



Los Angeles Regional Water Quality Control Board

NPDES PERMIT TRANSFER REQUEST FORM

NPDES Permit No. _____ CI No. _____

Facility Location: _____
Street Address City Zip

I hereby request the transfer of the above-referenced NPDES permit, including the transfer of responsibility, coverage, and liability for such permit, in accordance with the following:

TRANSFER FROM:

TRANSFER TO:

Facility Name

New Facility Name

Owner

New Owner

Operator

New Operator

TRANSFER EFFECTIVE DATE: _____

Signature of Former Owner/Authorized Representative

Title

Name of Former Owner/Authorized Representative

Date

I understand that I am responsible for compliance with the above-referenced NPDES permit. I certify that:

- 1. I have reviewed the NPDES permit;
2. The facility construction and nature/amount of discharges from the facility have not substantially changed; and
3. I will notify the Board of any material change in the facility and/or of the discharge, or any future change in the facility owner or operator.

Signature of New Owner/Authorized Representative

Company name, if appropriate

Name of New Owner/Authorized Representative

Telephone No. Date

Title

Email

Mailing Address: _____
Street Address City State Zip

Name of Facility Contact Person

Telephone No. Email

Facility Contact Mailing Address: _____
Street Address City State Zip

Form No. R4-WRS #1

2/18/21