



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:

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

Send to:

**ATTN: GAIL WRIGHT
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

Complete the following General Information and Certification Statement			
Permit Number	Company Name	Facility Name (if different)	
Street /PO Box:	Mailing Address (check if new <input type="checkbox"/>)	Facility Location	
	City/State/Zip:		
Person familiar with information in request:	Name	Title	Phone
	<p><i>CERTIFICATION:</i> 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.</p>		
Name (printed or typed)		Title	
Signature *		Date Signed	
<p>*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.</p>			

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

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.