

**Transfer of Coverage (TOC)  
 WPDES General Permit Discharge**

Form 3400-222 (R 01/20)

**Notice:** This Transfer of Coverage (TOC) form is authorized by s. NR 203.136(1)(p), Wis. Adm. Code and s. 283.53, Wis. Stats. The landowner, responsible executive or municipal officer, manager, partner, proprietor, or duly authorized representative shall submit this form to the Department of Natural Resources (Department) to certify when the permittee wishes to transfer coverage under any specified Wisconsin Pollutant Discharge Elimination System (WPDES) general permit for discharge to a new landowner, responsible executive or municipal officer, manager, partner, or proprietor regulated under the specified WPDES general permit. Submittal of this form constitutes notice that the party identified in Section I of this form is no longer authorized to discharge storm water or wastewater associated with the specified WPDES general permit, and the party in Section III of this form will take control of the facility or activity and will maintain compliance with the specified WPDES general permit. The WPDES general permit coverage is not transferable to any person except after notice to the Department. Termination of coverage for the previous party will be effective when confirmed by the Department to the current permittee (transferor) and transfer of coverage for the new party will be effective when confirmed by the Department to the proposed permittee (transferee).

**Please read all instructions on page 3 of this form before completing it. All necessary information must be provided on this form. Failure to complete this form correctly may result in rejection of this form by the Department.** Personal information collected will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin's Open Records law (ss. 19.31 - 19.39, Wis. Stats.).

**Please type or clearly print your answers to all questions.**

**Section I: Existing WPDES Permittee Responsible for Pollutant Discharge (Transferor)**

WPDES Permittee (first and last name and org., co. or entity)		Authorized Representative (first and last name and title)		
Mailing Address		City	State	ZIP Code
Email Address		Phone Number (area code)	Alternative Phone Number	

**Section II: Existing Project or Facility Site Information**

Project or Facility Site Name		WPDES Permit #	Facility Identification (FID or FIN) FID or FIN #		
Location Address/Description	City	State	ZIP Code	County	
GPS Location: Latitude (decimal degrees)	Longitude	Township	Range	<input type="radio"/> E <input type="radio"/> W	Section Quarter Quarter-Quarter

**Section III: Proposed WPDES Permittee Responsible for Pollutant Discharge (Transferee)**

WPDES Permittee (first and last name and org., co. or entity)		Authorized Representative (first and last name and title)		
Mailing Address		City	State	ZIP Code
Email Address		Phone Number (area code)	Alternative Phone Number	

Project or Facility Site Name (if different from existing)

Description of any sufficient facility changes:

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## Section IV: Certification & Signature

For this form and all required information and attachments, I certify under penalty of law that these documents and all attachments were prepared under my direction or supervision with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons 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 that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Additionally, I understand that by submitting this Transfer of Coverage form, the party described in Section I is no longer authorized to discharge wastewater associated with the specified WPDES general permit; and that the party described in Section II acknowledges that it will assume responsibility for the compliance and operation of the facility or activity regulated under the specified WPDES general permit that authorizes the discharge to the waters of the state of Wisconsin.

**NOTE:** This form must be signed by a landowner, responsible executive or municipal officer, manager, partner, proprietor, or other duly authorized representative as described in the instructions of page 3. Failure to properly complete and sign this form will result in its rejection.

\_\_\_\_\_  
Printed Name of WPDES Permittee/Authorized Representative (Transferor)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of WPDES Permittee/Authorized Representative (Transferor)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Printed Name of WPDES Permittee/Authorized Representative (Transferee)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of WPDES Permittee/Authorized Representative (Transferee)

\_\_\_\_\_  
Date Signed

**Mail this completed form to the appropriate Wisconsin Department of Natural Resources office in the region where the facility is located. See the instructions on page 4 of this form for regional office addresses.**

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Form 3400-222 (R 01/20)

## Instructions

### Section I: Existing WPDES Permittee Responsible for Pollutant Discharge (Transferor)

A permittee is defined as a person holding fee title, an easement or interest in the property, or responsible executive or municipal officer, manager, partner, or proprietor with authority that allows the person to undertake permitted activities on the property. Please provide the legal name of the person, company, organization, or any other entity that is the landowner, responsible executive or municipal officer, manager, partner, or proprietor and the legal name of the person who is the delegated signatory to be a duly authorized representative that will be transferring WPDES coverage. The mailing address and phone number given should be for the landowner, responsible executive or municipal officer, manager, partner, proprietor or duly authorized representative.

### Section II: Existing Project or Facility Site Information

Provide the name and location of the facility or project site as it appears on the Department general permit coverage letter. Additionally, provide the WPDES permit number for the pollutant discharge at the project or facility site and, if known, provide the Facility Identification (FID) number.

