



**NOTICE OF OWNERSHIP/OPERATOR CHANGE (NOC)
FOR AN UNDERGROUND INJECTION CONTROL (UIC) PERMIT**

Under Kansas Department of Health and Environment regulations, an UIC permit can be transferred to a new permittee with the approval of the KDHE. To accomplish this transfer, the new owner/operator needs to complete, sign and date this Notice of Ownership Change. The transfer to a new permit holder will be effective when approved by KDHE, the permit is reissued in the new owner/operator's name and a copy is provided to the new owner/operator.

Current Permit Holder's Name: _____
Facility Name: _____
Facility Permit No: _____

Current Permit Holder's Statement of Understanding: I understand that upon approval of this Notice of Ownership Change by KDHE and reissuance of the permit in the new owner's name, I am no longer authorized to operate this Facility in the State under this permit. I understand that I remain liable for any violations of this permit, state or federal law, which occurred during the effective period of this permit prior to approval of this NOC and reissuance of the permit in the new owner or operator's name by KDHE.

Old Facility Name: _____

Current Permit Holder: Print Name: _____ Date: _____

Current Permit Holder's Signature: _____ Title: _____

New Permit Holder's Statement of Understanding: I understand that upon acceptance of this Notice of Ownership/Operator Change by KDHE and reissuance of the permit in the new owner's name, I am authorized to operate this Facility in the State under this permit. In submitting this NOC, I agree to abide by the terms and conditions of this permit and understand that I am liable for any violations of this permit, state or federal law, which occur during the effective period of this permit after acceptance of this NOC and reissuance of the permit by KDHE. Financial assurance demonstrating financial responsibility and resources to close and plug the UIC well(s) is attached.

New Facility Name (if changed): _____

New Permit Holder's Name: _____

New Permit Holder's Address: _____

Name of Contact Person (New): _____ Phone No.: _____

Address of Contact Person (New): _____

Print Name of Permit Holder: _____ Date: _____

Permit Holders Signature: _____ Title: _____

SUBMIT THIS NOTICE OF OWNERSHIP/OPERATOR CHANGE TO:

Kansas Department of Health and Environment
Bureau of Water - Geology Section
1000 SW Jackson St. - Suite 420
Topeka, KS 66612-1367