



CHANGE REQUEST FORM SAND AND GRAVEL GENERAL PERMIT

This form must be completed **prior** to any change in permit status, terminating operations, or changes in company names, owners, operators. Substantial changes may require additional information or review. Send the completed form to your Ecology regional permit manager (same address as you use for mailing in the discharge monitoring reports, DMRs).

Complete section 1 on all requests. Then complete **just one** of Sections 2 through 4 based upon which box is checked in the "Reason for Request" question in Section 1. Please type or print in ink. Please contact your Ecology regional permit manager if you have any questions.

SECTION 1. GENERAL INFORMATION AND CERTIFICATION STATEMENT

Permit Number WAG50-_____	Company Name	Facility Name (if different)	
Street / PO Box City, State, Zip	Mailing Address (check if new address <input type="checkbox"/>)	Facility Location	
Facility Contact Person (can answer questions about proposed change)	Name	Title	Phone
Reason for Request (check one box then complete that section)	<input type="checkbox"/> Section 2: Cancellation of current permit coverage. <input type="checkbox"/> Section 3: Change facility or company name with no ownership change <input type="checkbox"/> Section 4: Transfer of permit coverage to a new owner or operator i.e., sale or lease.		

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 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.

Name (printed or typed)	Title
Signature *	Date Signed

*This document must be signed in accordance with the Sand and Gravel Permit general condition G20.

SECTION 2. PERMIT CANCELLATION

Cancellation of Permit No. WAG-50-_____ is requested because (check one):

- All operations have been terminated and site restoration is complete.
- The facility will be sold on _____ and is not eligible for permit transfer.
(date of sale)
- Other (specify) _____

SECTION 3. FACILITY OR COMPANY NAME HAS CHANGED WITH NO CHANGE IN OWNERSHIP

Old Name	New Name
-----------------	-----------------

SECTION 4. PERMIT TRANSFER DUE TO SALE OR LEASE OF FACILITY

This section, 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 173-226-210. The new permittee is responsible for seeing that all parts of this section (including the "Old Permittee Information") are complete before submitting this form to Ecology. 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 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 permittee shall immediately notify the Department of Ecology. It is the new permittee's responsibility to get copies of all relevant records from the old permittee (e.g. Quarterly DMRs, Monitoring Plan, Stormwater Pollution Prevention Plan, Erosion and Sediment Control Plan, logbooks, etc.).

Transfer of Permit No. WAG-50-_____ is requested because of (check one): Sale
 Transfer to be effective _____ (date) Lease

	Old Permittee	New Permittee
Company name		
Facility name (if different)		
Mailing Street / PO Box Address City / State / Zip		
Contact person		
Phone number		
Owner / President (print name)		
Owner / President (signature)		
Date signed		

cc (completed form): Facility Manager WPLCS Coordinator Fee Unit, HQ

If you require this document in an alternate format, please contact the Water Quality Program at 360-407-6401(Voice) or 711 or 1-800-833-6388 (TTY).

ECY 070-32 rev. 3/21/02