**I. INSTRUCTIONS**

1. Complete this form in its entirety as follows:

(a) Change of Ownership – Provide the information in Parts II and III and submit legal documentation of the transfer of ownership such as a contract, deed, article of incorporation, etc. The certifications in part IV must be signed by both the current permit holder, if available, and the new applicant(s).

(b) Name Change Only – Provide the information in Parts II and III. Sign the certification for the new applicant in part IV.2.

2. Submit the properly completed form to the address on bottom of Page 2.

### II. CURRENT PERMIT INFORMATION

1. **Permit Number**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Permittee name(s):
3. For Business/Governmental Agency- Permit signing official's name and title:

(Person legally responsible for permit)

1. Mailing Address:

City: State: Zip:

Telephone number: (\_\_\_\_\_) Fax number: (\_\_\_\_\_)

EMAIL Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Physical Address of Facility/Well(s) (if different than mailing address)

City: County: Zip:

**III. NEW OWNER / NAME INFORMATION**

1. This request for a permit change is a result of:

a. Change in ownership of property/company

b. Name change only

c. Other (please explain):

1. New Owner's name(s) as listed on the property deed (Please Print/or Type):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If Business or Governmental Agency- Permit signing official's name and title:

(Person legally responsible for permit)

1. Mailing Address:

City: State: Zip:

Day/Cell Phone No. (\_\_\_\_\_) Fax number: (\_\_\_\_\_)

EMAIL Address:

### IV. CERTIFICATION

1. Current Permittee's Certification (**Please print or type**):

I, , attest that this application for name/ownership change has been reviewed and is accurate and complete to the best of my knowledge. I understand that if all required parts of this application are not completed and that if all required supporting information and attachments are not included, this application package will be returned as incomplete. I understand I will continue to be responsible for compliance with the current permit until a new permit is issued.

1. New Applicant(s)'s Certification (**Please print or type**):

I/We, , attest that this application for name/ownership change has been reviewed and is accurate and complete to the best of my knowledge. I understand that if all required parts of this application are not completed and that if all required supporting information and attachments are not included, this application package will be returned as incomplete. I further certify that I will operate and maintain the permitted facility in accordance with the permit and related regulatory requirements.

Signature: Date:

Signature: Date:

**SUBMIT THE COMPLETE APPLICATION PACKAGE VIA ONE OF THE FOLLOWING METHODS:**

|  |  |
| --- | --- |
| U.S. Postal Service:  Ground Water Resources Section  NC Division Of Water Resources  1636 Mail Service Center  Raleigh, NC 27699-1636 | Courier / Special Delivery / In Person:  Ground Water Resources Section  NC Division Of Water Resources  512 North Salisbury Street  Raleigh, NC 27604 |

Telephone Number: (919) 707-9000