



GENERAL DISCHARGE PERMIT TRANSFER FORM FOR DENTAL OFFICES

By completing and submitting this form, the New Owner is requesting transfer of a Metropolitan Council Environmental Services (MCES) Industrial Discharge Permit from one business entity to another. In accordance with Waste Discharge Rules Section 211.00, MCES must receive this form signed and completed by a signatory authority representative of the New Owner prior to the date of ownership transfer.

A signatory authority is defined as follows:

- A responsible corporate officer if the New Owner is a corporation; or
- A general partner or proprietor if the New Owner is a partnership or sole proprietorship.

1. Permitted dental office being sold/transferred: _____ Permit No: D_____
2. New Owner: _____ MDH X-Ray Registry ID: ____ - _____
3. Contact Name: _____ Title: _____
4. Mailing Address: _____ City: _____ State: ____ Zip: _____
5. Name under which the New Owner will operate the acquired facility:

6. Anticipated or actual date of ownership transfer: _____
7. Will there be any significant changes in the dental operations or the installed amalgam separator at this dental office in the near future? Yes No
 If yes, please explain. _____

8. Agreement Signature:
I am familiar with and agree to be bound by the conditions of the prior owner's Industrial Discharge Permit, the MCES Waste Discharge Rules, and applicable U.S. EPA Pretreatment Standards and Requirements.

_____ <i>Signatory (print name)</i>	_____ <i>Title</i>
_____ <i>Signature</i>	_____ <i>Date</i>
	_____ <i>Phone</i>

1. All outstanding fees must be settled with MCES prior to the permit transfer.
2. MCES approval of this permit transfer shall in no way limit the new Permittee's obligations.

For MCES Use Only

Dental Program Lead Review: _____ Date: _____

IWPP Section Manager: _____ Date: _____

Approval: _____ Date: _____
Director of Pretreatment and Finance