

CHANGE IN OWNERSHIP CERTIFICATION

Facility Name	KPDES No. <input type="checkbox"/> KNDOP No. <input type="checkbox"/> Other <input type="checkbox"/> Permit Number:
Previous Facility Name (if changed)	County

Name of New Owner or Authorized Representative	
Company Name	
Address of New Owner (Street, City, State, Zip Code)	
Telephone No. of Owner/Authorized Representative	() -
Location Address of Facility	
Effective Date of Transfer	
Previous Owner Name	

Indicate an alternate address where the Discharge Monitoring Report (DMR) forms should be sent **only if different from the new owner name or address listed above**. These DMR forms are preprinted with permit limitations and are mailed out each quarter.

Alternate DMR Mailing Name	
Alternate DMR Mailing Address	

If Submitted by New Owner:

I hereby certify that I have or that I will assume ownership and all responsibility for meeting the permit conditions of the Commonwealth of Kentucky relating to water quality at the permitted facility listed above on the effective date of transfer indicated.

Signature of New Owner or Authorized Representative	Date
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If Submitted by Prior Owner:

I hereby certify that I have agreed to transfer of ownership and all responsibility for meeting the permit conditions of the Commonwealth of Kentucky relating to water quality at the permitted facility listed above on the effective date of transfer indicated. If the new owner has not signed this certification, I have attached a signed copy of the contractual agreement related to the transfer of this facility.

Signature of Previous Owner or Authorized Representative	Date
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A transfer of a permit is not effective until acknowledged by the Cabinet.

Questions on completing this form? Contact the Surface Water Permits Branch at (502) 564-3410.

Complete and return this form to: Division of Water, Surface Water Permits Branch
 200 Fair Oaks Lane
 Frankfort, KY 40601