



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

1. PROJECT INFORMATION			
NAME OF PROJECT		CONSTRUCTION PERMIT	
LOCATION OF THE PROJECT			
BRIEF DESCRIPTION OF THE PROJECT			
RECEIVING TREATMENT FACILITY NAME		MISSOURI STATE OPERATING PERMIT #	
ANTICIPATED DATE OF TRANSFER IN OWNERSHIP			
2. CURRENT PROJECT OWNER			
NAME		TELEPHONE NUMBER WITH AREA CODE	
ADDRESS	CITY	STATE	ZIP CODE
3. CURRENT CONTINUING AUTHORITY			
NAME		TELEPHONE NUMBER WITH AREA CODE	
ADDRESS	CITY	STATE	ZIP CODE
4. CURRENT ENGINEER			
NAME		TELEPHONE NUMBER WITH AREA CODE	
ADDRESS	CITY	STATE	ZIP CODE
<b>5. CURRENT PROJECT OWNER:</b> I certify that I am familiar with the information given above, that to the best of my knowledge and belief such information is true, complete and accurate, and until transfer approval, I agree to continue 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, of the Missouri Clean Water Commission.			
SIGNATURE			
PRINT NAME		DATE	
TITLE		TELEPHONE NUMBER WITH AREA CODE	
6. FUTURE PROJECT OWNER			
NAME		TELEPHONE NUMBER WITH AREA CODE	
ADDRESS	CITY	STATE	ZIP CODE
7. FUTURE CONTINUING AUTHORITY			
NAME		TELEPHONE NUMBER WITH AREA CODE	
ADDRESS	CITY	STATE	ZIP CODE

8. FUTURE ENGINEER			
NAME		TELEPHONE NUMBER WITH AREA CODE	
ADDRESS	CITY	STATE	ZIP CODE
<b>9. FUTURE PROJECT OWNER:</b> I certify that I am familiar with the information given above, 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, of the Missouri Clean Water Commission.			
SIGNATURE			
PRINT NAME		DATE	
TITLE		TELEPHONE NUMBER WITH AREA CODE	
Mail completed copy to:		MISSOURI DEPARTMENT OF NATURAL RESOURCES WATER PROTECTION PROGRAM P.O. BOX 176 JEFFERSON CITY, MO 65102-0176	

MO 780-2156 (04-12)

### INSTRUCTIONS FOR COMPLETETING APPLICATION FOR TRANSFER OF CONSTRUCTION PERMIT

All blanks must be filled in when the application is submitted to the Department of Natural Resources. This includes both required signatures.

“Until the time the permit is officially transferred, the original permittee remains responsible for complying with the terms and conditions of the existing permit”, per 10 CSR 20-6.010(11)(A). 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. See 10 CSR 20-6.010(11)(B).

1. Complete Project information.
2. Complete Current Project Owner (seller) information. The current project owner name should match the information provided in the original construction permit application.
3. Complete Current Continuing Authority information. If same as Current Project Owner, write same.
4. Complete Current Engineer information for a registered Missouri professional engineer.
5. Complete Current Project Owner signature information.
6. Complete Future Project Owner (buyer) information.
7. Complete Future Continuing Authority information. If same as Future Project Owner, write same.
8. Complete Future Engineer information for a registered Missouri professional engineer.
9. Complete Future Project Owner signature information.

Mail the completed form to the department. No fee is necessary.

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

If there are any questions concerning this form, please contact the Department of Natural Resources, Water Protection Program at 573-751-1300.