



Permit Change Request Form

NPDES/SDS Permit Program

Doc Type: Permit Application

The National Pollutant Discharge Elimination System (NPDES)/State Disposal System (SDS) Permit Program regulates wastewater discharges to land and surface waters. This form applies to municipal and industrial NPDES/SDS permitted facilities that are requesting a name change, transfer of ownership, or permit termination.

Complete the form by typing or printing in black ink. Attach additional sheets as necessary. For more information, please contact the Minnesota Pollution Control Agency (MPCA) at: In Metro Area: 651-296-6300 or Outside Metro Area: 800-657-3864.

MPCA use only
Permit Number
Date Received (MM/DD/YYYY)

Permittee Information

Permittee name: _____ Permit number: MN
 Mailing address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____ E-mail: _____
 Authorized agent: _____ Title: _____

Facility Information

Facility name: _____
 Street address: _____
 City/Township: _____ State: _____ Zip: _____
 County: _____

Name Change **Permit Transfer** **Permit Termination**

(Check which of the above this application is for and proceed to the applicable section below.)

Name Change

Complete this section only if the Permittee name or Facility name is changing. If there is a change in ownership, complete "Permit Transfer Section".

Permittee name: _____
 Facility name: _____
 Permittee mailing address (if different from above): _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____ E-mail: _____
 Authorized agent: _____ Title: _____

Permit Transfer

Facility has been sold to or is being leased by a new: Owner Operator Public Entity

Permittee

Permittee name: _____
 Facility name: _____
 Permittee mailing address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____ E-mail: _____
 Authorized agent: _____ Title: _____

Main Contact (Operator/Plant Manager)

Name: _____ Title: _____
 Mailing address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____ E-mail: _____
 24-Hour emergency contact backup name: _____ Telephone: _____

Discharge Monitoring Report Contact

Name: _____ Title: _____
Mailing address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____ E-mail: _____

Billing Contact

Name: _____ Title: _____
Mailing address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____ E-mail: _____

Engineer or Consultant

Name: _____ Title: _____
Mailing address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____ E-mail: _____

Permit Termination

Discharge termination Facility closed
 Discharge routed to sanitary sewer Other _____
Briefly describe reason for termination request: _____

Signatures

Federal regulations (Section 309(c)(2) of the Clean Water Act and State regulations (Minn. R. 7001.0070) require the authorized signer to be one of the following:

- A. For corporation, a principal executive officer of at least the level of vice president
- B. For a partnership or sole proprietorship, a general partner or the proprietor, respectively
- C. For a municipality, state, federal, or other public facility, either a principal executive officer or ranking executive official
- D. If the operator of the facility is different than the owner, both the operator and the owner according to items A to C.

"I understand that the submittal of this Request for termination does not release me from liability for any violations of this permit or the Clean Water Act".

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person, or persons, who manage the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment".

Printed name: _____ Title: _____
Current or previous owner

Authorized signature: _____ Date: _____

Permit Transfer

Printed name: _____ Title: _____
New owner

Authorized signature: _____ Date: _____

Applications that are submitted without an authorized signature will be returned. Please make a copy for your records.

Send the completed form to:

Minnesota Pollution Control Agency
Attn: Beckie Olson
520 Lafayette Road North
St. Paul, MN 55155-4194