

PERMIT TRANSFER UNDER 12 VAC 5-640-220.E

Commonwealth of Virginia
Virginia Department of Health

_____ Health Department

General Permit Number VAG _____

Name of New Owner: _____

Signature of New Owner: _____

Address New Owner: _____

New Owner Phone Number: _____

Discharging System Address: _____

Request for Transfer of Construction Permit:

Attach:

1. Copy of Transfer of Ownership Form for VPDES Permit from Department of Environmental Quality
2. Written certification that there are no new site conditions that will adversely impact the existing approved construction permit and documents or the original construction application.

Request for Transfer of Operation Permit:

Attach:

1. Copy of Transfer of Ownership Form for VPDES Permit from Department of Environmental Quality
2. Copy of valid maintenance and monitoring contract for discharging system