

OKLAHOMA DEPARTMENT OF AGRICULTURE, FOOD, AND FORESTRY

Agricultural Environmental Management Services Division

P.O. Box 528804

Oklahoma City, Oklahoma 73152

(405) 522-5493

AGPDES CAFO GENERAL PERMIT TRANSFER

| A. CURRENT PERMITEE | B. NEW PERMITEE |
|---|---|
| Name: _____ | Name: _____ |
| Mailing Address: _____ | Mailing Address: _____ |
| City: _____ State: _____ Zip: _____ | City: _____ State: _____ Zip: _____ |
| Contact Name: _____ Title: _____ | Contact Name: _____ Title: _____ |
| Phone: (____) _____ Facsimile: (____) _____ | Phone: (____) _____ Facsimile: (____) _____ |
| Email: _____ | Email: _____ |

C. FACILITY INFORMATION

AgPDES Permit No. OKG01 _____

Current Name of the Facility: _____

New Name of the Facility: _____

Facility Location (physical address or location description): _____

City: _____ State: _____ Zip: _____ County: _____ Latitude: _____ Longitude: _____

Legal Description (¼, ¼, ¼, Section, Township, Range): _____

D. TRANSFER AGREEMENT

1. Attach a transfer agreement between the existing and the new permittee containing a specific date for transfer of permit responsibility, coverage, and liability between the existing and the new permittee.

2. Attach a signed statement from the new permittee certifying that:

- The new permittee has personally examined and is familiar with the information submitted in the previous owner's Notice of Intent (NOI) and Nutrient Management Plan (NMP).
- The new permittee believes that the information is true, accurate and complete.
- The new permittee agrees to comply with any applicable terms, conditions, or other requirements of the general permit OKG010000 and the authorization and terms issued to the facility listed in Section C.

E. CERTIFICATION

I certify under penalty of law this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for knowingly submitting false, inaccurate, or incomplete information, including the possibility of fines for each violation.

| | |
|---|---|
| Current Permittee _____ (Type or print name and title) | New Permittee _____ (Type or print name and title) |
| Signature _____ Date _____ | Signature _____ Date _____ |
| State of _____) _____) County of _____) | |
| Subscribed and sworn to before me this _____ day of _____, 20_____. | |
| | _____ Notary Public (SEAL) |
| My commission expires: _____ | |
| Commission number: _____ | |