



Transfer of Coverage Form

Aquatic Plant and Algae Management General Permit

Both the original Permittee and the new Permittee(s) must sign this form. Provide the date the new applicator will assume responsibility for permit coverage. Once both parties sign this form, the new Permittee becomes responsible for permit compliance and permit fees.

I. Original Permittee

Permit Number: WAG 993004		
Permittee's Name: Ken Wiegardt		
Company: Wiegardt & Sons Inc.		
Mailing Address: P.O. Box 309		
City: Ocean Park	State: WA	Zip: 98640
Phone Number: 360-665-4144	Fax:	
In order to ensure compliance with permit Section S1.A.2.a.ii.3, the Original Permittee must supply with New Permittee with a copy of a map that shows the areas covered under permit, and the areas that have been treated.		
Signature: 4/15/21		

II. New Permittee

Name: Chase Metzger		
Company: Coastal Ag LLC		
Mailing Address: 12507 Y Place		
City: Long Beach	State: WA	Zip: 98631
Phone Number: 206-276-9115	Fax:	
Email address: chasecoastalag@gmail.com		
WSDA Aquatic Pesticide License Number: 65552		Expires: 12/31/2021
Will assume responsibility and liability for coverage on: April 15, 2021		
Signature:		

III. Permit Contact (if different from New Permittee above)

Name:		
Company:		
Mailing Address:		
City:	State:	Zip:
Phone Number:	Fax:	
Email address:		