



## APPLICATION FOR NPDES OR WQM PERMIT TRANSFER

**Before completing this form, please read the instructions (3800-PM-BCW0041a). FAILURE TO FOLLOW THE INSTRUCTIONS MAY RESULT IN DENIAL OF THE APPLICATION.**

<b>Related ID#s (If Known)</b>	<b>DEP USE ONLY</b>
Client ID# _____ APS ID# _____ Site ID# _____ Facility ID# _____	<b>Date Received</b>
Permit No(s) to be transferred:	PA: _____ PDG: _____ Date of Proposed Sale / Transfer of Ownership or Operation:

### PERMIT / FACILITY CATEGORY

<b>NPDES Individual Permits</b> <input type="checkbox"/> Small Flow Treatment Facility (SFTF) <input type="checkbox"/> Other Domestic Wastewater <input type="checkbox"/> Industrial Waste / Industrial Stormwater <input type="checkbox"/> Municipal Separate Storm Sewer System (MS4) <input type="checkbox"/> Concentrated Animal Feeding Operation (CAFO)	<b>Other Permits / Authorizations</b> <input type="checkbox"/> NPDES General Permit (PAG-_____) <input type="checkbox"/> Water Quality Management (WQM) Permit <input type="checkbox"/> Joint PFBC/DEP Permit ("Chapter 91.38 Permit") <input type="checkbox"/> No Exposure Certification <input type="checkbox"/> Other: _____
--	--

### PRESENT PERMITTEE INFORMATION

DEP Client ID#	Client Type/Code			
Organization Name or Registered Fictitious Name	Employer ID# (EIN)		Dun & Bradstreet ID#	
Individual Last Name	First Name	MI	Suffix	SSN
Additional Individual Last Name	First Name	MI	Suffix	SSN
Mailing Address Line 1	Mailing Address Line 2			
Address Last Line – City	State	ZIP+4	Country	
Client Contact Last Name	First Name	MI	Suffix	
Client Contact Title	Phone		Ext	
E-mail Address	FAX			

SITE INFORMATION							
DEP Site ID#		Site Name					
EPA ID#		Estimated Number of Employees to be Present at Site					
Description of Site							
County Name		Municipality			City <input type="checkbox"/>	Boro <input type="checkbox"/>	Twp <input type="checkbox"/>
County Name		Municipality			City <input type="checkbox"/>	Boro <input type="checkbox"/>	Twp <input type="checkbox"/>
Site Location Line 1			Site Location Line 2				
Site Location Last Line – City			State	ZIP+4			
Detailed Written Directions to Site							
Site Contact Last Name		First Name			MI	Suffix	
Site Contact Title			Site Contact Firm				
Mailing Address Line 1			Mailing Address Line 2				
Address Last Line – City			State	ZIP+4			
Phone	Ext	FAX	E-mail Address				
NAICS Codes (Two- & Three-Digit Codes – List All That Apply)					6-Digit Code (Optional)		
Site-to-Client Relationship							
FACILITY INFORMATION							
Facility Name				Currently using eDMR system? <input type="checkbox"/> Yes <input type="checkbox"/> No If “Yes” Attach eDMR Registration Materials (see instructions)			
<b>Existing Permits.</b> Identify all NPDES and WQM permits for this facility. (Attach a copy of the permits if available).							
<b>Permit Type</b>	<b>Permit#</b>	<b>Date Issued</b>			<b>Issued By</b>		
<b>Facility Description.</b> Provide a brief description of the facility.							
Attached is a map or sketch indicating the point(s) of discharge at the facility.					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Attached is a facility location & drainage map.					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Attached is a topographic map.					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Latitude/Longitude Point of Origin		Latitude			Longitude		
		Degrees	Minutes	Seconds	Degrees	Minutes Seconds	

