**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.

**Central Region Counties**: Okanogan, Chelan, Douglas, Kittitas, Yakima, Benton, Klickitat

**Eastern Region Counties**: Grant, Ferry, Stevens, Pend Oreille, Lincoln, Spokane, Adams, Whitman, Franklin, Walla Walla, Columbia, Asotin, Garfield

**Send to: Send to:**

**ATTN: MARCIA PORTER**

**WASHINGTON STATE DEPARTMENT OF ECOLOGY CENTRAL REGIONAL OFFICE**

**1250 WEST ALDER STREET**

**UNION GAP, WA 98903-0009**

**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

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| **Complete the following General Information and Certification Statement** | | | | | |
| Permit Number | Company Name | | | Facility Name (if different) | |
| Street /PO Box: City/State/Zip: | Mailing Address (check if new ) | | | Facility Location | |
|  | | |  | |
|  | | |  | |
| Person familiar with information in 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 titles do not apply to your organization, the application is to be signed by the person who makes budget decisions for this facility. | | | | | |

For office use only:

**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

*To request materials in a format for the visually impaired, visit* [*https://ecology.wa.gov/accessibility*](https://ecology.wa.gov/accessibility)*, call Ecology   
at 360-407-6600, Relay Service 711, or TTY 877-833-6341.*