



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY  
 WATER RESOURCES DIVISION  
 www.michigan.gov/deq

DEQ only-do not write in this space

**TRANSFER OF COVERAGE**  
 FOR COVERAGE UNDER THE  
 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 FOR STORM WATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITY  
By Authority of Act 451, PA 1994, Part 31

Submission of this Transfer of Coverage constitutes notice that the party identified as the Purchaser requests authorization to discharge under NPDES General Permit issued for storm water discharges associated with industrial activity in Michigan. The Michigan Department of Environmental Quality (DEQ) may deny coverage under the general permit and require submittal of an application form for an individual or new general permit. Becoming a permittee obligates a discharger to comply with the terms and conditions of the general permit including payment of a \$260.00 fee **billed each January**. Failure to comply with these provisions may result in fines of up to \$25,000 per day and the possibility of imprisonment, in accordance with Act 451, PA 1994, Part 31.

\*\*This form is to be used for ownership changes and company/facility name changes. In the event of just name change, disregard the Seller portion of the form.

PURCHASER - MAILING INFORMATION			SELLER - MAILING INFORMATION		
COMPANY NAME			COMPANY NAME		
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
BILLING ADDRESS IF DIFFERENT THAN THE ABOVE			CONTACT PERSON		
CONTACT PERSON			CONTACT PERSON'S TELEPHONE (INCLUDING AREA CODE)		
CONTACT PERSON'S TELEPHONE (INCLUDING AREA CODE)			<b>TRANSFER NPDES CERTIFICATE OF COVERAGE NUMBER:</b>		
FACILITY INFORMATION (COMPETE BY PURCHASER)					
FACILITY/SITE NAME			RECEIVING WATERS		
ADDRESS			PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE		
CITY	ZIP CODE	COUNTY	STORM WATER CERTIFIED OPERATOR AND CERTIFICATION NUMBER		

**FACILITY IS ENGAGED IN:** CHECK THOSE THAT APPLY (if none apply, skip this block)

- HAZARDOUS WASTE TREATMENT, STORAGE OR DISPOSAL
- LAND APPLICATION SITE OR OPEN DUMP
- SEWAGE TREATMENT WORKS

- LANDFILL
- STEAM ELECTRIC POWER GENERATING FACILITY  
 COAL HANDLING?  YES  NO

**Continued on reverse side**

**CERTIFICATION**

State of Michigan regulations require this form be signed as follows:

**Corporation:** by the principal executive officer or vice president or higher, or his/her designated representative if the representative is responsible for the overall operation of the facility from which the discharge described originates.

**Partnership:** by a general partner

**Sole proprietorship:** by the proprietor

**Municipal, state, or other public facility:** by a principal executive officer, the mayor, village president, city or village manager, or other duly authorized employee

I certify that my facility has developed a **Storm Water Pollution Prevention Plan (SWPPP)** according to the requirements of the Storm Water General Permit.

I certify that my facility has **no unauthorized discharges**.

I certify that my facility has implemented the **non-structural controls** as described in the **SWPPP**.

I certify my facility has completed construction and will put into operation all **structural controls** as described in the **SWPPP**.

I certify, under penalty of law, that this document and all attachments were prepared by me, or under my direction or supervision in accordance with a system to assure qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person(s) 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 there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I understand that my signature constitutes a legal agreement to comply with the requirements of the general storm water permit as listed above. I certify under penalty of law that I possess full authority on behalf of the legal owner/permittee to sign and submit this Transfer of Coverage.

**PURCHASER NAME (PRINTED)**

**TITLE**

**SIGNATURE**

**DATE**

I understand that submittal of this completed form fulfills my notification requirements under the general permit. Based on my inquiry of the person(s) 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 there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

**SELLER NAME PRINTED**

**TITLE**

**SIGNATURE**

**DATE**

IF YOU HAVE ANY QUESTIONS, CONTACT YOUR DISTRICT OFFICE. FOR DISTRICT INFORMATION GO TO:

[WWW.MICHIGAN.GOV/DEQSTORMWATER](http://WWW.MICHIGAN.GOV/DEQSTORMWATER)

RETURN THIS COMPLETED FORM, AND ANY ATTACHEMENTS TO:

KELLY PLOEHN  
MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY  
WATER RESOURCE DIVISION  
525 WEST ALLEGAN STREET, 2<sup>ND</sup> FLOOR NORTH  
P O BOX 30458  
LANSING, MI 48909