



# California Regional Water Quality Control Board Lahontan Region



Winston H. Hickox  
Secretary for  
Environmental  
Protection

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## BOARD ORDER TRANSFER REQUEST FORM

Board Order No. \_\_\_\_\_ Facility Location: \_\_\_\_\_  
WDID No. \_\_\_\_\_ (Street address)

\_\_\_\_\_  
(City, County, ZIP)

\_\_\_\_\_  
(Assessor's Parcel Nos.)

I request the transfer of the existing waste discharge requirements on \_\_\_\_\_  
(effective date), contained in the above-referenced Board Order in accordance with the following:

**TRANSFER FROM:** \_\_\_\_\_  
(Former facility name)

\_\_\_\_\_  
(Former property owner)

\_\_\_\_\_  
(Former operator)

**TRANSFER TO:** \_\_\_\_\_  
(New facility name)

\_\_\_\_\_  
(New property owner)

\_\_\_\_\_  
(New operator)

I understand that I am responsible for compliance with the Board Order and will be billed an annual fee for the waste discharge from this facility. I certify that: 1) I have reviewed the Report of Waste Discharge and the Board Order; 2) the facility construction and discharges from the site have not substantially changed; and 3) I will notify the Board of any material change in this facility, any change in the amount, type or manner of waste discharge or any future change in the facility owner or operator.

\_\_\_\_\_  
Signature (New owner/operator)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Company name, if appropriate)

\_\_\_\_\_  
(Telephone number)

\_\_\_\_\_  
(Mailing address)

===== (FOR REGIONAL BOARD USE ONLY) =====

Transfer recommended \_\_\_\_\_ Date \_\_\_\_\_ Transfer recorded \_\_\_\_\_ Date \_\_\_\_\_

Transfer approved \_\_\_\_\_, Executive Officer Date \_\_\_\_\_