Fresh Fruit Packing General Permit
Coverage Modification Due to 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 appropriate region.

<table>
<thead>
<tr>
<th>Central Region Counties:</th>
<th>Okanogan, Chelan, Douglas, Kittitas, Yakima, Benton, Klickitat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern Region Counties:</td>
<td>Grant, Ferry, Stevens, Pend Oreille, Lincoln, Spokane, Adams, Whitman, Franklin, Walla Walla, Columbia, Asotin, Garfield</td>
</tr>
</tbody>
</table>

Send to:

**ATTN: MARCIA PORTER**  
WASHINGTON STATE DEPARTMENT OF ECOLOGY  
CENTRAL REGIONAL OFFICE  
1250 WEST ALDER STREET  
UNION GAP, WA 98903-0009

**Send to:**  
**ATTN: ANNIE SIMPSON**  
WASHINGTON STATE DEPARTMENT OF ECOLOGY  
EASTERN REGIONAL OFFICE  
4601 N MONROE  
SPOKANE WA 99205-1295

For questions, please call: 509-454-7864  
For questions, please call: 509-329-3565

<table>
<thead>
<tr>
<th>Complete the following General Information and Certification Statement</th>
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<tbody>
<tr>
<td>Permit Number</td>
</tr>
<tr>
<td>Street /PO Box:</td>
</tr>
<tr>
<td>City/State/Zip:</td>
</tr>
<tr>
<td>Person familiar with information in request:</td>
</tr>
</tbody>
</table>

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

☐ Other (specify) ____________________________________________________________

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

Cc (completed form): Facility Manager Permit Coordinator Fee Unit, HQ