TSD) (Requires an Ecology Part A or Part B permit for dangerous waste management).

8. Recycler of Dangerous Waste from Off-Site

a. Stores Prior to Recycling

b. Does Not Store Prior to Recycling

9. Exempt Boiler and/or Industrial Furnace

a. Small Quantity On-site Burner Exemption

b. Smelting, Melting, Refining Furnace Exemption

10. Underground Injection Control

11. Receives Dangerous Waste from Off-site

12. Recognized Trader

a. Importer

b. Exporter

13. Importer/Exporter of SLABs

a. Importer

b. Exporter

### 10b. Universal Waste Activities

1. Large Quantity Handler of Universal Waste (Mark all boxes that apply)

a. Batteries

b. Lamps

c. Mercury containing equipment

(Note: Large Quantity Handlers accumulate 11,000 pounds or more total of universal waste (batteries, thermostats, and lamps calculated collectivel) and/or accumulates more than 2,200 pounds of universal waste lamps at any time.)

2. Destination Facility for Universal Waste

(Note: Please check this box if you either store waste from off-site sources prior to recycling or if you recycle waste from off-site sources without first storing the waste.)

10c. Used Oil Activities

1. Off-Specification Used Oil Burner

a. Utility Boiler

b. Industrial Boiler

c. Industrial furnace

2. Used Oil Processor and / or Re-refiner

a. Processor

b. Re-refiner

3. Used Oil Transporter

a. Transporter

b. Transfer Facility

4. Used Oil Fuel Marketer

a. Directs Shipment of used oil to used oil burner

b. First claims the used oil meets specification

10d. Eligible Academic Entities with Laboratories

1. Yes, I am managing dangerous wastes under this rule.

a. College or University

b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university.

c. Non-profit institute that is owned by or has a formal written affiliation agreement with a college or university.

2. Yes, I wish to withdraw from this rule. (If you were managing dangerous wastes under the State Academic Laboratory rule and you no longer wish to participate, select this option.)

10e. State Required Information. The following information is required by Washington State.

1. Washington State Tax Registration Number (UBI number): \_\_\_\_\_

2. How frequently do you generate dangerous waste?

a. Monthly

b. Batch

c. Spill Event

d. Clean-up

3. Generator of Special Waste (Regulated under WAC 173-303-073)

4. Recycler of On-Site Waste (i.e. on-site use, reuse, or reclamation of a waste after it was generated)

5. Permit-by-Rule (PBR)

6. Treatment by Generator (TBG)

7. Transport Your Own Waste

8. Dangerous Waste Fuel Activity

a. Generator of dangerous waste fuel

b. Generator marketing to burner

c. Other marketers (i.e. blender, distributor, etc...)

d. Burner (indicate type of combustion unit)

1. Utility Boiler

2. Industrial Boiler

3. Industrial Furnace

11. Federal Waste Codes (e.g., D001 - Ignitable, D002 - Corrosive, D003 - Reactive, etc.)


12. State Waste Codes (e.g., WT02 - Toxic, WP02 - Persistent, WSC2 - Solid Corrosive, etc.)


13. Episodic Waste Generation

Complete the Episodic Event Waste Generation Addendum Form

14. LQG Consolidation of SQG Generator Waste

Complete the LQG Consolidation of SQG Generator Waste Addendum Form

15. LQG Site Closure of a Central Accumulation Area (CAA) or Entire Facility

LQG Site Closure of a Central Accumulation Area (CAA) or Entire Facility

A.  Central Accumulation Area (CAA) or  Entire Facility

B. Expected closure date: \_\_\_\_\_

C. Requesting new closure date: \_\_\_\_\_

D. Date closed: \_\_\_\_\_

1. In compliance with the closure performance standards WAC 173-303-665

2. Not in compliance with the closure performance standards WAC 173-303-675

16. Hazardous Secondary Material (HSM) Activity

Complete the Hazardous Secondary Material (HSM) Addendum Form

17. Manifest Broker

Are you a Manifest Broker?

18. Pharmaceutical Activities

If you manage dangerous waste under the Pharmaceutical Requirements, indicate the facility type in question a. If these requirements no longer apply, check the box in question b to withdraw.

a. I am managing dangerous wastes under the requirements as a:

Health care facility

Reverse distributor

b. I wish to withdraw from the requirements

**Note:** If you are a Reverse Distributor, you may only withdraw from these requirements if you are also withdrawing your EPA/State Id.

19. Comments

20. Certification - This form cannot be processed without a wet ink signature

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 fine and imprisonment for knowing violations.

Signature:	_____				
Title:	_____	First Name:	_____	Last Name:	_____
Email:	_____		Certification Date:	_____	

# Electronic Signature Agreement Form

**ESAF**

## Washington State Department of Ecology Water Quality Program

Headquarters: (360) 407-7097  
Web site: [www.ecy.wa.gov/programs/wq](http://www.ecy.wa.gov/programs/wq)

For Ecology Use Only		Date Received:	
Form	Reviewed	Entered	Verified
ESAF			

### 1. Site Location Information

If you are applying for multiple facilities/permits, please include a list containing the site location information and permit numbers for all requested facilities/permits.

Site/Facility Name: \_\_\_\_\_

Site Location Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Permit Number: \_\_\_\_\_

### 2. Electronic Signer Contact Information

Role:  Facility Signer  Facility Coordinator

Signature Account User Name: \_\_\_\_\_

Full Name: \_\_\_\_\_

Work Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Work Phone No. (Ext): \_\_\_\_\_

Work Email Address: \_\_\_\_\_

### 3. Proof of Identity

Please include a copy of one of the following documents, with your name on the document, with your ESAF to prove your association with the facility-(ies):

- Your permit's letter of coverage;
- Your permit's cover sheet;
- A previously submitted DMR;
- A correspondence from Ecology that has both the facility name and permit number on the same page;
- Signature authority delegation letter signed by the permittee (responsible official).

