



**LATE NOTIFICATION OF TRANSFER OF
OWNERSHIP REQUEST FOR NPDES PERMIT**

State Form 53920 (1-09)

Approved by State Board of Accounts, 2009

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

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MANAGEMENT

Cashier's Office – Mail Code 50-10C

100 North Senate Avenue

Indianapolis, Indiana 46204-2251

INSTRUCTIONS:

This form is to be utilized for notification of a transfer of ownership to IDEM less than thirty (30) days prior to the proposed transfer of ownership date, per 327 IAC 5-2-6(c) and 327 IAC 5-2-16(c)(1).

Per Indiana regulations, notifications of transfers of ownership that are not received thirty (30) days prior to the transfer require an NPDES permit modification, including a thirty (30) day public notice period and a \$50 modification fee.

Pursuant to IC 13-18-20-12, a fee of fifty dollars (\$50) must be submitted to this agency with this request form before the permit modification may be processed. Make the check or money order payable to the *Indiana Department of Environmental Management* and show on the check or money order the name of the discharging facility and NPDES permit number. This application for a permit modification should be sent to the above address.

In addition to the \$50 modification fee, the “Identification of Potentially Affected Persons” portion of this request form located on the final pages, must be completed and signed. This is required by the Administrative Orders and Procedures Act (AOPA) of IC 4-21.5.

Chief
Permits Branch
Office of Water Quality
Indiana Department of Environmental Management
100 North Senate Avenue
Indianapolis, IN 46204-2251

Date _____

Please find enclosed the information necessary for NPDES Permit No. IN _____

to be transferred from _____,

(Insert: Legal Name of Current Permit Holder)

to _____.

(Insert: Legal Name of Person to whom Permit will be Transferred)

If you have any questions, please feel free to contact _____,

at _____.

Thank you for your attention in this matter.

Sincerely,

NOTIFICATION OF TRANSFER OF NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT

Pursuant to 327 Indiana Administrative Code (IAC) 5-2-6(c), the undersigned parties hereby notify the Indiana Department of Environmental Management (IDEM) of their intention to transfer National Pollutant Discharge Elimination System (NPDES) Permit Number

IN _____ from _____, the
(Insert: Permit Number) *(Insert: Legal Name of Current Permit Holder)*

"current permittee" and _____ of the facility,
(Insert: current or previous) *(Insert: owner, operator, or owner and operator)*

to _____, the "transferee" and
(Insert: Legal Name of Person to whom Permit will be Transferred)

_____ of the facility, effective as
(Insert: current or future) *(Insert: owner, operator, or owner and operator)*

of _____, 20_____.
(Insert: proposed date of permit transfer)

The current permittee acknowledges liability for violations up to the proposed date of permit transfer, and the transferee acknowledges liability for violations on and after the proposed date of permit transfer.

The transferee certifies that it is its intention to operate the facility for which NPDES Permit Number IN _____ is issued without making such material and substantial
(Insert: Permit Number)
alterations to the facility as would significantly change the nature or quantities of pollutants discharged, and thus constitute cause for permit modification under 327 IAC 5-2-16(d).

Current Permittee Information and Signature

Please provide the following information regarding the facility for which the NPDES Permit is currently issued:

Current Name of the Facility:

Current Address of the Facility (*number and street, city, state, and ZIP code*):

Current Telephone Number of the Facility:

Please provide the following information regarding the “Current Permittee”:

Name of the Responsible Official:

Title of the Responsible Official:

Address of the Responsible Official (*number and street, city, state, and ZIP code*):

Telephone Number of the Responsible Official:

Certification Statement

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.

Signature of Responsible Official

Date (*month, day, year*)

Transferee Information and Signature

Please provide the following information regarding the facility for which the NPDES Permit is proposed to be transferred:

New Name of the Facility *(if different from current name)*:

New Address of the Facility *(if different from the current address)*:
(number and street, city, state, and ZIP code)

New Telephone Number of the Facility *(if different from the current telephone number)*:

Please provide the following information regarding the “Transferee”:

Name of the Responsible Official:

Title of the Responsible Official:

Address of the Responsible Official *(number and street, city, state, and ZIP code)*:

Telephone Number of the Responsible Official:

Certification Statement

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.

Signature of Responsible Official

Date *(month, day, year)*

OWQ Form: Affected

TO: Applicant

FROM: Indiana Department of Environmental Management
Office of Water Quality
Industrial Permits Section

SUBJECT: Identification of Potentially Affected Persons

The Administrative Orders and Procedures Act (AOPA) IC 4-21.5, requires that the Department of Environmental Management (IDEM) give notice of its decision on your application to the following persons:

- (a) each person to whom the decision is specifically directed;
- (b) each person to whom a law requires notice be given;
- (c) each competitor who has applied to the IDEM for a mutually exclusive license, if issuance is the subject of the decision and the competitor's application has not been denied in an order for which all rights to judicial review have been waived or exhausted;
- (d) each person who has provided the IDEM with a written request for notification of the decision;
- (e) each person who has a substantial and direct proprietary interest in the issuance the (permit) (variance);
- (f) each person whose absence as a party in the proceeding concerning the (permit) (variance) decision would deny another party complete relief in the proceeding or who claims an interest related to the issuance of the (permit) (variance) and is so situated that the disposition of the matter, in the person's absence may:
 - (1) as a practical matter impair or impede the person's ability to protect that interest, or
 - (2) leave any other person who is a party to a proceeding concerning the permit subject to a substantial risk of incurring multiple or otherwise inconsistent obligations by reason of the person's claim interest.

IC 4-21.5-3-5(f) provided that we may request your assistance in identifying these people. Our failure to properly identify and notify these people of the decision could have the result of voiding any decision which is made.

Additionally, IC 13-15-3-1 requires IDEM to send notice that the permit application has been received by the department to the following:

- (a) the board of county commissioners of a county affected by the permit application and
- (b) the mayor of a city that is affected by the *permit* application, or
- (c) the president of a town council of a town affected by the permit application.

Please provide on the following form the names of those persons affected by these statutes, and include mailing labels with your application. These mailing labels should have the names and addresses of the affected parties along with our mailing code (65-42PS) listed above each affected party listing.

Example: 65-42PS
John Doe
111 Circle Drive
City, State, Zip Code

IDENTIFICATION OF POTENTIALLY AFFECTED PERSONS

Please list here any and all persons whom you have reason to believe have a substantial or proprietary interest in this matter, or could otherwise be considered to be potentially affected under the law. Failure to notify any person who is later determined to be potentially affected could result in voiding our decision on procedural grounds. To ensure conformance with AOPA and to avoid reversal of a decision, please list all such parties. The letter attached to this form will further explain the requirements under the AOPA. Attach additional names and addresses on a separate sheet of paper, as needed. Please indicate below the type of action you are requesting.

Name _____
Street _____
City, State, ZIP code _____

Name _____
Street _____
City, State, ZIP code _____

Name _____
Street _____
City, State, ZIP code _____

Name _____
Street _____
City, State, ZIP code _____

Name _____
Street _____
City, State, ZIP code _____

Name _____
Street _____
City, State, ZIP code _____

Name _____
Street _____
City, State, ZIP code _____

Name _____
Street _____
City, State, ZIP code _____

Please complete this form by signing the following statement:

I certify that, to the best of my knowledge, I have listed all potentially affected parties, as defined by IC 4-21.5.

Signature _____ Date (*month, day, year*) _____

Printed Name _____

Facility Name _____

Address (*number and street*) _____

(*city, state, and ZIP code*) _____