



Reset Form

Print Form

Pretreatment Program

Application for Transfer of Ohio Indirect Discharge Permit

Note: Part III of each indirect discharge permit includes additional information regarding transfer of permits.

Submit this application to the appropriate district office.



Division of Surface Water
50 W Town St, Suite 700
PO Box 1049
Columbus, OH 43216-1049
(614) 644-2001

Central District Office
PO Box 1049
Columbus, OH 43216-1049
(614) 728-3778

Northeast District Office
2110 E Aurora Rd
Twinsburg, OH 44087
(330) 963-1200

Northwest District Office
347 N Dunbridge Rd
Bowling Green, OH 43402
(419) 352-8461

Southeast District Office
2195 Front St
Logan, OH 43138
(740) 385-8501

Southwest District Office
401 E Fifth St
Dayton, OH 45402
(937) 285-6357

For Agency Use	Facility Name:	Date Received (yy/mm/dd)
	Ohio EPA Permit Number	Application Number



Application for Transfer of Ohio Indirect Discharge Permit
Permits and Compliance Section

A. Existing Permit Holder Information (Transferor)

1. Facility Number: *

2. Corporate (Parent Company) Name: _____

3. Divisional Name: _____

4. Facility Name: _____

5. Mailing Address After Transfer:

B. Proposed Permit Holder Information (Transferee)

1. Corporate (Parent Company) Name: _____

2. Phone: _____

3. Divisional Name: _____

4. Facility Name: _____

5. Mailing Address for all permit-related correspondence:

6. Facility Mailing Address (if different):

7. Individual authorization to sign applications and Transfer Agreement pursuant to OAC 3745-36-03 (D)(4) [principal executive office, vice president or higher for a corporation; a general partner of a partnership; the proprietor of a proprietorship; principal executive office; ranking elected official; authorized member or manager of a limited liability company; or duly-authorized employee of a public entity]:

(Authorized Individual)

8. Authorization: Pursuant to OAC 3745-3-06 (F), the individual or position identified in this space is duly authorized by the individual in Item 7 to sign all reports required by permit and other information which may be required by the director:

_____ (Name/Title/Position)

9. Operator of Facility:

Name: _____

Address: _____

10. Contact person for facility information or inspections:

Name: _____

Phone: _____

11. Describe any material modifications to production or facilities, subsequent to the transfer, which may alter the volume or characteristics of this discharge. *(Attach additional pages as necessary.)*

Agreement to Transfer Permit

_____, as the holder of an indirect discharge permit which
(Transferor)

stipulates responsibilities, coverage and liability for operations involving discharges of wastewater from the facility
located at _____,
(Facility Location)

hereby applies for approval of the director to transfer the permit responsibility, coverage and liability to
_____.
(Transferee)

_____ agrees to continue to assume the
(Transferor)
responsibility for compliance with all terms, limitations and conditions, and any coverage or liability thereunder for
the period ending on _____,
(Month/Day) (Year)

_____ as the proposed new permittee, hereby
(Name of New Permittee)
agrees to assume the responsibility for compliance with the entirety of the coverage, responsibility and liability of
the permit commencing on _____,
(Month/Day) (Year)

In witness whereof, the parties have executed this agreement on
_____, it is so agreed.
(Month/Day) (Year)

Transferor: _____

Transferee: _____

By: _____

By: _____

Title: _____

Title: _____

By signing this form, I (transferee), certify and acknowledge that I have read and fully understand the terms and conditions of Indirect Discharge Permit No. _____.

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 gathered and evaluated 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.

(Transferee)

(Title)

(Date)