NOTICE OF TRANSFER AND ACCEPTANCE

Of Terms of an Authorization Under All Storm Water General Permits Except the Municipal Separate Storm Sewer System (MS4) General Permit



Official Use Only Date received:

Chapter 2, Section 19 of the Wyoming Water Quality Rules and Regulations allows for either a conditional or automatic transfer of WYPDES discharge permits (including storm water authorizations) from one operator to another. Conditional transfers occur when the department has either modified or revoked the original permit and reissued to the new permittee. Automatic transfers occur 30 days after receipt of this Notice unless the department takes an action to revoke or modify the associated permit.

Generally, automatic transfers will only be allowed on permits in "good standing." "Good standing" means, at a minimum, that all permit fees and bonding requirements are paid up to date and there are no unresolved violations pending on the permit. The WQD may make a permit transfer effective at any time after the receipt of this form, however, it will automatically become effective after 30 days, if not otherwise disallowed. The WDEQ will provide a new letter of authorization (LOA) to the new permittee.

- ✓ Please print or type.
- ✓ <u>All items</u> must be completed accurately and in their entirety and <u>both</u> parties must have signed the NOTA or it will be deemed incomplete and will be returned.
- ✓ The original form with original signatures of both parties is required. Faxes or emails cannot be accepted. See the box at the end of this form for who may be considered "legally responsible" and is eligible to sign.

Part 1. To be completed by the NEW permittee:

I hereby accept transfer of the Wyoming Stor	m Water Discharge Permit Authorization No
	I have reviewed the terms and conditions of narges and hereby assume and agree to pay, perform and discharge ed the storm water pollution prevention plan (SWPPP) for this
	the control of the co

Review done in preparation for the transfer of this permit authorization indicates that this facility is:

In compliance with the terms of the relevant general permit and facility SWPPP or;

Out of compliance with the terms of the relevant general permit and facility SWPPP. A plan of action is attached to this form that describes how and when the facility will be brought into compliance with the permit and SWPPP. The action plan is subject to review by the Water Quality Division.

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New Permittee								
Company Nam	ie:							
Legally Responsible Perso (See Item 1.4 below for descriptio		Mr. Ms.						
Titl	le:							
Mailing Addres	ss:							
City, State, ZIP Cod	le:							
Telephon	ie:					Fax:		
E-mail Addres	ss:				,			
1.2. Contact Information:								
New Local Facility Contact –	New P	ermittee	(famil	liar wit	h facili	ty)	- Same as Above	
Company Nam			-					
Local Contact Nam	ie:	Mr. Ms.						
Titl	le:							
Mailing Addres	ss:							
City, State, ZIP Cod	de							
Telephon	ie:					Fax:		
E-mail Addres	ss:							
1.3. Facility Information:								
Facility Name:								
Facility County(ies)								
Facility Location. Provide the loca as roads or pipelines provide the l				ship and	l range C	R a stre	et address. For linear projects such	1
If this is a linear project add ending	g locatio	n. If more	space is ı	needed (attach a	dditiona	sheet(s):	
Latitude and longitude to a minim 5 decimal places: (Required)	um of							

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1.4. Certification by New Permittee:

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. In addition, I certify that I am aware of the terms and conditions of the relevant general permit and agree to comply with those requirements.

1.5 Additional New Permittee Certification for the Construction General Permit Only

I agree to comply with the stipulations of the Sage Grouse Executive Order and any other operating restrictions or recommendations provided by the Wyoming Game & Fish Department for activities in Greater Sage Grouse Core Areas.

Printed Name of "Legally Responsible Person"	Title
Signature of "Legally Responsible Person"	 Date
(See table below for eligible signers)	
Section 35-11-901 of Wyoming Statutes provides that: "Any person who knowingly makes any false statement, representation, be fined not more than ten thousand dollars (\$10 than one (1) year, or both."	resentation, or certification in any application shall, upon 0,000) per day for each violation or imprisoned for not more

Part 2. To be completed by the **CURRENT** permittee:

2.1. Contact Information:

Previous Permittee	
Company Name:	
Legally Responsible Person: (See Item 2.2 below for description)	Mr. Ms.
Title:	
Mailing Address:	
City, State, ZIP Code:	
Telephone:	Fax:
E-mail Address:	

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2.2. Certification by Current Permittee:

thereof.	
Printed Name of "Legally Responsible Person"	Title
Signature of "Legally Responsible Person" (See table below for eligible signers)	Date

As the current permittee, I hereby agree to the transfer of the permit authorization referenced above and all responsibilities

Section 35-11-901 of Wyoming Statutes provides that:

"Any person who knowingly makes any false statement, representation, or certification in any application . . . shall, upon conviction, be fined not more than ten thousand dollars (\$10,000) per day for each violation or imprisoned for not more than one (1) year, or both."

Authorized signatories for this notice of intent are the following "legally responsible persons:"				
For corporations:	A principal executive officer of at least the level of vice president, or the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions which govern the overall operation of the facility from which the discharge originates.			
For partnerships:	A general partner.			
For a sole proprietorship:	The proprietor.			
For a municipal, state, federal or other public facility:	Either a principal executive officer or ranking elected official.			

Mail or hand deliver this application within 14 days of the change in ownership to:

WYPDES Storm Water Section DEQ/WQD 200 West 17th Street Cheyenne, WY 82002

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