1800 Washington Blvd ■ Baltimore Maryland 21230 (410) 537-3323 ■1-800-537-6101 ■ http://www.mde.maryland.gov

### PERMIT TRANSFER REQUEST FORM

## For facility covered under a General NPDES Permit

Wastewater Pollution Prevention and Reclamation Program – Water and Science Administration

Submission of this Permit Transfer Request constitutes notice that the party identified in Section I of this form is requesting to transfer to the party identified in Section II registration under Maryland Department of the Environment's NPDES general discharge permit, as identified in Section III.

\* Instructions on back of form. Please answer all questions; incomplete requests will be returned.

(A) General Permit(s) being transferred - include registration number)		
SECTION I: EXISTING PERMITTEE Owner/Operate		
You are no longer the (check all that apply)	Owner	Operator _
(B) Company Name		
(C) Facility Contact Name	Title	
Telephone Number	Email Address	
(D) Mailing Address		
(2)		
City	State	ZIP Code
City	State	ZIP Code
		-
SECTION II: PROPOSED NEW PERMITTEE - Owner/Owner Information		
You are now the (check all that apply) Ow		Operator
You are now the (check all that apply) Ow		
You are now the (check all that apply) Ow		
You are now the (check all that apply)  (E) Company Name	ner 🗌	
You are now the (check all that apply)  (E) Company Name  (F) Facility Contact Name	ner  Title	Operator
You are now the (check all that apply)  (E) Company Name	ner 🗌	Operator
You are now the (check all that apply)  (E) Company Name  (F) Facility Contact Name  Telephone Number	ner  Title	Operator
You are now the (check all that apply)  (E) Company Name  (F) Facility Contact Name	ner  Title	Operator
You are now the (check all that apply)  (E) Company Name  (F) Facility Contact Name  Telephone Number	ner  Title	Operator
You are now the (check all that apply)  (E) Company Name  (F) Facility Contact Name  Telephone Number  (G) Mailing Address	Title Email Addre	Operator   SS
You are now the (check all that apply)  (E) Company Name  (F) Facility Contact Name  Telephone Number	ner  Title	Operator
You are now the (check all that apply)  (E) Company Name  (F) Facility Contact Name  Telephone Number  (G) Mailing Address  City	Title Email Addre	Operator   SS
You are now the (check all that apply)  (E) Company Name  (F) Facility Contact Name  Telephone Number  (G) Mailing Address	Title Email Addre	Operator   SS  ZIP Code
You are now the (check all that apply)  (E) Company Name  (F) Facility Contact Name  Telephone Number  (G) Mailing Address  City  (H) Provide Worker's Compensation Information	Title  Email Addre	Operator   SS  ZIP Code

Form Number: MDE/WMA/PER.079 Revision Date: November 30, 2022 TTY Users 1-800-735-2258

# General Discharge Permit Transfer Request Form FORM INSTRUCTIONS

#### PERMIT TRANSFER REQUEST FORM

For facility covered under a General NPDES Permit

Wastewater Pollution Prevention and Reclamation Program – Water and Science Administration

Please read instructions carefully and answer all questions. Incomplete requests will be returned for completion.

#### WHO MUST FILE

This form is to be completed by a permittee who currently retains registration under a Maryland Department of the Environment's (MDE) NPDES general discharge permit authorizing storm and/or wastewater discharges associated with industrial activity if the permittee intends that another person assume control of permitted activities on the site or if the site's ownership changes. In this event, the existing permittee (Section I) must familiarize the person who is requesting to assume control of the permitted activities (Section II) with the permit requirements and provide the transferee with a copy of the permit(s) and registration letter(s). The current permittee and the requesting permittee must both sign this form, and this form shall act as a modified notice of intent for coverage under the applicable general discharge permit(s) identified in Section III.

In the event that a Permit Transfer Request is submitted for a non-transferable permit, the MDE will notify the requestors, and the proposed new permittee must immediately apply for the permit applicable to the facility discharge type.

Transfer coverage will be effective when confirmed in writing by the MDE. *If a Discharge Monitoring Report (DMR) is required under the permit identified in Section III, a revised DMR will be sent along with this confirmation.* If you have a question about this form, contact the MDE Wastewater Pollution Prevention and Reclamation Program at 410-537-3323.

(A) Indicate which general permit registration(s) this request is intending to transfer and their applicable registration number(s).

#### **SECTION I: EXISTING PERMITTEE - Owner/Operator Information**

- (B) Provide the legal name of the person, firm, public organization, or other entity that operates/owns the industrial facility described in Section III of this application and is requesting to transfer their registration under a Maryland NPDES general discharge permit.
- **(C)** Provide the name of the Primary Contact; title of Primary Contact; Primary Contact phone number; Primary Contact e-mail address.
- (D) Provide company mailing address; city; state; zip.

