



WATER PROTECTION BUREAU

Agency Use

Permit No.:

Date Rec'd

Amount Rec'd

Check No.

Rec'd By

FORM PTN-SWC

Permit Transfer Notification (PTN) Storm Water Discharges Associated With Construction Activity MTR100000

Use this form to request a transfer of ownership or change the name (transfer) of the entity that holds a Montana Pollutant Discharge Elimination System (MPDES) General Permit for Storm Water Discharges Associated with Construction Activity Authorization. This form must be submitted at least 30 days prior to the effective date of the proposed transfer and constitutes written notice to the Department under the Montana Water Quality Act that the new owner or operator assumes responsibility and liability for all the terms and conditions in the permit, including permit fees. This form may not be used to transfer permit coverage to a new or different site, facility or location. Until a determination is made, the owner or operator of record remains responsible for compliance with the terms of the permit, including fees and/or violations. Please read the attached instructions before completing this form; do not leave blank spaces. Please type or print; forms that are not legible will be returned.

Section A - Transfer Date

Date of Owner/Operator Transfer: _____

Section B - Facility or Site Information

Permit Number: MT _____

Facility or Site Name: _____

Physical Location: _____

Nearest City or Town: _____

Section C - Current Owner/Operator Information

Owner/Operator Name: _____

Mailing Address: _____

City, State, and Zip Code: _____

Phone Number: _____ Email: _____

Is the entity listed above the (Check one) Owner [] or Operator []

Status of Owner/Operator (Check one) Federal [] State [] Private [] Public [] Other (specify) _____

Section D - New Current Owner/Operator Information

Owner/Operator Name: _____

Mailing Address: _____

City, State, and Zip Code: _____

Phone Number: _____ Email: _____

Is the entity listed above the (Check one) Owner [] or Operator []

Status of Owner/Operator (Check one) Federal [] State [] Private [] Public [] Other (specify) _____

Section E - SWPPP Administrator

Permit No.:

Name _____ Position Title _____
Mailing Address _____
City, State, and Zip Code _____
Phone _____ Alternate Phone _____
Company Name _____ Email _____
Training Course _____ Date Completed _____

For additional SWPPP Administrators, please complete and submit Attachment A-Delegation of Authority.

Section F - Fees

For current fee information, consult the Permit Fee Summary.

Section G - Attachments

SWPPP and Site Map: Updated prior to transfer and attached Updated prior to transfer and onsite

Section H - Additional Information

Section I - Certification

Assignment of Transfer Agreement: We, the undersigned, agree that upon the date given in Section A, that the owner or operator identified in Section D of this form assumes permit responsibility, coverage, and liability, including any applicable permit fee(s) for the permit.

Applicant Information: This form must be completed, signed, and certified as follows:

- For a corporation, by a principal officer of at least the level of vice president;
- For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or
- For a municipality, state, federal, or other public facility, by either a principal executive officer or ranking elected official.

All Applicants Must Complete the Following Certification:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information; including the possibility of fine and imprisonment for knowing violations.

Current Owner/Operator**A. Name (Type or Print)****B. Title (Type or Print)****C. Phone No.****D. Signature****E. Date Signed**

Check to request confirmation of Transfer mailed to the address provided.

New Owner/Operator**A. Name (Type or Print)****B. Title (Type or Print)****C. Phone No.****D. Signature****E. Date Signed**

The Department will not process this form until all of the requested information is supplied, the form is complete, and the appropriate fees are paid. Return this PTN-SWC form, and the applicable fee to:

Department of Environmental Quality
 Water Protection Bureau
 PO Box 200901 Helena, MT 59620-0901
 (406) 444-3080