



Transfer of Coverage Industrial Stormwater General Permit

Use this form to transfer permit coverage for a site to one or more new operators

General Information

Permit #WAR

Specific date that permit responsibility, coverage, and liability is transferred to new operator:

Will any of the industrial activities change at this facility? Yes No If yes, explain:

*If the Industrial activities substantially change, then the permit cannot be transferred (Special condition S2.D of the General Permit).

Current Operator/Permittee Information

Current Operator/Permittee's Name:

Company:

Signature:

Date:

Title:

Mailing Address:

City:

State:

Zip:

Business Phone:

Ext.:

Fax (Optional):

Email:

Cell Phone (Optional):

New Operator/Permittee Information

I. New Operator/Permittee (all permit correspondence will be mailed here)

Contact Name/Title:

Company Name:

Business Phone:

Ext.:

Unified Business Identifier (UBI): 9-digit number provided by Dept. of Revenue to business owners. Individuals without a UBI, enter "none."

Fax (Optional):

Email:

Cell Phone (Optional):

Mailing Address:

City:

State:

Zip + 4:

II. On-Site Contact Person

Contact Name:

Company Name:

Mailing Address:

City: State: Zip + 4:

Business Phone:

Ext.:

Fax (Optional):

Email:

Cell Phone (Optional):

III. Facility Information

Facility Name:

County:

Street Address (or description):

City:

Zip + 4:

List the Standard Industrial Classification Code(s):

1.

2.

3.

4.

Type of industrial activity on site:

IV. Receiving Water Information.

Will there be a change in discharge point locations, discharge identifiers, sampling points, or receiving water locations? Yes No -If yes, complete this section. If no, proceed to section V.

A. Discharge Point(s) Latitude and Longitude*: Provide latitude and longitude for each of your facility's discharge point(s). List all discharge points. (Please use an extra sheet of paper if necessary.) Please use topographic maps and GPS settings that use the 1983 North American Datum (NAD 83).

For the discharge identifier, list the name, number, or letter used on the map to identify the point(s) of discharge. The identifier can only be a maximum of three characters long and must be unique for each discharge point.

If you identify more than one discharge point, mark the discharge point(s) you will sample to comply with the permit sampling requirements by checking the "S/P" (sample point) box.

Discharge identifier. These cannot be symbols. (maximum of three characters e.g., 01A)			Latitude	Longitude	S/P (Sample Point)	Location description

NOTE: You must use the unique identifier for the sampling point on each discharge monitoring report (DMR) form you will submit each quarter. Ecology will provide the DMR form when we issue coverage under the permit.

B. Receiving Water Latitude / Longitude: Provide latitude and longitude of your facility's discharge where it enters the receiving water(s). Please use topographic maps and GPS settings that use the 1983 North American Datum (NAD 83). List all receiving waters for the site. These receiving waters must be listed in the public notice. (Please use an extra sheet of paper if necessary.)

Receiving Waterbody	Latitude	Longitude

C. Name of Conveyance System: If you discharge to a municipal stormwater system or other stormwater conveyance system (e.g., Kent stormwater drainage system, roadside ditch), identify the system by name or if unnamed, by other identifier (e.g., 145th street ditch).

If your site discharges to a water body that is on the impaired water bodies list (i.e., 303(d) list) you may be required to sample for more parameters. Ecology will notify you if any additional sampling requirements apply. Information on impaired water bodies is available online at our [database](#).¹ Choose "Industrial Stormwater 303(d)" from the "Report Details" drop-down.

Before signing, please use the following checklist to ensure this form is complete:

All spaces on this form have been completed (attach additional sheets if necessary).

The transfer form is signed* by both the current permittee and the new permittee(s).

* Federal regulations require this application is signed by one of the following:

A. For a corporation: by a principal executive officer of at least the level of vice president;

B. For a partnership or sole proprietorship: by a general partner or the proprietor, respectively or

C. For a municipality, state, federal, or other public facility: by either a principal executive officer or ranking elected official.

New Operator/Permittee: Before you submit this form to Ecology, please retain a copy for your records – this will serve as proof of permit coverage until documentation arrives from Ecology.

¹ <https://apps.ecology.wa.gov/paris/ImpairedWaterBodyLimits.aspx>

V. Certification of Permittee* “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 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.”

Printed Name/Company

Title

Signature

Date

***Federal regulations require this application is signed by one of the following:**

- A. In the case of corporations, by a principal executive officer of at least the level of vice president.
- B. In the case of a partnership, by a general partner of a partnership.
- C. In the case of sole proprietorship, by the proprietor.
- D. In the case of a municipality, state, federal, or other public facility: by either a principal executive officer or ranking elected official.

To request ADA accommodation including materials in a format for the visually impaired, call the Water Quality Program at 360-407-6600 or visit [Department of Ecology's Accessibility & the Americans with Disabilities Act \(ADA\) Webpage](#)². People with impaired hearing may call Washington Relay Service at 711. People with speech disability may call TYY at 877-833-6341.

Please sign and email a copy of the completed form and attachments to ecyrewqiano@ecy.wa.gov, then mail this **ORIGINAL** document to the following address:

Department of Ecology
Attn: Water Quality Program, Industrial Stormwater
PO Box 47696
Olympia, WA 98504-7696

If you have questions, please contact the appropriate permit administrator based on project location. Contact information can be found at: [Industrial Stormwater permit - Washington State Department of Ecology](#)³

² <https://ecology.wa.gov/about-us/accessibility-equity/accessibility>

³ <https://ecology.wa.gov/regulations-permits/permits-certifications/stormwater-general-permits/industrial-stormwater-permit#contact>