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Fresh Fruit Packing General Permit Coverage Modification Due to a Change in Operations

This form must be completed and submitted prior to any operational changes that will result in the addition or elimination of a Treatment/Disposal Method (TDM) or a significant change in wastewater characteristics or volume. Depending upon the complexity of the change, you may need to submit a new Application for Permit Coverage. Send completed forms to the appropriate region as listed below:

Central Region Counties:

Benton, Chelan, Douglas, Kittitas, Klickitat, Okanogan, or Yakima

Eastern Region Counties:

Adams, Asotin, Columbia, Ferry, Franklin, Garfield, Grant, Lincoln, Pend Oreille, Spokane, Stevens, Walla Walla, or Whitman

ATTN: MARCIA PORTER

WASHINGTON STATE DEPT. OF ECOLOGY
CENTRAL REGIONAL OFFICE
1250 WEST ALDER STREET
UNION GAP, WA 98903-0009

ATTN: JEFFERSON DAVIS

WASHINGTON STATE DEPT. OF ECOLOGY
EASTERN REGIONAL OFFICE
4601 N. MONROE
SPOKANE, WA 99205-1295

For questions please call: 509-406-6624

marcia.porter@ecy.wa.gov

For questions please call: 509-329-3565

jefferson.davis@ecy.wa.gov

Complete the following General Information and Certification Statement

Permit Number: WAG 435106	Company Name: Evans Fruit Comp.	Facility Name (if different):
	Mailing Address (check if new <input type="checkbox"/>)	Facility Location
Street/P.O. Box: PO Box 70	200 Cowiche City Road	
City/State/Zip: Cowiche, WA 98923	Cowiche WA 98923	
Person familiar with information in the request: Name: Jeannette Evans	Title: owner	Phone: 509 678 4127
Email: barbie.evans@gmail.com		

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 gather and evaluate 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) Joseph Evans	Title Manager - COO
Signature* 	Date Signed 4/11/24

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 do not apply to your organization, the application is to be signed by the person who makes budget decisions for the facility.

For office use only:

DESCRIPTION OF CHANGE IN OPERATION

Modification of permit coverage is requested for the following reasons (check all that apply):

_____ Add or discontinue use of a Treatment/Disposal Method (TDM)

_____ Add or discontinue a wastewater discharge

_____ Add or discontinue use of a chemical

_____ Facility expansion

X Other (specify) Add outfall

Give a brief description of the project or proposed change(s) in the area below. Attach additional sheets if necessary:

land application from lined evaporative lagoon (LEL)

Approximate gallons per day To land = 7,500

Approximate number of acres of land application site = 3½

If you need this document in a format for the visually impaired, call the Water Quality Program at 360-407-6401. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.