



**SATELLITE MANURE STORAGE STRUCTURE (SMSS)
REQUEST FOR PERMIT TRANSFER**

State Form 53082 (6-22)

**INDIANA DEPARTMENT OF
ENVIRONMENTAL
MANAGEMENT**

Confined Feeding Section
Office of Land Quality
100 North Senate Avenue
MC 65-45, IGCN 1101
Indianapolis, Indiana 46204

INSTRUCTIONS: For Permit Transfer Requests, complete all required sections, sign, date, and return this form to the address above within ninety (90) days of the date of transfer of owner / operator. Please include an updated Site Map. The Permit Transfer Form needs to be submitted by the transferee (New Owner / Operator).

I. GENERAL INFORMATION FOR CURRENT PERMIT

SMSS ID Number <i>(Log Number):</i>			
Date of Last Permit <i>(month, day, year):</i>		County of Operation:	
Name of Operation:			
Name of Owner / Operator (Applicant) <i>(Name to which the current approval was issued):</i>			
Mailing Address of Owner / Operator:			
Telephone Number <i>(with area code):</i>	()	E-mail Address:	
Location of Operation <i>(nearest crossroads or mailing address):</i>			

If any of the above information is unknown, contact IDEM at 317 / 232-4473.

II. APPROVAL TRANSFER

A. GENERAL INFORMATION OF TRANSFEREE (New Owner / Operator)

Date of Transfer of Owner / Operator:			
Name of Operation:			
Address of Operation:			
City of Operation:		ZIP Code of Operation:	
Telephone of Operation:	()		
County of Operation:			

B. APPLICANT (Person or entity the SMSS Permit is being transferred to)

The Applicant is the Owner / Operator that applies for or has received a SMSS Permit under 327 IAC 20, including renewals and amendments. An Applicant may be an individual, a partnership, a co-partnership, a firm, a company or any other entity listed under IC 13-11-2-158(b). There may be more than one entity that constitutes an Owner / Operator. Each entity that meets the definition of Owner / Operator for the SMSS must submit the requested information below.

Name:*			
Mailing Address:			
City:			
State:		ZIP Code:	
Telephone (Home):	()		
Telephone (Business):	()		
Telephone (Cell):	()		
Facsimile:	()	E-mail Address:	

***A limited liability company (LLC) or corporation (Inc. or Corp.) or other entity required to be registered must have a current registration with the Indiana Secretary of State.**

C. PROPERTY OWNER (At the Time of Permit Transfer Submittal)

Same as Applicant

Name:			
Mailing Address:			
City:			
State:		ZIP Code:	
Telephone (Home):	()		
Telephone (Business):	()		
Telephone (Cell):	()		
Facsimile:	()	E-mail Address:	

**D. OPERATION MANAGER, OPERATOR, AND / OR LESSEE
(If Different than Applicant or Manager and / or Authorized Agent for Entity)**

Same as Applicant OR Person listed below is: Manager Operator Lessee

Name:			
Mailing Address:			
City:			
State:		ZIP Code:	
Telephone (Home):	()		
Telephone (Business):	()		
Telephone (Cell):	()		
Facsimile:	()	E-mail Address:	

E. CERTIFICATION

I affirm that the information on this form is, to the best of my knowledge and belief, true, complete and accurate. I am aware of the penalties for knowingly submitting false information under IC 13-30-10-1.5. I request the SMSS Permit Number (provided in the General Information section above) and all conditions listed therein, be transferred to the party names above as the new owner/operator and responsible party.

Signature of Transferor

Date (month, day, year)

Signature of Transferee

Date (month, day, year)

III. LIST OF RESPONSIBLE PARTIES

List each new responsible party associated with the SMSS..

The SMSS may have multiple responsible parties. *Attach additional sheets as necessary.*

Responsible Party 1

Name:				
Business Address:			Telephone:	()
City:		State:		ZIP Code:
Relationship to Applicant:				

Responsible Party 2

Name:				
Business Address:			Telephone:	()
City:		State:		ZIP Code:
Relationship to Applicant:				

Responsible Party 3

Name:				
Business Address:			Telephone:	()
City:		State:		ZIP Code:
Relationship to Applicant:				

Responsible Party 4

Name:				
Business Address:			Telephone:	()
City:		State:		ZIP Code:
Relationship to Applicant:				

Responsible Party 5

Name:				
Business Address:			Telephone:	()
City:		State:		ZIP Code:
Relationship to Applicant:				

Responsible Party 6

Name:				
Business Address:			Telephone:	()
City:		State:		ZIP Code:
Relationship to Applicant:				

Responsible Party 7

Name:				
Business Address:			Telephone:	()
City:		State:		ZIP Code:
Relationship to Applicant:				

III. LIST OF RESPONSIBLE PARTIES (Continued)

Responsible Party 8

Name:					
Business Address:			Telephone:	()	
City:		State:		ZIP Code:	
Relationship to Applicant:					

Responsible Party 9

Name:					
Business Address:			Telephone:	()	
City:		State:		ZIP Code:	
Relationship to Applicant:					

Responsible Party 10

Name:					
Business Address:			Telephone:	()	
City:		State:		ZIP Code:	
Relationship to Applicant:					

Responsible Party 11

Name:					
Business Address:			Telephone:	()	
City:		State:		ZIP Code:	
Relationship to Applicant:					

Responsible Party 12

Name:					
Business Address:			Telephone:	()	
City:		State:		ZIP Code:	
Relationship to Applicant:					

Responsible Party 13

Name:					
Business Address:			Telephone:	()	
City:		State:		ZIP Code:	
Relationship to Applicant:					

Responsible Party 14

Name:					
Business Address:			Telephone:	()	
City:		State:		ZIP Code:	
Relationship to Applicant:					

Responsible Party 15

Name:					
Business Address:			Telephone:	()	
City:		State:		ZIP Code:	
Relationship to Applicant:					