



Metropolitan Council Environmental Services
 Industrial Waste & Pollution Prevention Section
 390 North Robert Street
 St. Paul, MN 55101-1805

INDUSTRIAL DISCHARGE PERMIT TRANSFER FORM

By completing and submitting this form, the New Owner is requesting transfer of a Metropolitan Council Environmental Services (MCES) Industrial Discharge Permit from one business entity to another. In accordance with Waste Discharge Rules Section 211.00, MCES must receive this form signed and completed by an authorized representative of the New Owner prior to the date of ownership transfer.

An authorized representative is defined as follows:

- A principal executive officer of at least the level of Vice President, if the New Owner is a corporation; or
- A general partner or proprietor if the New Owner is a partnership or sole proprietorship.

1. Permitted facility being sold/transferred: _____ Permit No: _____

2. New Owner: _____ State Tax ID: _____

3. Contact Name: _____ Title: _____

4. Mailing Address: _____ City: _____ State: _____ Zip: _____

5. Billing Address: _____ City: _____ State: _____ Zip: _____

6. Name under which the New Owner will operate the acquired facility: _____

7. Is this sale/transfer a complete sale/transfer of all assets and liabilities? Yes No

8. Anticipated or actual date of ownership transfer: _____

9. Will there be any significant changes in production or manufacturing at this facility in the near future?

Yes No If yes, please attach an explanation of changes.

10. Agreement and Signature:

I am familiar with and agree to be bound by the conditions of the prior owner's Industrial Discharge Permit, the MCES Waste Discharge Rules, and applicable U.S. Environmental Protection Agency Pretreatment Standards and Requirements.

 Authorized Representative (print) Title

 Signature Date Phone

- (1) All outstanding fees/charges/penalties must be settled with MCES prior to the permit transfer.
- (2) MCES approval of this permit transfer shall in no way limit the new Permittee's obligations.

For MCES Use Only SAC Review: By: _____

Review: Staff - _____ IWPP Section Manager: _____

Approval: _____
(Assistant General Manager, EQA Department) (Date)