

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: _____

Certification Statement:

I understand that I am responsible for contracting with a licensed operator to conduct all operation, maintenance, monitoring, and reporting for this permitted wastewater treatment system in accordance with 12VAC5-640. I certify that this system will be maintained by a licensed operator in accordance with 12VAC5-640.

New Owner Signature

Date

Request for Transfer of Construction Permit: ☐

- Attach: 1. Documentation of Transfer of Ownership of 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: Documentation of Transfer of Ownership of VPDES Permit from Department of Environmental Quality