#### SECTION II: PROPOSED NEW PERMITTEE - Owner/Operator Information

- (E) Provide the legal name of the person, firm, public organization, or other entity that will be operating/owning the industrial facility described in Section III of this application and is requesting to obtain registration under a Maryland NPDES general discharge permit.
- **(F)** Provide the name of the Primary Contact; title of Primary Contact; Primary Contact phone number; Primary Contact e-mail address.
- **(G)** Provide company mailing address; city; state; zip.
- **(H)** Provide the worker's compensation insurance information (i.e., policy or binder number and name of provider).

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**General Discharge Permit Transfer Request Form** 

Please answer all questions. Incomplete requests will be returned for completion. **SECTION III: Facility Information** (I) Name of Facility (if different from company name in Section II(E) (J) Location Address (if different from mailing address – Section II(G) City State ZIP Code County Section IV: Confirmation by Existing Permittee (K) As previous owner/operator, I hereby agree to the transfer of the above-referenced permit(s) and all responsibilities thereof. If I am maintaining either owner or operator of the permitted facility, I will maintain that responsibility. Facility Representative Signature Date Facility Representative Name/Title Typed or Printed **Section V: Transfer Information** (L) Reason for Transfer of Authorization Request (e.g. sale, new operator) Facility Transfer Effective Date: ☐ Yes (M) Will there be changes in the facility's operational functions or to the facility operational layout prior to or immediately after the transfer? □No Explain in detail (you may be subject to different reporting requirements) (N) Are there going to be changes in storm water exposure or permitted discharges? Explain in detail. (You may be subject to different reporting requirements.) Submit the revised SWPPP (if necessary with permit) as per permit requirements. Yes Indicate the date of the facility's current Storm Water Pollution Date of Plan: ☐ No Prevention Plan (SWPPP) Section VI: Certification - must be signed in accordance to COMAR 26.08.04.01-1 (O) I acknowledge this transfer of authorization and have reviewed the terms and conditions of the aforementioned permit(s). I understand that I must abide by all conditions of the permit. I certify that the information concerning ownership/control of this facility is accurate. I am responsible for the activities of this site and for satisfying the requirements of the discharges permit. Facility Representative Signature Date Facility Representative Name/Title Printed

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# General Discharge Permit Transfer Request Form FORM INSTRUCTIONS

Please read instructions carefully and answer all questions. Incomplete requests will be returned for completion.

#### **SECTION III: Facility Information**

- (I) Provide the name of facility enter "Same" if the name does not differ from the information in Section II(E).
- (J) Provide the physical address, city, state, zip enter "Same" if the address does not differ from the information in Section II(G); Provide the County where the facility is located.

#### **SECTION IV: Confirmation of Existing Permittee**

**(K)** This section is to be completed by a responsible corporate officer, proprietor, general partner, principal executive officer or ranking elected official, as detailed in the permit, representing the company in Section I.

#### **SECTION V: Transfer Information**

Requests for transfer of authorization will be evaluated based on the information provided. In the event that the permit(s) identified in Section III do not provide adequate coverage or is non-transferable, the requestor will be notified by the MDE which type of application is necessary for coverage.

- (L) Provide the reason for this transfer of authorization request.
  - List the transfer effective date (which may be the date property exchanges hands).
- (M) Indicate if changes will occur in the facility's operational function or to the facility operational layout.
  - If you answer "YES", you must explain the changes in detail. You may be subject to different reporting requirements, as specified in the applicable permit.
- (N) Indicate if there are going to be changes in storm water exposure or permitted discharges.
  - If you answer "YES", you must explain in detail any modifications to storm water and/or waste water discharge rates and types. You must necessitate new best management practices for such discharges and exposures and submit a revised Storm Water Pollution Prevention Plan (SWPPP) in accordance with the respective permit requirements (see permit for details).
  - If you answer "NO", you must indicate the date of the facility's current Storm Water Pollution Prevention Plan (SWPPP).

#### **SECTION VI: Certification**

(O) To be completed by a responsible corporate officer, proprietor, general partner, principal executive officer or ranking elected official, as detailed in the permit, representing the company in Section II (see COMAR 26.08.04.01-1).

#### Submit completed forms to:

Maryland Department of the Environment
Water and Science Administration
Wastewater Pollution Prevention and Reclamation Program
1800 Washington Blvd., Suite 455
Baltimore, MD 21230

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