|  |  |
| --- | --- |
| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | Permit contact change form  NPDES/SDS Permit Program  Doc Type: Contact List |

Instructions: Use this form to notify the Minnesota Pollution Control Agency (MPCA) about contact changes at your facility that affect your wastewater permit. The person who completes this form can email the completed form to [NPDES.PCA@state.mn.us](mailto:NPDES.PCA@state.mn.us?subject=Contact%20change%20form) using “Contact change form” as the subject line. Save the completed form to your computer in a location where you can easily find it.

**Online subscriber instructions:** To add an online subscriber, use the [*Electronic signature submittal agreement/water quality signatory registration form*](https://www.pca.state.mn.us/sites/default/files/wq-wwprm7-100a.doc)*.* To remove an online subscriber, use the [*e-Services request to remove account holder authorization*](https://www.pca.state.mn.us/sites/default/files/wq-wwprm7-100b.doc). Both forms can be found on the MPCA’s website at <https://www.pca.state.mn.us/water/discharge-monitoring-reports>.

**Questions:** Email the program at [NPDES.PCA@state.mn.us](mailto:NPDES.PCA@state.mn.us) or contact your assigned compliance staff ([*see Municipal and Industrial Wastewater Facility Compliance and Enforcement Coverage Areas*](https://www.pca.state.mn.us/sites/default/files/wq-wwtp1-10.pdf) found on the MPCA’s Wastewater compliance staff contacts webpage at <https://www.pca.state.mn.us/water/wastewater-compliance-and-enforcement-staff-contacts>).

Facility information

Who should the MPCA contact with questions about this request:

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Facility name: | |  | | | | | | | | | | |
| Facility address: | | | |  | | | | | Permit number: | | |  |
| City: |  | | | | | | State: |  | Zip code: | |  | |
| Contact name: | | |  | | Contact phone: |  | | Contact email: | |  | | |

Contact change type

Include new/updated contact information in “contact change requests” below. Any additional instructions should be included in the Comments section. Use a seperate change request section for each person.

**Contact change request person 1**

|  |
| --- |
| Addition – new contact; currently no contact association to facility |
| Removal – remove existing contact association to facility |
| Change – change to existing contact association to facility |

Contact type

|  |  |  |  |
| --- | --- | --- | --- |
| *Select the contact type or types that apply.* | | | |
| Owner | | Responsible official | Certified operator |
| DMR recipient | | Wastewater billing contact | Wastewater permit contact |
| Contractor | | 24-hour emergency – Primary | 24-hour emergency – Secondary |
| Consultant | | Pretreatment contact | All that apply **(for removal only)** |
| **Contact type definitions:** | | | |
| Owner: Facility owner | Responsible official: Highest ranking official per Minn. R. 7001.0060. | | |
| All that apply: To completely remove an individual association with a Facility, for Removal option only. | | | |

**Complete all fields, only one phone number required**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | |  | | | | | | | | | | | |
| Address: | | |  | | | | | | | | Permit number: | |  |
| City: |  | | | | | | State: | |  | | Zip code: |  | |
| Office phone: | | | |  | Mobile phone: |  | | Email: | |  | | | |
| Comments: | | | | | | | | | | | | | |

**Contact change request person 2**

|  |
| --- |
| Addition – new contact; currently no contact association to Facility |
| Removal – remove existing contact association to Facility |
| Change – change to existing contact association to Facility |

Contact type

|  |  |  |  |
| --- | --- | --- | --- |
| *Select the contact type or types that apply.* | | | |
| Owner | | Responsible official | Certified operator |
| DMR recipient | | Wastewater billing contact | Wastewater permit contact |
| Contractor | | 24-hour emergency – Primary | 24-hour emergency – Secondary |
| Consultant | | Pretreatment contact | All that apply **(for removal only)** |
| **Contact type definitions:** | | | |
| Owner: Facility owner | Responsible official: Highest ranking official per Minn. R. 7001.0060. | | |
| All that apply: To completely remove an individual association with a Facility, for Removal option only. | | | |

