



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:	DEPARTMENT OF ECOLOGY CENTRAL REGIONAL OFFICE RECEIVED April 18, 2025 Received via: crowqpermits@ecy.wa.gov
Permit number to be transferred:	ST0009213		
Facility name:	Kenyon Zero Storage Inc.		
Street/PO Box:	PO BOX 604		
City/State/Zip:	Grandview, WA 98930		
Effective date of sale/ lease/transfer:	9-1-2021		
	Old	New	
Company name:	Kenyon Zero Storage Inc.	Lineage - Prosser	
Uniform Business Code (UBI):	600168279	603390103	
Facility name (if different):			
Mailing address: Street/PO Box:	PO Box 604	46500 Humboldt Dr	
City/State/Zip:	Grandview, WA 98930	Novi, MI 48377	
Contact person:	Buford Baze	Buford Baze	
Phone number:	509-831-2522	509-831-2522	

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)	Josh Wingert	Josh Wingert
Owner/President/Operator/Mgr: (signature)		
Date signed:	4/17/25	4/17/25

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 P.O. Box 330316 Shoreline, WA 98133-9716 (206) 594-0000 Fax (206) 366-7810	Southwest Regional Office P.O. Box 47775 Olympia, WA 98504-7775 (360) 407-6300 Fax (360) 407-6305
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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.