



Transfer of Coverage Form To Transfer Coverage Under A Concentrated Animal Feeding Operation (CAFO) General Permit

I. Permit Number:

II. Original Permittee

Permittee Name:		
Business/Facility Name:		
Mailing Address:		
City:	State:	Zip:
Phone:	Cell Phone (Optional):	
Email:		
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.		
Signature:		Date:

III. New Permittee

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

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

Contact Name:	
Phone:	Cell Phone (Optional):
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.

I. Permit Number

Fill in the permit number assigned by Ecology. This number is found on the Ecology sends to the Permittee when issuing permit coverage.

II. Original Permittee

The original Permittee fills out this section giving their name, company, mailing address, phone number, and email address.

III. New Permittee

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 the information in sections I, II and II is complete and the Transfer for Coverage from is signed by both the original Permittee and new Permittee, the form must be submitted to:

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

NOTE:

- Maintain a copy of the completed Transfer of Coverage form for your records.
- The original Permittee remains responsible for, and subject to, all permit conditions and permit fees until the transfer of coverage is effective.

Questions?

Contact: CAFO Permit Administrator at (360) 407-6283 or jonathan.jennings@ecy.wa.gov.

To ask about the availability of this document in a format for the visually impaired, call the Water Quality Program at (360) 407-6401. Persons with hearing loss may call 711 for Washington Relay Service. Persons with a speech disability may call 877-833-6341.