

Transfer of Coverage (TOC) Storm Water Discharge General Permit

Notice: This Transfer of Coverage (TOC) form is authorized by s. NR 203.136(1)(p), Wis. Adm. Code and s. 283.53, Wis. Stats. The landowner, responsible executive or municipal officer, manager, partner, proprietor, or duly authorized representative shall submit this form to the Department of Natural Resources (Department) to certify when the permittee wishes to transfer coverage under any specified WPDES general permit for discharge to a new landowner, responsible executive or municipal officer, manager, partner, or proprietor regulated under the specified WPDES general permit. Submittal of this form constitutes notice that the party identified in Section I of this form is no longer authorized to discharge storm water associated with the specified WPDES general permit, and the party in Section III of this form will take control of the facility or activity and will maintain compliance with the specified WPDES general permit. The WPDES general permit coverage is not transferable to any person except after notice to the Department. Termination of coverage for the previous party will be effective when confirmed by the Department to the current permittee (transferor) and transfer of coverage for the new party will be effective when confirmed by the Department to the proposed permittee (transferee).

Please read all instructions on page 3 of this form before completing it. All necessary information must be provided on this form. Failure to complete this form correctly may result in rejection of this form by the Department. Personal information collected will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin's Open Records law (ss. 19.31 - 19.39, Wis. Stats.).

Please type or clearly print your answers to all questions.

Section I: Existing WPDES Permittee Responsible for Pollutant Discharge (Transferor)

WPDES Permittee (first and last name and org., co. or entity)		Authorized Representative (first and last name and title)		
Mailing Address		City	State	ZIP Code
Email Address		Phone Number (area code)	Alternative Phone Number	

Section II: Existing Project or Facility Site Information

Project or Facility Site Name		WPDES Permit #		Facility Identification (FID or FIN)	
Location Address/Description		City	State	ZIP Code	County
GPS Location: Latitude (decimal degrees)	Longitude	Township N	Range <input type="radio"/> E <input type="radio"/> W	Section	Quarter-Quarter

Section III: Proposed WPDES Permittee Responsible for Pollutant Discharge (Transferee)

WPDES Permittee (first and last name and org., co. or entity)		Authorized Representative (first and last name and title)		
Mailing Address		City	State	ZIP Code
Email Address		Phone Number (area code)	Alternative Phone Number	

Project or Facility Site Name (if different from existing)

Description of any sufficient facility changes:

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Section IV: Certification & Signature

For this form and all required information and attachments, I certify under penalty of law that these documents and all attachments were prepared under my direction or supervision with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or 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.

Additionally, I understand that by submitting this Transfer of Coverage form, the party described in Section I is no longer authorized to discharge storm water associated with the specified WPDES general permit; and that the party described in Section II acknowledges that it will assume responsibility for the compliance and operation of the facility or activity regulated under the specified WPDES general permit that authorizes the discharge to the waters of the state of Wisconsin.

NOTE: This form must be signed by a landowner, responsible executive or municipal officer, manager, partner, proprietor, or other duly authorized representative as described in the instructions of page 3. Failure to properly complete and sign this form will result in its rejection.

Printed Name of WPDES Permittee/Authorized Representative (Transferor)

Title

Signature of WPDES Permittee/Authorized Representative (Transferor)

Date Signed

Printed Name of WPDES Permittee/Authorized Representative (Transferee)

Title

Signature of WPDES Permittee/Authorized Representative (Transferee)

Date Signed

Mail this completed form to the appropriate Wisconsin Department of Natural Resources office in the region where the facility is located. See the instructions on page 4 of this form for regional office addresses.

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Instructions

Section I: Existing WPDES Permittee Responsible for Pollutant Discharge (Transferor)

A permittee is defined as a person holding fee title, an easement or interest in the property, or responsible executive or municipal officer, manager, partner, or proprietor with authority that allows the person to undertake permitted activities on the property. Please provide the legal name of the person, company, organization, or any other entity that is the landowner, responsible executive or municipal officer, manager, partner, or proprietor and the legal name of the person who is the delegated signatory to be a duly authorized representative that will be transferring WPDES coverage. The mailing address and phone number given should be for the landowner, responsible executive or municipal officer, manager, partner, proprietor or duly authorized representative.

