



Department of Environmental Conservation

Application For Permit Transfer and Application for Transfer of Pending Application

NOTE: Please read ALL instructions before completing this application. Please TYPE or PRINT clearly in ink.

PART 1 - TRANSFEREE (New Owner/Operator/Lessee/Applicant) Completes:

1. List Permit Number(s) And Their Effective And Expiration Dates: NY0272078 (pending)

List Pending Application Number(s): NY-2C

2. Name Of Transferee: STAMP Sewer Works, Inc. Telephone Number (Daytime): (585) 343-4866 Transferee is a/an: (check all that apply) [X] Owner [X] Operator [] Lessee [] Applicant Mailing Address: 99 MedTech Drive, Suite 106 Email: mmasse@gcedc.com Post Office City, State, Zip Code: Batavia, NY 14020 Taxpayer ID Number:

3. Name Of Facility/Project: STAMP ONSITE WWTF Location (or Street Address, P.O. City, State, Zip Code, if applicable): 6840 CROSBY RD, ALABAMA, NY, 14013 Town / Village / City: ALABAMA County: GENESEE

4. Facility Contact Name: THOMAS H FELTON Telephone Number (Daytime): (585) 343 - 4866 Mailing Address: 99 MEDTECH DR, SUITE 106 Post Office City, State, Zip Code: BATAVIA, NY, 14020

5. Has Work Begun On The Project? Yes [] No [X] If "No," proposed starting date: June 1, 2021 Approximate completion date: June 1, 2022 If there will be any modifications to the current or proposed operation or construction, the transferee must attach a statement specifying the details.

6. CERTIFICATION: This certifies that the Transferee seeks to be the legally responsible party for operations or project development either authorized by the permits identified above or proposed in applications identified above. The Transferee has a copy of the permit(s) and/or application(s) and understands and will comply with all conditions in the referenced permit(s) and supports the content of referenced application(s). Facility operations/project scope/discharges/emissions will remain the same as authorized or as proposed in pending applications. 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. Printed Name and Title of Transferee Signature of Transferee Date

PART 2 - TRANSFEROR (Present or Former Owner/Operator/Lessee/Applicant) Completes:

1. Name Of Transferor: Genesee Gateway Local Development Corp. Telephone Number (Daytime): (585) 343-4866 If other than an individual, provide Taxpayer ID Number: 33-1101375 Mailing Address: 99 MedTech Drive, Suite 106 Email: mmasse@gcedc.com Post Office City, State, Zip Code: Batavia, NY 14020

2. Name Of Facility/Project, if different from Facility Name in Part 1:

3. CERTIFICATION: This certifies that ownership, operation, or a lease for the facility identified in Part 1 of this form [X] will be / [] was conveyed to the party identified as the Transferee on January 21, 2021 (date). I affirm that this conveyance includes the rights and obligations of the permits, approvals, or applications identified above. Printed Name and Title of Transferor: Donald S. Cunningham, President, GGLDC Signature of Transferor Date

PART 3 - PERMIT TRANSFER VALIDATION SECTION - Department Of Environmental Conservation Completes:

- [] Transfer of permit approved, effective as of . Transferee subject to conditions of original permit, without exception.
[] Transfer of permit approved, with the following modifications or contingencies related to this Permit Transfer:
[] See attached revised permit page(s):
[] Transfer of application approved. See attached for additional information required.
[] Transfer denied, new application required. Please complete the enclosed permit application and return it to the undersigned Regional Permit Administrator at the address listed on the reverse side of this form.

NYSDEC PERMIT ADMINISTRATOR SIGNATURE DATE
copies to:

FOR DEC USE ONLY

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