



# Notification of Permit Transfer of an Advanced Treatment Water Facility

## 1. Instructions

- a. In accordance with Chapter 62-565 Florida Administrative Code (F.A.C.), this form must be submitted to the Department of Environmental Protection's Division of Water Resource Management, MS 3500, 2600 Blair Stone Road, Tallahassee, Florida, 32399-2400 to notify the Department of the transfer of a permit to a new permittee.
- b. Each item must be completed in full to avoid a delay in the processing of this form.
- c. Include copy of written agreement containing a specific date for transfer of permit responsibility, coverage, and liability between the current and new permittees.
- d. All information is to be typed or printed in ink. Dates are to be entered in MM/DD/YR format.
- e. This application and attachments shall be signed in accordance with subsection 62-565.400(1), F.A.C.

## 2. Facility

- a. Permit Number: \_\_\_\_\_ b. Facility Name: \_\_\_\_\_
- c. Address (Number and Street): \_\_\_\_\_
- d. City/Zip Code: \_\_\_\_\_
- e. Permit Issuance Date: \_\_\_\_\_ f. Permit Expiration Date: \_\_\_\_\_

## 3. Notification of Sale or Legal Transfer

- a. Permittee (Responsible Authority) Name: \_\_\_\_\_ b. Title: \_\_\_\_\_
- c. Mailing Address: \_\_\_\_\_
- d. Phone Number: \_\_\_\_\_ e. Email: \_\_\_\_\_

I hereby notify the Department of the sale or legal transfer of this Advanced Treatment Water Facility or activity under Rule 62-565.620, F.A.C. Further, I agree to assign my rights as permittee to the proposed permittee in the event the Department agrees to the transfer of permit.

- c. Date of proposed transfer: \_\_\_\_\_
- d. Date signed: \_\_\_\_\_ h. Signature: \_\_\_\_\_

## 4. Request for Transfer of Permit

- a. Applicant Name: \_\_\_\_\_ b. Title: \_\_\_\_\_
- c. Mailing Address: \_\_\_\_\_
- d. Phone Number: \_\_\_\_\_ e. Email: \_\_\_\_\_

I hereby certify that I have examined the application and the documents submitted by the existing permittee which are the basis of this permit that was issued by the Department. I state that they accurately and completely describe the permitted facility or activity. Further, I state that I am familiar with the permit and I agree to comply with its terms and conditions. I agree to assume the rights and liabilities contained in the permit and the statutes and rules under which it was issued. I also agree to promptly notify the Department of any future change in ownership of or responsibility for this facility or activity.

- f. Date signed: \_\_\_\_\_ g. Signature: \_\_\_\_\_