UNDERGROUND INJECTION CONTROL PROGRAM
INJECTION WELL
PERMIT TRANSFER APPLICATION

Reset Form

CURRENT PERMITEE: This portion to be completed by the Company currently holding the permit. Copies of facility files such as construction information, figures, and permit documents must be provided to the Proposed Permittee as part of the permit transfer.

COMPANY NAME: _____

FACILITY NAME: _____

UIC FACILITY No.WYS- _____ UIC PERMIT #: _____

COMPANY MAILING ADDRESS: _____

COMPANY CONTACT NAME: _____

TELEPHONE NUMBER: _____ EMAIL ADDRESS: _____

As present operator, _____ **(name)** hereby applies to the Administrator to transfer operation of the facility or facilities authorized under the above UIC Permit number.

_____ _____
Printed name of person signing Title

_____ _____
Signature Date

PROPOSED PERMITEE: This portion to be completed by the Company assuming the permit.

As proposed transferee, _____ **(name)** agrees to be bound by all the terms and conditions of the permit described above. If this permit is presently out of compliance, the proposed transferee agrees to bring the operation into compliance according to the

☐ schedule ☐ agreement ☐ letter, or ☐ notice and dated _____

In addition, for Class I Injection Facilities, the proposed transferee must complete UIC Form 3 to demonstrate financial responsibility.

COMPANY NAME: _____

COMPANY MAILING ADDRESS: _____

COMPANY CONTACT NAME: _____

TELEPHONE NUMBER: _____ EMAIL ADDRESS: _____

_____ _____
Printed name of person signing Title

_____ _____
Signature Date

DEPARTMENTAL APPROVAL FOR TRANSFER OF PERMIT

This transfer request is approved, effective on the later of the two dates below:

☐ Check here if the permit is in compliance and has been verified by DEQ. ☐ Check here if the permit is NOT in compliance.

_____ _____
Signature of Administrator/Water Quality Division Date

_____ _____
Signature of Director/Department of Environmental Quality Date