95-19-5 (10/94)—10c

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

# APPLICATION FOR PERMIT TRANSFER

(In Accordance with Uniform Procedures, Part 621.13)

JAN - 2

Please read ALL instructions on back before completing this application. Please TYPE or PRINT clearly in ink.

**PART 1—TRANSFEREE (NEW OWNER/OPERATOR/LESSEE) COMPLETES:**

1. LIST PERMIT NUMBER(S) AND THEIR EFFECTIVE AND EXPIRATION DATES.
SPDES Permit #NY02108855 First issued 6/1/89 Expires 6/1/99

2. NAME OF TRANSFEREE
Virtis Company Division of SP Industries Inc.

If other than an individual, provide Taxpayer ID Number 22-3479662

STREET
815 Route 208

TELEPHONE NUMBER
(914) 255-5000

CITY
Gardiner

STATE NY ZIP CODE 12525

3. TRANSFEREE IS A/AN: ☒ Owner ☐ Operator ☐ Lessee

4. NAME OF FACILITY/PROJECT
The Virits Company

STREET
815 Route 208

CITY
Gardiner

STATE NY ZIP CODE 12525

COUNTY
Ulster

TOWN
Gardiner

REC
APR 17 1997
NYSDEC - REGION #3
TARRYTOWN OFFICE

5. HAS WORK BEGUN ON THE PROJECT?
☒ Yes ☐ No If no, proposed starting date: _____ Approximate completion date: _____
If there will be any modifications to the current operation, the transferee must attach a statement specifying the details.

6. CERTIFICATION: This certifies that the transferee is the current owner/operator/lessee of the named facility, has a copy of the permit, understands and will comply with all conditions in the referenced permit. Facility operations/project scope/discharges/emissions will remain the same. Further, I hereby affirm that under penalty of perjury that information provided on this form and all attachments submitted herewith is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

Signature and Title S H Bart, Jr. President Date 12/30/96

**PART 2—TRANSFEROR (FORMER OWNER/OPERATOR/LESSEE) COMPLETES:**

1. NAME OF TRANSFEROR
The Virtis Company

If other than an individual, provide Taxpayer ID Number 59-2921820

STREET
815 Route 208

TELEPHONE NUMBER
(914)255-5000

CITY
Gardiner

STATE NY ZIP CODE 12525

2. NAME OF FACILITY/PROJECT, IF DIFFERENT FROM NAME IN PART 1:

3. CERTIFICATION: This certifies that the facility referenced in Part 1 of this form will be/was transferred to the party identified as the new transferee (owner/operator/lessee) on 12/19/96 (date).

Signature and Title S H Bart, Jr President Date 12/30/96

**PART 3—PERMIT TRANSFER VALIDATION SECTION—DEPARTMENT OF ENVIRONMENTAL CONSERVATION COMPLETES:**

☒ Transfer of permit approved. Transferee subject to conditions of permit, without exception.

☐ Transfer of permit approved, with the following modifications: ☐ See attached revised permit page(s) _____

The following numbers pertain to your permit & should be referenced on all correspondence addressed to this department

Permit # 3-5124-00018/00008

Program ID # NY02108855

Owner ID # 1150749

cc: R. Hannaford
J. Marcogliese/E. Zeda
J. Sansalone
Ulster Co. Health Dept
NYC DEP

☐ New application required. Please complete the enclosed permit application and return it to the undersigned Regional Permit Administrator, Division of Regulatory Affairs, at the appropriate office of the Department (see map on reverse).

Signature _____ (WILLIAM E. STEELE) Regional Permit Administrator Date 4/10/97