

MISSOURI DEPARTMENT OF NATURAL RESOURCES
 DIVISION OF ENVIRONMENTAL QUALITY
 PUBLIC DRINKING WATER PROGRAM
 P. O. BOX 176, JEFFERSON CITY, MO 65102
APPLICATION FOR TRANSFER OF OPERATING PERMIT

| |
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| PWS ID NUMBER |
| MO - |

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| NOTE: THE DEPARTMENT WILL PERFORM A PERMIT REVIEW TO ASSESS COMPLIANCE WITH THE CONTINUING OPERATING AUTHORITY REQUIREMENTS OF 10CSR60-3.020, THE APPLICABLE MAXIMUM CONTAMINANT LEVELS AND MONITORING REQUIREMENTS OF 10CSR60-4.010 THROUGH 4.110, AND THE MINIMUM POSITIVE PRESSURE REQUIREMENTS OF 10CSR60-4.080(9). | | | |
| 1.00-3.00 TO BE COMPLETED BY CURRENT PERMITEE (PRESENT OWNER/SELLER) OR THE DEPARTMENT OF NATURAL RESOURCES REGIONAL OFFICE. THE FOLLOWING ITEMS PRESENTLY APPLY TO THIS FACILITY: | | | |
| 1.00 FACILITY | | | |
| NAME | | | TELEPHONE NUMBER |
| ADDRESS | CITY | STATE | ZIP CODE |
| 2.00 CURRENT OWNER | | | |
| NAME | | | TELEPHONE NUMBER |
| ADDRESS | CITY | STATE | ZIP CODE |
| 3.00 OPERATING AUTHORITY: (If same as owner, write same) | | | |
| NAME | | | TELEPHONE NUMBER |
| ADDRESS | CITY | STATE | ZIP CODE |
| CONTINUED (OVER) | | | |

NOTE: THE DEPARTMENT WILL PERFORM A PERMIT REVIEW TO ASSESS COMPLIANCE WITH THE CONTINUING OPERATING AUTHORITY REQUIREMENTS OF 10CSR60-3.020, THE APPLICABLE MAXIMUM CONTAMINANT LEVELS AND MONITORING REQUIREMENTS OF 10CSR60-4.010 THROUGH 4.110, AND THE MINIMUM POSITIVE PRESSURE REQUIREMENTS OF 10CSR60-4.080(9). IF THE REVIEW SHOWS THAT THE PROPOSED CONTINUING OPERATING AUTHORITY DOES NOT MEET THESE REQUIREMENTS, A COMPLIANCE AGREEMENT WILL BE NEGOTIATED, AND A TEMPORARY PERMIT TO DISPENSE WATER WILL BE ISSUED UNTIL COMPLIANCE IS ACHIEVED.

THE FOLLOWING ITEMS (4.00-9.00) WILL APPLY AFTER COMPLETION OF TRANSFER (SALE) AND ARE TO BE COMPLETED BY THE APPLICANT (BUYER) FOR TRANSFER OF OPERATING PERMIT OR AUTHORIZED AGENT OR THE DEPARTMENT OF NATURAL RESOURCES REGIONAL OFFICE.

4.00 FACILITY

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|---------|--|---------------|------------------|----------|
| NAME | | PWS ID NUMBER | TELEPHONE NUMBER | |
| ADDRESS | | CITY | STATE | ZIP CODE |

5.00 FUTURE OWNER

| | | | | |
|---------|--|------------------|-------|----------|
| NAME | | TELEPHONE NUMBER | | |
| ADDRESS | | CITY | STATE | ZIP CODE |

6.00 OPERATING AUTHORITY: (If same as owner, write same)

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|---------|--|------------------|-------|----------|
| NAME | | TELEPHONE NUMBER | | |
| ADDRESS | | CITY | STATE | ZIP CODE |

7.00 FACILITY CONTACT

| | | | | |
|-------|--|------------------|--|--|
| NAME | | TELEPHONE NUMBER | | |
| TITLE | | | | |

8.00 ADDITIONAL INFORMATION

ANTICIPATED EFFECTIVE DATE OF TRANSFER IN OWNERSHIP

ARE ANY CHANGES IN QUANTITY OR QUALITY OF WATER PRODUCED BY THIS FACILITY PLANNED OR ANTICIPATED?

____ YES ____ NO IF YES, EXPLAIN (IF ADDITIONAL SPACE IS REQUIRED, ATTACH SHEET)

9.00 SIGNATURE

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 OWNERSHIP TRANSFER, I AGREE TO ABIDE BY THE MISSOURI SAFE DRINKING WATER LAW SECTIONS 640.100 – 640.140, RSMo AND ALL RULES AND REGULATIONS UNDER THE MISSOURI SAFE DRINKING WATER LAW.

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| A. NAME (TYPE OR PRINT) | B. PHONE NUMBER (area code & number) |
| C. SIGNATURE | D. DATE SIGNED |