

**NOTIFICATION OF TRANSFER OF
INDUSTRIAL WASTEWATER PRETREATMENT (IWP) PERMIT**

Pursuant to 327 Indiana Administrative Code (IAC) 5-2-6(c), the undersigned parties hereby notify the Indiana Department of Environmental Management (IDEM) of their intention to transfer Industrial Wastewater Pretreatment (IWP) Permit No.

INP _____ from _____, the
(Insert: Permit Number) (Insert: Legal Name of Current Permit Holder)

"current permittee" and _____ of the facility,
(Insert: current or previous) (Insert: owner, operator, or owner and operator)

to _____, the "transferee" and
(Insert: Legal Name of Person to whom Permit will be Transferred)

_____ of the facility, effective as
(Insert: current or future) (Insert: owner, operator, or owner and operator)

of _____, 20_____.
(Insert: proposed date of permit transfer)

The current permittee acknowledges liability for violations up to the proposed date of permit transfer, and the transferee acknowledges liability for violations on and after the proposed date of permit transfer.

The transferee certifies that it is its intention to operate the facility for which IWP Permit No. INP _____ is issued without making such material and substantial
(Insert: Permit Number)
alterations to the facility as would significantly change the nature or quantities of pollutants discharged, and thus constitute cause for permit modification under 327 IAC 5-2-16(d).

The undersigned parties understand that the permit transfer will become effective on the proposed date of permit transfer provided that:

1. The information contained in this notification is complete, true, and accurate;
2. This notification is received by IDEM at least 30 days prior to the proposed date of permit transfer; and
3. IDEM does not, within 30 days of receipt of this notification, advise the undersigned parties of its intent to modify, revoke and reissue, or terminate the permit, and to require that a new NPDES permit application be filed, rather than agreeing to the transfer of the NPDES Permit.

“Current Permittee” Information and Signature Page

Please provide the following information regarding the facility for which the IWP Permit is issued:

Current Name of the Facility:

Current Address of the Facility:

Current Phone Number of the Facility:

Please provide the following information regarding the “Current Permittee:”

Name of the Responsible Official:

Title of the Responsible Official:

Address of the Responsible Official:

Phone Number of the Responsible Official:

Certification Statement

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, 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."

Signature of Responsible Official

Date

“Transferee” Information and Signature Page

Please provide the following information regarding the facility for which the IWP Permit is proposed to be transferred:

New Name of the Facility (if different from current name):

New Address of the Facility (if different from the current address):

New Phone Number of the Facility (if different from the current phone number) :

Please provide the following information regarding the “Transferee:”

Name of the Responsible Official:

Title of the Responsible Official:

Address of the Responsible Official:

Phone Number of the Responsible Official:

Certification Statement

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, 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."

Signature of Responsible Official

Date