



**NOTICE OF TRANSFER/MODIFICATION OF COVERAGE UNDER
(NDPDES) GENERAL PERMIT FOR STORM WATER DISCHARGES
ASSOCIATED WITH CONSTRUCTION ACTIVITY (NDR10-0000)**

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF WATER QUALITY
SFN 54242 (2/05)

For Dept. Use Only

Date Received: ___/___/___

The transfer form is to be used when the owner or operator of a construction project changes (see Part I.F of the permit). Once the coverage has been transferred, the original Storm Water Pollution Prevention Plan (SWPPP) may be implemented or a new SWPPP may be developed. This form may also be used to modify existing permit information for a permitted site.

Owners that have acquired a portion of a permitted project site must submit a **new** permit application to the Dept. of Health for construction activity that disturbs 5 or more acres. For construction activity that will disturb less than 5 acres, owners must follow the requirements for "small construction" as outlined in Part I.D.3 of the permit, where the site may be covered under the operators small construction permit.

TRANSFER INFORMATION

Name of Construction Project			Permit Number
Name of Current Owner or Operator	Contact Person		Telephone Number
Mailing Address	City	State	Zip Code

Name of New Owner or Operator	Contact Person		Telephone Number
Mailing Address	City	State	Zip Code

Type of Owner or Operator	<input type="checkbox"/> Developer/Builder	<input type="checkbox"/> General Contractor	<input type="checkbox"/> Municipality
	<input type="checkbox"/> State of ND	<input type="checkbox"/> Federal	<input type="checkbox"/> Other (Specify):

REASON FOR MODIFICATION

<input type="checkbox"/> New Project Name _____		
<input type="checkbox"/> New Owner	<input type="checkbox"/> New Contractor	<input type="checkbox"/> Change from Sole-permittee to Co-permittee
<input type="checkbox"/> Owner Name Change	<input type="checkbox"/> Contractor Name Change	
<input type="checkbox"/> Owner Address Change	<input type="checkbox"/> Contractor Address Change	<input type="checkbox"/> Other _____

SIGNATURE INFORMATION

Return Completed Application to: North Dakota Department of Health Division of Water Quality, 4 th Floor 918 East Divide Avenue Bismarck, ND 58501-1947 Telephone: (701) 328-5210 Fax: (701) 328-5200	I certify that I am familiar with NDR10-0000 and NDCC 61-28-08, and with the possibility of fines and imprisonment for submitting false information. To the best of my knowledge and belief, the information in this application is true, complete, and accurate.	
	Printed name of Current Permit Holder	Title
	Signature of Current Permit Holder	Date
	Printed Name of New Owner/Operator	Title
	Signature of New Owner/Operator	Date

(Attach additional pages if needed)