



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
APPLICATION FOR TRANSFER OF OPERATING PERMIT

FOR AGENCY USE ONLY	
CHECK NO.	
DATE RECEIVED	FEE SUBMITTED

THE FOLLOWING ITEMS (1 – 4) ARE TO BE COMPLETED BY THE CURRENT OWNER. SEE INSTRUCTIONS FOR APPROPRIATE FEE TO BE SUBMITTED WITH APPLICATION.

1. FACILITY

NAME		TELEPHONE NUMBER WITH AREA CODE	
ADDRESS (PHYSICAL)	CITY	STATE	ZIP
PERMIT NUMBER #MO-	COUNTY		

2. CURRENT OWNER

NAME	EMAIL ADDRESS	TELEPHONE NUMBER WITH AREA CODE	
ADDRESS	CITY	STATE	ZIP

3. CONTINUING AUTHORITY: Permanent organization that will serve as the continuing authority for the operation, maintenance and modernization of the facility. (If same as current owner, respond "same")

NAME	EMAIL ADDRESS	TELEPHONE NUMBER WITH AREA CODE	
ADDRESS	CITY	STATE	ZIP

4. CERTIFICATION

I certify I am familiar with the information contained in the application, that to the best of my knowledge and belief such information is true, complete and accurate, and upon transfer approval, I agree to abide by the Missouri Clean Water Law and all rules, regulations, orders and decisions, subject to any legitimate appeal available under the Missouri Clean Water Law. Further, I certify I have read the existing permit and agree to abide by the terms and conditions once the transfer is complete.

NAME (TYPE OR PRINT)	OFFICAL TITLE	TELEPHONE NUMBER WITH AREA CODE
SIGNATURE		DATE SIGNED

THE FOLLOWING ITEMS (5 – 10) WILL APPLY AFTER THE COMPLETION OF TRANSFER (SALE) AND ARE TO BE COMPLETED BY THE APPLICANT FOR TRANSFER OF OPERATING PERMIT (BUYER) OR AUTHORIZED AGENT.

5. FACILITY (IF DIFFERENT THAN ABOVE)

NAME	TELEPHONE NUMBER WITH AREA CODE
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6. FUTURE OWNER

NAME	EMAIL ADDRESS	TELEPHONE NUMBER WITH AREA CODE	
ADDRESS	CITY	STATE	ZIP

7. CONTINUING AUTHORITY: Permanent organization that will serve as the continuing authority for the operation, maintenance and modernization of the facility. (If same as future owner, respond "same")

NAME	EMAIL ADDRESS	TELEPHONE NUMBER WITH AREA CODE	
ADDRESS	CITY	STATE	ZIP

8. FACILITY CONTACT

NAME	TITLE		
EMAIL ADDRESS	TELEPHONE NUMBER WITH AREA CODE		
ADDRESS	CITY	STATE	ZIP

9. ADDITIONAL INFORMATION

9.1 Anticipated effective date of transfer of ownership:

9.2 Are any changes in production, in raw materials, or in the quantity of discharges from this facility planned or anticipated?
 Yes No If yes, explain (Attach sheets as necessary)

10. ELECTRONIC DISCHARGE MONITORING REPORT (eDMR) SUBMISSION SYSTEM

Per 40 CFR Part 127 National Pollutant Discharge Elimination System (NPDES) Electronic Reporting Rule, reporting of effluent limits and monitoring shall be submitted by the permittee via an electronic system to ensure timely, complete, accurate, and nationally-consistent set of data. **One of the following must be checked in order for this application to be considered complete.** Please visit <http://dnr.mo.gov/env/wpp/edmr.htm> to access the Facility Participation Package.

- You have completed and submitted with this permit application the required documentation to participate in the eDMR system.
- You have previously submitted the required documentation to participate in the eDMR system and/or you are currently using the eDMR system.
- You have submitted a written request for a waiver from electronic reporting. See instructions for further information regarding waivers.

11. CERTIFICATION

I certify I am familiar with the information contained in the application, that to the best of my knowledge and belief such information is true, complete and accurate, and upon transfer approval, I agree to abide by the Missouri Clean Water Law and all rules, regulations, orders and decisions, subject to any legitimate appeal available under the Missouri Clean Water Law. Further, I certify I have read the existing permit and agree to abide by the terms and conditions once the transfer is complete.

NAME (TYPE OR PRINT)	OFFICIAL TITLE	TELEPHONE NUMBER WITH AREA CODE
SIGNATURE	DATE SIGNED	

INSTRUCTIONS FOR COMPLETING APPLICATION FOR TRANSFER OF OPERATING PERMIT

All blanks must be filled in when the application is submitted to the Missouri Department of Natural Resources. This includes **BOTH** required signatures. Current permittee (present owner/seller) is to complete items 1 – 4. Applicant for transfer of operating permit (future owner/buyer) is to complete items 5 – 10.

Department of Natural Resources regulation 10 CSR 20-6.010 (11) governs the transfer of National Pollutant Discharge Elimination System (NPDES) permits. Until such time as the permit is officially transferred, the current permittee remains responsible for complying with the terms and conditions of the existing permit. The department, within thirty (30) days of receipt of this application, shall notify the new applicant of its intent to revoke and reissue or transfer the permit.

Electronic Discharge Monitoring Report (eDMR) Submission System – Visit the eDMR site at <http://dnr.mo.gov/env/wpp/edmr.htm> and click on the “Facility Participation Package” link. The eDMR Permit Holder and Certifier Registration Form and information about the eDMR system can be found in the Facility Participation Package.

Waivers to electronic reporting may be granted by the Department per 40 CFR 127.15 under certain, special circumstances. A written request must be submitted to the Department for approval. Waivers may be granted to facilities owned or operated by:

- a. members of religious communities that choose not to use certain technologies or
- b. permittees located in areas with limited broadband access. The National Telecommunications and Information Administration (NTIA) in collaboration with the Federal Communications Commission (FCC) have created a broadband internet availability map: <http://www.broadbandmap.gov/>. Please contact the Department if you need assistance.

Signatures - All applications must be signed as follows and the signatures must be **original**:

- a. For a corporation, by an officer having responsibility for the overall operation of the regulated facility or activity or for environmental matters.
- b. For a partnership or sole proprietorship, by a general partner or the proprietor.
- c. For a municipal, state, federal or other public facility, by either a principal executive officer or by an individual having overall responsibility for environmental matters at the facility.

Permit modifications, including transfers, are subject to the following fees;

Municipals – \$200 each

All others – \$100 each

Note: Business name and address changes where owner and continuing authority remain the same are not considered transfers.

Submittal of an incomplete application may result in the application being returned.

This completed form and any attachments along with the applicable permit fees, should be submitted to:

Department of Natural Resources
Water Protection Program
ATTN: Operating Permits Section
P.O. Box 176
Jefferson City, MO 65102

Map of regional offices with addresses and phone numbers are available on the Web at <http://dnr.mo.gov/regions/>. If there are any questions concerning this form, please contact the appropriate regional office or the Department of Natural Resources, Water Protection Program, Operating Permits Section at 800-361-4827 or 573-751-6825.