

Notice of Change

Today's Date:

Name of facility:

Permit Number:

I would like to submit to the Indiana Department of Environmental Management a Notice of Change for our Certified Operator in Responsible Charge on record.

Name of new operator:

WW License #:

Email:

Expiration Date:

Phone number:

Start Date:

Name of operator replacing:

End Date:

Name of person submitting this form:

Please send this form to **wwreports@idem.in.gov** and the responsible official of the permit.