



# Fresh Fruit Packing General Permit Coverage Modification Due to Change in Facility Status

This form must be completed **prior** to any changes in company or facility status. Send all completed forms to appropriate regional office:

**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

***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 gathered and evaluated 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 official use only:


Please check one of the following then complete the indicated section:

- Section 1. Change a facility or company name with no ownership change
- Section 2. Cancel permit coverage
- Section 3. Transfer permit coverage to a new owner or operator (sale or lease)

**SECTION 1. CHANGE COMPANY OR FACILITY NAME WITH NO CHANGE IN OWNERSHIP.**

Old Name	New Name
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**SECTION 2. CANCEL PERMIT COVERAGE**

Cancellation of Permit No. \_\_\_\_\_ is requested because (check one):

- The facility was sold or leased and is not eligible for permit transfer  
Date of sale or lease \_\_\_\_\_
- There are no longer wastewater discharges (including NCCW) at this facility  
Date of last discharge \_\_\_\_\_
- Other (specify) \_\_\_\_\_

**SECTION 3. TRANSFER PERMIT COVERAGE DUE TO SALE OR LEASE**

This section, when completed and signed by both parties and approved by Ecology, automatically transfers the specified permit, in accordance with chapter 173-226-210 WAC. The new permittee is responsible for seeing that all parts of this section (including the "Current Permittee Information") are complete before submitting this form. 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. A permit transfer for any facility shall not be valid if there is or will be any significant changes in facility operations, discharge volume, or discharge characteristics, as determined by Ecology. If such changes are or will be present, the new permittee shall immediately notify Ecology. It is the new permittee's responsibility to get copies of all relevant records from the current permittee (i.e., Yearly Facility Reports, Monthly DMRs, Road Management Plans, Environmental Compliance Plans, logbooks, etc.).

Reason for transfer (check one) SALE <input type="checkbox"/> LEASE <input type="checkbox"/>	Permit number to be transferred	Effective date of sale/lease
	<b>Current Permittee</b>	<b>New Permittee</b>
<b>Company name:</b>		
<b>Facility name (if different):</b>		
<b>Mailing Address</b>	<b>Street/PO Box:</b>	
	<b>City/State/Zip:</b>	
<b>Contact person:</b>		
<b>Phone number:</b>		
<b>Owner/President: (print name)</b>		
<b>Owner/President: (signature)</b>		
<b>Date signed:</b>		

cc (completed form): Permit Manager      WQ 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.*