



## Transfer of Coverage Form Transfer Coverage Under Concentrated Animal Feeding Operation General Permit

See permit special condition S2.C for specific requirements.

### I. Permit Number:

### II. Original Permittee

Permittee Name:		
Business/Facility Name:		
Mailing Address:		
City:	State:	Zip:
Phone:	Cell Phone:	
Email:		
<p><b>In order to ensure compliance with the Concentrated Animal Feeding Operation General Permit, the Original Permittee must supply the New Permittee with a copy of all required permit documents (e.g. MPPP) that the Original Permittee has been operating under.</b></p>		
Signature:		Date:

### III. New Permittee

Permittee Name:		
Business/Facility Name:		
Mailing Address:		
City:	State:	Zip:
Phone:	Cell Phone:	
Email:	UBI:	
<p><b>On the date that both Original Permittee and New Permittee sign this form, the New Permittee becomes responsible for complying with all permit conditions.</b></p>		
Signature:		Date:

**New Facility Contact** (fill in if different from information in III. New Permittee)

Contact Name:	
Phone:	Cell Phone:
Email:	

**Instructions for Transfer of Coverage Form**  
Concentrated Animal Feeding Operation General Permit

The original Permittee (current permit holder) should submit a Transfer of Coverage to the Department of Ecology when another party (new Permittee) will be taking over the responsibility for any discharges from the CAFO.

<b>I. Permit Number</b>	Fill in the permit number assigned by Ecology. This number is found on the Ecology sends to the Permittee when issuing permit coverage.
<b>II. Original Permittee</b>	The original Permittee fills out this section giving their name, company, mailing address, phone number, and email address.
<b>III. New Permittee</b>	The new Permittee fills out this section giving their name, company, mailing address, phone number, and email address. Additionally, if the facility contact is different than the new Permittee, provide the facility contact name, phone number and email address.

**Once original Permittee and new Permittee complete and sign the form send it to:**

Washington Department of Ecology  
Water Quality Program  
Attn: CAFO Permit Administrator  
PO Box 47600  
Olympia, WA 98504-7600

**Questions?**

Contact the CAFO Permit Administrator at 360-764-0890 or [cafopermit@ecy.wa.gov](mailto:cafopermit@ecy.wa.gov).

**ADA Accessibility**

To request an ADA accommodation, contact Ecology by phone at 360-407-6600 or email at [cafopermit@ecy.wa.gov](mailto:cafopermit@ecy.wa.gov), or visit <https://ecology.wa.gov/accessibility>.  
For Relay Service or TTY call 711 or 877-833-6341.