PROCEDURE FOR TRANSFER OF A CLASS III SALT SOLUTION MINING UNDERGROUND INJECTION CONTROL (UIC) WELL PERMIT TO A NEW PERMITTEE - NO OTHER CHANGES IN PERMIT

Procedure #: UICIII-2
(4/11)

Narrative:
A permit for a Class III salt solution mining well may be transferred by KDHE to a new owner/operator and the transfer handled as a minor permit modification provided no other change to the permit is necessary. A minor permit modification is not subject to draft permit or public notice requirements. K.A.R. 28-46-14 establishes the requirements for the transfer of the permit.

Procedure:
The UIC permit may be transferred by KDHE to a new owner/operator if:

1. The current permittee notifies KDHE at least 30 days in advance of the transfer date referred to in item number 2 of this procedure.

2. The notice must include a written agreement between the existing and new permittee containing a specific date for transfer of permit responsibility, coverage, and liability between them, and the notice includes the new permittee’s financial assurance documents for plugging and abandonment.

3. The KDHE does not notify the existing permittee and the proposed new permittee of its intent to modify or revoke and reissue the permit.

A recommended format for the written agreement listed in above item #2 is the KDHE Class III UIC form entitled, Notice for Change of Ownership/Operator for An Underground Injection Control (UIC) Permit.

The requirements for financial assurance can be found in KDHE Class III UIC Procedure #UICIII-3, Procedure for Demonstrating Financial Assurance for a Class III Salt Solution Mining Well.

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Procedure.UICIII-2
4/18/2011
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 Holder’s 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