**Complete all fields, only one phone number required**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | |  | | | | | | | | | | | |
| Address: | | |  | | | | | | | | Permit number: | |  |
| City: |  | | | | | | State: | |  | | Zip code: |  | |
| Office phone: | | | |  | Mobile phone: |  | | Email: | |  | | | |
| Comments: | | | | | | | | | | | | | |

**Contact change request person 3**

|  |
| --- |
| Addition – new contact; currently no contact association to Facility |
| Removal – remove existing contact association to Facility |
| Change – change to existing contact association to Facility |

Contact type

|  |  |  |  |
| --- | --- | --- | --- |
| *Select the contact type or types that apply.* | | | |
| Owner | | Responsible official | Certified operator |
| DMR recipient | | Wastewater billing contact | Wastewater permit contact |
| Contractor | | 24-hour emergency – Primary | 24-hour emergency – Secondary |
| Consultant | | Pretreatment contact | All that apply **(for removal only)** |
| **Contact type definitions:** | | | |
| Owner: Facility owner | Responsible official: Highest ranking official per Minn. R. 7001.0060. | | |
| All that apply: To completely remove an individual association with a Facility, for Removal option only. | | | |

**Complete all fields, only one phone number required**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | |  | | | | | | | | | | | |
| Address: | | |  | | | | | | | | Permit number: | |  |
| City: |  | | | | | | State: | |  | | Zip code: |  | |
| Office phone: | | | |  | Mobile phone: |  | | Email: | |  | | | |
| Comments: | | | | | | | | | | | | | |

**Contact change request person 4**

|  |
| --- |
| Addition – new contact; currently no contact association to Facility |
| Removal – remove existing contact association to Facility |
| Change – change to existing contact association to Facility |

Contact type

|  |  |  |  |
| --- | --- | --- | --- |
| *Select the contact type or types that apply.* | | | |
| Owner | | Responsible official | Certified operator |
| DMR recipient | | Wastewater billing contact | Wastewater permit contact |
| Contractor | | 24-hour emergency – Primary | 24-hour emergency – Secondary |
| Consultant | | Pretreatment contact | All that apply **(for removal only)** |
| **Contact type definitions:** | | | |
| Owner: Facility owner | Responsible official: Highest ranking official per Minn. R. 7001.0060. | | |
| All that apply: To completely remove an individual association with a Facility, for Removal option only. | | | |

**Complete all fields, only one phone number required**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | |  | | | | | | | | | | | |
| Address: | | |  | | | | | | | | Permit number: | |  |
| City: |  | | | | | | State: | |  | | Zip code: |  | |
| Office phone: | | | |  | Mobile phone: |  | | Email: | |  | | | |
| Comments: | | | | | | | | | | | | | |

**Contact change request person 5**

|  |
| --- |
| Addition – new contact; currently no contact association to Facility |
| Removal – remove existing contact association to Facility |
| Change – change to existing contact association to Facility |

Contact type

|  |  |  |  |
| --- | --- | --- | --- |
| *Select the contact type or types that apply.* | | | |
| Owner | | Responsible official | Certified operator |
| DMR recipient | | Wastewater billing contact | Wastewater permit contact |
| Contractor | | 24-hour emergency – Primary | 24-hour emergency – Secondary |
| Consultant | | Pretreatment contact | All that apply **(for removal only)** |
| **Contact type definitions:** | | | |
| Owner: Facility owner | Responsible official: Highest ranking official per Minn. R. 7001.0060. | | |
| All that apply: To completely remove an individual association with a Facility, for Removal option only. | | | |

**Complete all fields, only one phone number required**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | |  | | | | | | | | | | | |
| Address: | | |  | | | | | | | | Permit number: | |  |
| City: |  | | | | | | State: | |  | | Zip code: |  | |
| Office phone: | | | |  | Mobile phone: |  | | Email: | |  | | | |
| Comments: | | | | | | | | | | | | | |