



Fresh Fruit Packing General Permit Coverage Modification Due to Change in Facility Status

This form must be completed prior to any changes in company or facility status. Send all completed forms to the appropriate regional office as listed below.

Central Region Counties:

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

ATTN: Marcia Porter

Washington State Dept. of Ecology
Central Regional Office
1250 W. Alder Street
Union Gap, WA 98903-0009
For questions please call: 509-406-6624
marcia.porter@ecy.wa.gov

Eastern Region Counties:

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

ATTN: David Ennis

Washington State Dept. of Ecology
Eastern Regional Office
4601 N. Monroe
Spokane, WA 99205-1295
For questions please call: 509-220-9194
david.ennis@ecy.wa.gov

Complete the following General Information and Certification Statement

Permit Number:	Company Name:	Facility Name (if different):
	Mailing Address (check if new _____)	Facility Location
Street/P.O. Box:		
City/State/Zip:		
Person familiar with information in the request:	Name:	Title: Phone:

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)	Title
Signature*	Date Signed

*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.

Please check one of the following and then complete the indicated section:

_____ Section 1: Change a facility or company name with no ownership change.

_____ Section 2: Cancel Permit Coverage

_____ Section 3: Transfer permit coverage to a new owner or operator (sale or lease).

SECTION 1: CHANGE COMPANY OR FACILITY NAME WITH NO OWNERSHIP CHANGE

Old Name: _____ New Name: _____.

SECTION 2: CANCEL PERMIT COVERAGE

Cancellation of Permit Number _____ is requested because (check one):

____ The facility was sold or leased and is not eligible for permit transfer. Date of sale or lease _____

____ There are no longer wastewater discharges (including NCCW) at this facility.

Date of last discharge _____

____ Other (specify) _____

SECTION 3: TRANSFER PERMIT COVERAGE DUE TO SALE OR LEASE

Reason for permit Transfer (check one): ____ Sale ____ Lease

Permit number to be transferred _____ Date of sale or lease _____

This section, when completed and signed by both parties and approved by Ecology, automatically transfers the specified permit in accordance with 173-226-210 WAC. The new permittee is responsible for seeing that all parts of this section (including the "current permittee" information) are complete before submitting this form. By signing this form, the new permittee agrees to assume all responsibility, coverage and liability of the permit as of the effective date of the transfer by Ecology. A permit transfer for any facility shall not be valid if there is or will be any significant changes in facility operations, discharge volume, or discharge characteristics as determined by Ecology. If such changes are or will be present, the new permittee will immediately notify Ecology. It is the new permittee's responsibility to get copies of all relevant records from the current permittee.

	Current Permittee	New Permittee
Company Name:		
Facility Name (if different):		
Mailing Address:		
City/State/Zip:		
Contact Person:		
Phone Number:		
Current/Active Email Address:		
Owner/President (print name):		
Owner/President (signature):		
Date Signed:		

For full transfers of coverage, NOTE: Ecology will send correspondence and permit fee invoices to the permittee on record, including any unpaid invoices at the time of transfer. You may contact wqfeeunit@ecy.wa.gov to ask if there are any unpaid invoices on the account before you agree to transfer the permit into your name.

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.