



Ohio NPDES Permit Transfer Form
Issued 3/14

National Pollutant Discharge Elimination System

Application for Transfer of Ohio NPDES Permit

Submit this application to the appropriate district office.



Division of Surface Water
50 W Town St, Suite 700
PO Box 1049
Columbus, OH 43216-1049
(614) 644-2001

Central District Office
PO Box 1049
Columbus, OH 43216-1049
(614) 728-3778

Northeast District Office
2110 E Aurora Rd
Twinsburg, OH 44087
(330) 963-1200

Northwest District Office
347 N Dunbridge Rd
Bowling Green, OH 43402
(419) 352-8461

Southeast District Office
2195 Front St
Logan, OH 43138
(740) 385-8501

Southwest District Office
401 E Fifth St
Dayton, OH 45402
(937) 285-6357

For Agency Use	Facility Name:	Date Received (yy/mm/dd)
	Ohio EPA Permit Number:	Application Number:



Application for Transfer of Ohio NPDES Permit
 Division of Surface Water
 Permits and Compliance Section

A. Existing Permit Holder Information (Transferor)

1. Facility Permit Number: _____ *
2. Application Number: O H _____
3. Permittee Name: _____
4. Facility Name: _____
5. Mailing Address After Transfer: _____

B. Proposed Permit Holder Information (Transferee)

1. Permittee Name (New): _____
2. Phone: _____
3. Facility Name (New): _____
4. Mailing Address for all permit-related correspondence: _____
5. Facility Mailing Address (if different): _____
6. Individual authorized to sign applications and Transfer Agreement pursuant to OAC 3745-33-03 (D) [principal executive officer, vice president or higher for a corporation; a general partner of a partnership; the proprietor of a proprietorship; principal executive officer; ranking elected official or duly-authorized employee of a public entity]: _____

 (Authorized Individual)

7. Authorization: Pursuant to 40 CFR Part 122.22 (b), the individual or position, identified in this space is duly authorized by the individual in Item 7 to sign all reports required by permit and other information which may be required by the Director:

(Name/Title/Position)

8. Operator of Facility:

Name: _____

Address: _____

9. Contact person for facility information or inspections:

Name: _____

Phone: _____

10. Describe any material modifications to production or facilities, subsequent to the transfer, which may alter the volume or characteristics of this discharge. *(Attach additional pages as necessary)*

Agreement to Transfer Permit

_____, as the holder of an NPDES Permit which
(Transferor)

stipulates responsibilities, coverage and liability for operations involving discharges of wastewater from the facility located at _____
(Facility Location)

_____,
hereby applies for approval of the Director to transfer the permit responsibility, coverage and liability to
_____.
(Transferee)

_____ agrees to continue to assume the
(Transferor)
responsibility for compliance with all terms, limitations and conditions, and any coverage or liability thereunder for the period ending on _____, _____.
(Month/Day) (Year)

_____ as the proposed new permittee hereby
(Name of New Permittee)
agrees to assume the responsibility for compliance with the entirety of the coverage, responsibility and liability of the NPDES permit commencing on _____, _____.
(Month/Day) (Year)

In witness whereof, the parties have executed this Agreement on
_____, _____, it is so agreed.
(Month/Day) (Year)

Transferor: _____ Transferee: _____

By: _____ By: _____

Title: _____ Title: _____

By signing this form, I (transferee), certify and acknowledge that I have read and fully understand the terms and conditions of NPDES Permit Number _____ * _____.

I certify under penalty of law that the information submitted is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

(Transferee)

(Title)

(Date)