

<u>Transfer of Registration Under the General Discharge (GD) Permit for Animal Feeding Operation (AFO)</u>

1	, am the <u>ct</u>	irrent permittee fo	r the following AFC):
Facility/Operation Nam	ne:		_AI#	_
Facility/Operation Add	ress:			
City:	County:	State:	Zipcode:	_
Registration Number:_		Telephone Nur	mber:	
☐ I sold this facili	ity/operation on:	(l	Date)	
☐ I retained owne	_	ed the responsibility	to operate this facil	lity/operation on:
The new owner/opera	tor is:			
Name:				
Mailing Address:				
City:	County:	State:	Zipcode:	
Telephone Number:		E-mail Address:		
with the terms and condi (NMP), Conservation Pl	w owner/operator an itions of the GD Pern an (CP) and/or Com cility/operation. I h last 30 days of intent	nd I acknowledge the nit. I acknowledge the prehensive Nutrient ave not received noti to revoke the existin	responsibilities and lat the existing Nutric Management Plan (C fication from the Ma	liabilities for compliance ent Management Plan CNMP) (the "approved ryland Department of the
Former owner/operate	or (current permit	tee):		
Signature:		Printed Name:		Date:
New owner/operator (proposed permitte	e):		
Signature:	J	Printed Name:		Date:
* I understand that I mu				

owner/operator of this AFO