<b>COMPLIANCE HISTORY REVIEW</b>	
Is the facility owner or operator in violation of any DEP regulation, permit, order or schedule <input type="checkbox"/> Yes <input type="checkbox"/> No of compliance at this or any other facility?	
If "Yes," list each permit, order and schedule and provide compliance status. Use additional sheets to provide information on all permits.	
<b>Permit Program</b>	<b>Permit No.</b>
<b>Brief Description of Noncompliance</b>	
<b>Steps Taken to Achieve Compliance</b>	<b>Date(s) Compliance Achieved</b>
<b>Current Compliance Status</b> <input type="checkbox"/> <b>In Compliance</b> <input type="checkbox"/> <b>In Noncompliance</b>	
If the owner or operator is not in compliance with any permit requirement of DEP regulations, provide narrative description of how the owner or operator will achieve compliance with the permit requirement, including the schedule for achieving compliance with appropriate milestones.	
<b>CERTIFICATION</b>	
I, _____ being duly sworn according to law depose and say that I <span style="margin-left: 150px;">(Name)</span>	
<input type="checkbox"/> am the applicant <input type="checkbox"/> am an officer or official of the applicant <input type="checkbox"/> have the authority to make this application (attach delegation of signatory authority) named above as the present permittee, that said permittee relinquishes all right, title and interest in said permit, and that the information included in the foregoing application and the statement of liability for permit violations below is true to the best of my knowledge and belief.	
<b>Name</b> (type or print legibly)	<b>Official Title</b>
<b>Signature</b>	<b>Date</b>
<i>(Use corporate or professional seal as appropriate.)</i>	

PROPOSED PERMITTEE INFORMATION				
DEP Client ID#		Client Type/Code		
Organization Name or Registered Fictitious Name		Employer ID# (EIN)	Dun & Bradstreet ID#	
Individual Last Name	First Name	MI	Suffix	SSN
Additional Individual Last Name	First Name	MI	Suffix	SSN
Mailing Address Line 1		Mailing Address Line 2		
Address Last Line – City		State	ZIP+4	Country
Client Contact Last Name	First Name	MI	Suffix	
Client Contact Title		Phone	Ext	
E-mail Address			FAX	
Site Name (if different from Site Information section above)				
Facility Name (if different from Facility Information section above)				
DISCHARGE INFORMATION				
I, we have determined that the QUANTITY of the discharge will be: <input type="checkbox"/> the same <input type="checkbox"/> different <input type="checkbox"/> decreased in relation to the existing approved permit(s). If different, explain why.				
I, we have determined that the QUALITY of the discharge will be: <input type="checkbox"/> the same <input type="checkbox"/> different in relation to the existing approved permit(s). If different, explain why.				
COMPLIANCE HISTORY REVIEW				
Is the proposed permittee in violation of any DEP regulation, permit, order or schedule of <input type="checkbox"/> Yes <input type="checkbox"/> No compliance at any other facility?				
If "Yes," list each permit, order and schedule and provide compliance status. Use additional sheets to provide information on all permits.				
Permit Program		Permit No.		
Brief Description of Noncompliance				
Steps Taken to Achieve Compliance			Date(s) Compliance Achieved	
Current Compliance Status <input type="checkbox"/> In Compliance <input type="checkbox"/> In Noncompliance				
If the owner or operator is not in compliance with any permit requirement of DEP regulations, provide narrative description of how the owner or operator will achieve compliance with the permit requirement, including the schedule for achieving compliance with appropriate milestones.				

**STATEMENT OF LIABILITY**

Unless otherwise indicated by attached written agreement, the proposed new permittee will be held liable for all continuing and future violations of the transferred permit(s). The written agreement must also state the steps taken to achieve compliance with any permit violation at the facility and the responsible party for all actions.

**CERTIFICATION**

I, \_\_\_\_\_ being duly sworn according to law depose and say that I:  
(Name)

- am the applicant
- am an officer or official of the applicant
- have the authority to make this application (attach delegation of signatory authority) named above as the proposed new permittee, and that the information included in the foregoing application and the statement of liability for permit violations below is true to the best of my knowledge and belief. I, we hereby accept the permit(s) herein referred to and agree to be bound by all terms of said permit(s).

\_\_\_\_\_  
**Name** (type or print legibly)

\_\_\_\_\_  
**Official Title**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

*(Use corporate or professional seal as appropriate.)*

**DOCUMENT REVISION HISTORY**

<b>Date</b>	<b>Revision Reason</b>
February 2017	Added requirement to submit eDMR registration if using eDMR.
November 2016	Updated topographic map requirements; Updated document number and document number references.