

## SOLID WASTE MANAGEMENT FACILITIES REQUEST FOR TRANSFER OF PERMIT COVERAGE

Facility Name: \_\_\_\_\_  
 Location: (Do Not Use P.O. Box)  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Fax<(\_\_\_\_) \_\_\_\_\_

Original Owner Name: Mailing Address: _____ _____ City _____ State _____ Zip _____ Telephone: (____) _____ Fax<(____) _____	Permit No.: _____ Permit Effective Date: ____/____/____ Permit Expiration Date: ____/____/____
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New Owner/Operator Name: Mailing Address: _____ _____ City _____ State _____ Zip _____ Telephone: (____) _____ Fax<(____) _____	Responsible official after transfer: Name: _____ Title: _____ Telephone: (____) _____ Fax<(____) _____
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Will Facility Name Change? Yes _____ No _____ If yes, provide New Name for Permit No.: New Name: _____	Will Facility Operation Change? Yes _____ No _____ If no, recipient may opt to use previously approved operating plan submitted by original owner. If yes, recipient needs to submit a new operating plan.
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**From:** \_\_\_\_\_  
**To:** \_\_\_\_\_ **Acquisition Date:** \_\_\_\_\_

Check the applicable items below:

- \_\_\_\_\_ The recipient certifies that they have received a copy of the operating plan from the original owner as approved by Department of Environmental Quality (DEQ).\*
- \_\_\_\_\_ The recipient is submitting a new operating plan which is attached to this form.
- \_\_\_\_\_ The recipient is submitting a completed disclosure statement since the subject facility is a commercial solid waste management facility. "y j lej 'ku" attached to this form.

By Signature below, the recipient certifieu that they are aware of the requirements of the permit and the cr r lecdng' uqrlf 'y cug cpf lqt'y cug' wkg tegulations and agrees to accept responsibility and liability for compliance with gcej 0

By signature below, the original owner is requesting that the permit be transferred to the recipient.

The permit is only transferred after action by the DEQ or the Permit Board, where appropriate.

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 New Owner Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Original Owner Signature

\_\_\_\_\_  
 Date

\*if a copy of the approved operating plan cannot be obtained from the original owner, a copy may be obtained upon request from the DEQ.