STATE OF WEST VIRGINIA

DEPARTMENT OF ENVIRONMENTAL PROTECTION

##### DIVISION OF MINING AND RECLAMATION

CLASS 5, TYPE 5X13/5G30 UNDERGROUND INJECTION CONTROL (UIC) PERMIT TRANSFER APPLICATION

For Coal Mines and Quarries

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Applicant: |  | | | |
| Permit Number: | |  | Date Assigned: |  |

1. **Applicant (Transferee) Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Applicant Name: | | | |  | |  |
| Address: |  | | | | |  |
| City, State, Zip: | | |  | | |  |
| Telephone: | |  | | | |  |
|  | | | | |  |  |

**II. Current Permittee (Transferor) Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Permittee Name: | | | |  | |  |
| Address: |  | | | | |  |
| City, State, Zip: | | |  | | |  |
| Telephone: | |  | | | |  |
|  | | | | |  |  |

**III. Facility Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Facility Name: | | | |  | | |  |
| Address: | |  | | | | |  |
| City, State, Zip: | | | | |  | |  |
| Telephone: | | |  | | | |  |
| County: |  | | | | | |  |
| Nearest Town: | | | |  | | |  |
| Description of Operation: | | | | | |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Operator Name (Transferee): | | |  | | | |
| Telephone: | |  | | | | |
| Contact Person’s Name (Transferee): | | | |  | | |
| Telephone: |  | | | | E-mail (Required): |  |

|  |  |
| --- | --- |
| Associated Article 3(4) Permit Number(s): |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Associated NPDES Permit number(s): |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Other Permits associated with this site (**list all):** | | | | |
| 1. Miners Safety and Health Administration Act (MSHA): | | | |  |
| 1. Dredge or Fill Permits (Section 404 of CWA): | |  |  | |
| 1. Other Relevant Permits: |  | | | |

Activity Requested (Check one):

Transfer existing Class 5 Type 5X13 Permit *as is*.

Transfer existing Class 5 Type 5G30 Permit *as is.*

**IV. Certifications of Transfer**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| In accordance with Title 47 CSR 13 (West Virginia Regulations for Underground Injection Control), it is hereby requested that all terms, conditions, liabilities, and responsibilities of: | | | |  |
| Underground Injection Control Permit Number: |  | | |  |
| be transferred from (Transferor, Current Permittee): | |  | |  |
| and transferred to (Transferee, Proposed Permittee): | |  | |  |
| and that this transfer is to become effective on the following Date: | | |  |  |
|  | | | | |

|  |  |  |
| --- | --- | --- |
| (Transferor, Current Permittee) | | |
|  |  |  |
| (Typed or Printed Name of Authorized Representative) | (Signature of Authorized Representative) | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sworn and subscribed to before me this |  | day of |  | 20 |  |

|  |  |
| --- | --- |
|  | , Notary Public |

|  |  |  |  |
| --- | --- | --- | --- |
| My commission expires |  | , 20 |  |

(Seal)

|  |  |  |
| --- | --- | --- |
| (Transferee, Proposed Permittee) | | |
|  |  |  |
| (Typed or Printed Name of Authorized Representative) | (Signature of Authorized Representative) | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sworn and subscribed to before me this |  | day of |  | 20 |  |

|  |  |
| --- | --- |
|  | , Notary Public |

|  |  |  |  |
| --- | --- | --- | --- |
| My commission expires |  | , 20 |  |

(Seal)