



## 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