### Section III: Proposed WPDES Permittee Responsible for Pollutant Discharge (Transferee)

A permittee is defined as a person holding fee title, an easement or interest in the property, or responsible executive or municipal officer, manager, partner, or proprietor with authority that allows the person to undertake permitted activities on the property. Please provide the legal name of the person, company, organization, or any other entity that is the landowner, responsible executive or municipal officer, manager, partner, or proprietor and the legal name of the person who is the delegated signatory to be a duly authorized representative that will have WPDES coverage transferred to them. The delegated signatory should be authorized in accordance with s. NR 205.07(1)(g), Wis. Adm. Code. The mailing address and phone number given should be for the landowner, responsible executive or municipal officer, manager, partner, proprietor or duly authorized representative. If the proposed WPDES permittee is continuing activity at this site and have made significant changes associated with the discharge at the facility, they will need to reapply for coverage under the specified WPDES general permit. If nothing has changed at the facility, the Department will send a letter of determination that grants coverage and approval to the proposed WPDES permittee.

### Section IV: Certification & Signature

State regulations (s. 283.37, Wis. Stats) provide for severe penalties for submitting false information on this form. State regulations require this form to be signed as follows:

1. For a corporation, by a principal executive officer of at least the level of vice president or by the principal executive officer's authorized representative responsible for the overall operation of the point source for which a permit is sought.
2. For a limited liability company, by a member or manager.
3. For a partnership, by a general partner.
4. For a sole proprietorship, by the proprietor.
5. For a unit of government, by a principal executive officer, ranking elected official, or other duly authorized employee.

The form shall be signed and certified by both the existing permittee (transferor) and the proposed permittee (transferee).

### How to Submit

The completed DSA form must be submitted as an attachment with the WPDES document submitted electronically with the online WPDES submittal identified in Section I.

**Storm water:** The online water permit application system can be accessed at the Department's website at:  
[dnr.wi.gov/permits/water/](http://dnr.wi.gov/permits/water/).

**Wastewater:** The wastewater online system can be accessed at the Department's website at:  
[dnr.wi.gov/topic/wastewater/GeneralPermits.html](http://dnr.wi.gov/topic/wastewater/GeneralPermits.html).

Paper mail copies can be sent to the Wisconsin Department of Natural Resources office associated with the county of the facility site or discharge location as listed on page 4. Be sure to note the appropriate water program.

## Transfer of Coverage (TOC) WPDES General Permit Discharge

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<b>Northern Region (NOR)</b>			<b>Storm Water Permits:</b>	<b>Wastewater Permits:</b>		
Ashland	Forest	Price	WDNR Eau Claire Service Center Attn: Storm Water Program 1300 W Clairemont Ave Eau Claire, WI 54701 715-839-1636	WDNR NOR Headquarters Attn: Wastewater GP Program 810 W Maple St Spooner, WI 54801 715-635-2101		
Barron	Iron	Rusk				
Bayfield	Langlade	Sawyer				
Burnett	Lincoln	Taylor				
Douglas	Oneida	Vilas				
Florence	Polk	Washburn				
<b>Northeast Region (NER)</b>					<b>Storm Water Permits:</b>	<b>Wastewater Permits:</b>
Brown	Manitowoc	Outagamie	WDNR NER Headquarters Attn: Storm Water Program 2984 Shawano Ave Green Bay, WI 54313-6727 920-662-5100	WDNR NER Headquarters Attn: Wastewater GP Program 2984 Shawano Ave Green Bay, WI 54313 920-662-5100		
Calumet	Marinette	Shawano				
Door	Marquette	Waupaca				
Fond du Lac	Menominee	Waushara				
Green Lake	Oconto	Winnebago				
Kewaunee	Oneida Reservation					
<b>West Central Region (WCR)</b>					<b>Storm Water Permits:</b>	<b>Wastewater Permits:</b>
Adams	Jackson	Portage	WDNR Eau Claire Service Center Attn: Storm Water Program 1300 W Clairemont Ave Eau Claire, WI 54701 715-839-1636	WDNR WCR Headquarters Attn: Wastewater GP Program 1300 W Clairemont Ave Eau Claire, WI 54701 715-839-3700		
Buffalo	Juneau	St. Croix				
Chippewa	La Crosse	Trempealeau				
Clark	Marathon	Vernon				
Crawford	Monroe	Wood				
Dunn	Pepin					
Eau Claire	Pierce					
<b>South Central Region (SCR)</b>					<b>Storm Water Permits:</b>	<b>Wastewater Permits:</b>
Columbia	Green	Richland			WDNR SCR Headquarters Attn: Storm Water Program 3911 Fish Hatchery Rd Fitchburg, WI 53711 608-275-3266	WDNR SCR Headquarters Attn: Wastewater GP Program 3911 Fish Hatchery Rd Fitchburg, WI 53711 608-275-3266
Dane	Iowa	Rock				
Dodge	Jefferson	Sauk				
Grant	LaFayette					
<b>Southeast Region (SER)</b>			<b>Storm Water Permits:</b>	<b>Wastewater Permits:</b>		
Kenosha	Sheboygan		WDNR SER Headquarters Attn: Industrial Storm Water Staff 2300 N Dr. Martin Luther King Jr. Dr Milwaukee, WI 53212	WDNR SER Headquarters Attn: Wastewater GP Program 2300 N Dr. Martin Luther King Jr. Dr Milwaukee, WI 53212 414-263-8500		
Milwaukee	Walworth					
Ozaukee	Washington					
Racine	Waukesha					