### 4. Electronic Signature Agreement and Certification Statement

By completing and submitting this form to Ecology, I agree to follow the rules and procedures governing the Electronic Signature account. I also agree that the reports and documents I submit under my Electronic Signature will be used as the corresponding paper report would.

### 5. Clean Water Act Certification Statement

All submittals to the Department of Ecology under this WQWebPortal application are subject to the following certification, as required by federal and state regulations:

*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. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete and I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.*

## 6. Certification Statement

<p>I agree that I will:</p> <ul style="list-style-type: none"><li>• Protect my Electronic Signature account, which includes my answers to the verification questions and my password;</li><li>• Review the content and meaning of my submitted Annual Reports and Notifications;</li><li>• Within 24 hours of discovery, report to Ecology if:<ul style="list-style-type: none"><li>○ My Electronic Signature account is lost, stolen or used by someone else;</li><li>○ There is any difference between the information I submitted and the information displayed in WebDMR;</li><li>○ My role as a signer for this organization changes.</li></ul></li></ul> <p>Agree: _____ (initial here)</p>	<p>I agree that I will <i>not</i>.</p> <ul style="list-style-type: none"><li>• Let anyone else use my Electronic Signature account.</li></ul> <p>Agree: _____ (initial here)</p>
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I, \_\_\_\_\_ (print Electronic Signer's name), understand that:

1. My electronic signature is legally the same as my handwritten signature for the purpose of compliance with the relevant environmental regulations;
2. A failure to timely notify Ecology of a possible misuse of my Electronic Signature account may result in my liability for the information submitted;
3. There are significant penalties for submitting false information, including possible fines and imprisonment, related to the federal Department of Justice and federal environmental program;
4. I will be asked to verify that I am following the rules outlined in this agreement when I electronically submit documents.

## 7. Signature of Electronic Signer

**This form cannot be processed without a handwritten signature.**

\_\_\_\_\_  
Electronic Signer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (print or type)

\_\_\_\_\_  
Title

## 8. Signature of Permittee (Responsible Official)

**This form cannot be processed without a handwritten signature.**

I, \_\_\_\_\_ (insert name of permittee or responsible official) acknowledge that the individual named above works at/for \_\_\_\_\_ (insert site/facility name) and is authorized to submit documents on the site's/facility's behalf. I understand that I will be contacted by Ecology to validate the account holder's employment at the site/facility name listed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (print or type)

\_\_\_\_\_  
Title

**Note:** You may skip this section if the responsible official has written, signed, and attached a delegation letter to this form or if the responsible official completes this form.

*If you need 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.*

**9. Assign Administrator****This section cannot be processed without a handwritten signature.**

I, \_\_\_\_\_ (insert name of permittee or responsible official) acknowledge that  
 \_\_\_\_\_ (person being assigned) is authorized to be an administrator on the site's/facility's  
 behalf. I understand that I will be contacted by Ecology to validate the account holder's employment at the site/facility name listed  
 above.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Name (print or type)\_\_\_\_\_  
Title

**Note:** You may skip this section if the responsible official has written, signed, and attached a delegation letter to this form, if the responsible official completes this form, or if the responsible official is not assigning a person to the administrator role.

\*Due to COVID and limited access to the office, we are accepting scanned Electronic Signature Agreement Forms (ESAF). When it is safe and you are able, please mail the original signed ESAF to Ecology for our official records.

*Stormwater Permit Facilities – Industrial  
and Construction Stormwater*

*Major Industrial Facilities (NPDES and  
State Waste Discharge Permits)*

**Washington Department of Ecology  
Water Quality Program Stormwater IT  
PO Box 47699  
Olympia, WA 98504-7699  
360-407-7097  
wqwebportal@ecy.wa.gov**

**Washington Department of Ecology  
Solid Waste Management Program  
Industrial Section  
ATTN: Ewa Kotwicka  
PO Box 47600  
Olympia, WA 98504-7600  
360-407-6945  
WQWebDMR-Industrial@ecy.wa.gov**

For all other permits, please contact one of the following offices:

*Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Mason,  
Lewis, Pacific, Pierce, Skamania, Thurston, and  
Wahkiakum counties*

*Adams, Asotin, Columbia, Ferry, Franklin, Garfield, Grant,  
Lincoln, Pend Oreille, Spokane, Stevens, Walla Walla, and  
Whitman counties*

**Washington Department of Ecology  
Water Quality Program - SWRO  
PO Box 47775  
Olympia, WA 98504-7775  
360-407-6300  
WQWebDMR-SWRO@ecy.wa.gov**

**Washington Department of Ecology  
Water Quality Program - ERO  
4601 N Monroe  
Spokane, WA 99205-1295  
509-329-3400  
WQWebDMR-ERO@ecy.wa.gov**

*Benton, Chelan, Douglas, Kittitas, Klickitat, Okanogan,  
and Yakima counties*

*Island, King, Kitsap, San Juan, Skagit, Snohomish, and  
Whatcom counties*

**Washington Department of Ecology  
Water Quality Program - CRO  
1250 W Alder St  
Union Gap, WA 98903-0009  
509-575-2490  
WQWebDMR-CRO@ecy.wa.gov**

**Washington Department of Ecology  
Water Quality Program - NWRO  
ATTN: Chris Smith  
PO Box 330316  
Shoreline, WA 98133-9716  
206-594-0169  
WQWebDMR-NWRO@ecy.wa.gov**