AGPDES CAFO GENERAL PERMIT TRANSFER

A. CURRENT PERMITTEE

Name: ____________________________
Mailing Address: ________________________
City: ___________ State: _____ Zip: ______
Contact Name: __________________________
Phone: (___)_________ Facsimile: (___)_________
Email: ____________________________________

B. NEW PERMITTEE

Name: ____________________________
Mailing Address: ________________________
City: ___________ State: _____ Zip: ______
Contact Name: __________________________
Phone: (___)_________ Facsimile: (___)_________
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:
   a. 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).
   b. The new permittee believes that the information is true, accurate and complete.
   c. 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)
Signature __________________________ Date __________
State of ____________________________
County of ____________________________
Subscribed and sworn to before me this ________ day of __________, 20______. 
Notary Public
My commission expires: _______________________ (SEAL)
Commission number: _______________________

Agricultural Environmental Management Services Division
P.O. Box 528804
Oklahoma City, Oklahoma 73152
(405) 522-5493

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