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):  |       |

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| 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)