Section II: Existing Project or Facility Site Information

Provide the name and location of the facility or project site as it appears on the Department general permit coverage letter. Additionally, provide the WPDES permit number for the pollutant discharge at the project or facility site and, if known, provide the Facility Identification (FID) number.

Section III: Proposed WPDES Permittee Responsible for Pollutant Discharge (Transferee)

A permittee is defined as a person holding fee title, an easement or interest in the property, or responsible executive or municipal officer, manager, partner, or proprietor with authority that allows the person to undertake permitted activities on the property. Please provide the legal name of the person, company, organization, or any other entity that is the landowner, responsible executive or municipal officer, manager, partner, or proprietor and the legal name of the person who is the delegated signatory to be a duly authorized representative that will have WPDES coverage transferred to them. The delegated signatory should be authorized in accordance with s. NR 205.07(1)(g), Wis. Adm. Code. The mailing address and phone number given should be for the landowner, responsible executive or municipal officer, manager, partner, proprietor or duly authorized representative. If the proposed WPDES permittee is continuing activity at this site and have made significant changes associated with the discharge at the facility, they will need to reapply for coverage under the specified WPDES general permit. If nothing has changed at the facility, the Department will send a letter of determination that grants coverage and approval to the proposed WPDES permittee.

Section IV: Certification & Signature

State regulations (s. 283.37, Wis. Stats) provide for severe penalties for submitting false information on this form. State regulations require this form to be signed as follows:

1. For a corporation, by a principal executive officer of at least the level of vice president or by the principal executive officer's authorized representative responsible for the overall operation of the point source for which a permit is sought.
2. For a limited liability company, by a member or manager.
3. For a partnership, by a general partner.
4. For a sole proprietorship, by the proprietor.
5. For a unit of government, by a principal executive officer, ranking elected official, or other duly authorized employee.

The form shall be signed and certified by both the existing permittee (transferor) and the proposed permittee (transferee).

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Mailing Address

Unless otherwise directed, mail this completed form to the Wisconsin Department of Natural Resources office associated with the county of the facility site or discharge location as follows:

NORTHEAST REGION (NER)

Brown	Green Lake	Marquette	Outagamie	WDNR Green Bay Service Center 2984 Shawano Avenue Green Bay, WI 54313-6727 920-662-5100
Calumet	Kewaunee	Menominee	Shawano	
Door	Manitowoc	Oconto	Waupaca	
Fond du Lac	Marinette	Oneida Reservation	Waushara	
			Winnebago	

NORTHERN REGION (NOR)

Ashland	Douglas	Langlade	Rusk	WDNR Baldwin Service Center 890 Spruce Street Baldwin, WI 54002 715-684-2914 ext. 109
Barron	Florence	Lincoln	Sawyer	
Bayfield	Forest	Oneida	Taylor	
Burnett	Iron	Polk	Vilas	
		Price	Washburn	

WEST CENTRAL REGION (WCR)

Adams	Crawford	La Crosse	Portage	WDNR Baldwin Service Center 890 Spruce Street Baldwin, WI 54002 715-684-2914 ext. 109
Buffalo	Dunn	Marathon	St. Croix	
Chippewa	Eau Claire	Monroe	Trempealeau	
Clark	Jackson	Pepin	Vernon	
	Juneau	Pierce	Wood	

SOUTH CENTRAL REGION (SCR)

Columbia	Grant	Jefferson	Rock	WDNR South Central Regional Headquarters 3911 Fish Hatchery Road Fitchburg, WI 53711 608-275-3266
Dane	Green	LaFayette	Sauk	
Dodge	Iowa	Richland		

SOUTHEAST REGION (SER)

Kenosha	Ozaukee	Sheboygan	Washington	WDNR Waukesha Service Center 141 N.W. Barstow Street, Room 180 Waukesha, WI 53188 262-574-2100
Milwaukee	Racine	Walworth	Waukesha	