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| --- | --- |
| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | CSW permit modification change form  NPDES Construction Stormwater (CSW)  Permit Program  National Pollutant Discharge Elimination System (NPDES)  Doc Type: Subdivision Registration Form |

**Instructions:** Use this form to notify the Minnesota Pollution Control Agency (MPCA) about changes at your site that affect your Construction Stormwater General Permit. **Changes you can make with this form are listed under “Change information.”** Print a copy of the completed form for your records, or save the completed form to your computer in a location where you can easily find it.

**Submittal**: The person who certifies this form can email the completed form to [csw.pca@state.mn.us](mailto:csw.pca@state.mn.us%20)using “Change Form” as the subject line. An auto-reply message will be sent upon the email being received. A manual confirmation email will be sent.

**Questions:** Email the program at [csw.pca@state.mn.us](mailto:csw.pca@state.mn.us%20)or call the Stormwater Hotline at: 651-757-2119 or 800-657-3804 (non-metro only).

**This form cannot be used to:**

* Apply for general permit coverage
* Apply for a subdivision registration permit
* Transfer a permit to a new owner or contractor

Project information (as listed on the original *Permit application form*)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Project name: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Permit number: | | | C000 | |  | |  |  | |  |  | |  |  | |  |  | | | ***or*** | | SUB00 | |  |  |  |  |  |  |  |  |  | |
| Project location description: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: |  | | | | | | | | State: | | | MN | | | Zip code: | | | |  | | County: | |  | | | | | | | | | | |
| Current Owner contact name: | | | | | |  | | | | | | | | | | | | Contact phone: | | | | |  | | | | | | | | | | |

Change information

Check all changes that apply and fill out the corresponding section(s) below. **Fill in changes only.**

1. Change in site name/location information.

2. Change acreage of project.

3. Correction to latitude/longitude.

4. Change Project type.

5. Change stormwater management.

6. Change receiving waters.

7. Change construction dates.

Change items (Complete only the items that have changed)

1. **Change in site name/location information.** (Such as a reassigned street name or zip code.)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | New project name: | | |  | | | | | | |
|  | Project location: | |  | | | | | | | |
|  | City: |  | | | State: | MN | Zip code: |  | County: |  | |

1. **Change acreage of project**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| New acreage of total project: |  | | | | |
| New existing area of impervious surface in acreage: | |  | |  | |
| New post-construction area of impervious surface in acres: | | |  | |  |

1. **Correction to project latitude/longitude**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| New decimal latitude: |  | | New decimal longitude: |  |
|  | *(Example: 44.956497)* | |  | *(Example: 93.084619)* |
| How was this information obtained:  GPS Unit  Online Map locator  Topographic map | | | | |
| Other – please explain: | |  | | |

1. **Change in project type**

|  |  |  |
| --- | --- | --- |
| Residential  Commercial/Industrial | Road construction  Residential/Road construction | Commercial/Road construction  Commercial/Residential road construction |

1. **Change in stormwater management**

|  |  |  |  |
| --- | --- | --- | --- |
| **Add** | **Remove** |  | |
|  |  | Infiltration | |
|  |  | Filtration | |
|  |  | Regional ponding | |
|  |  | Stormwater harvest and reuse | |
|  |  | Wet sedimentation basin | |
|  |  | Other (specify): |  |

1. **Change in receiving waters**

Add or remove the surface waters that are within one mile of the project boundary that will receive stormwater from the site or discharge from a permanent stormwater treatment system. Include waters shown on U.S. Geological Survey (USGS) 7.5 minute quad maps or equivalent. All Special Waters and Impaired Waters in Minnesota can be located using the MPCA map tool on our website at <https://pca-gis02.pca.state.mn.us/CSW/index.html>. Indicate the type of surface water (Lake, stream, river, pond, wetland, ditch, fen, or trout stream). See Section 23 of the permit for more information on Special and Impaired waters.

*\* Impaired Waters for the purpose of this permit are those identified as impaired for the following pollutant(s) or stressor(s): phosphorus, turbidity, dissolved oxygen, or biotic impairment.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Add/Remove** | **Name of surface water** | **Type of surface water** | **Within one mile** | **Special Water** | **Impaired Water** |
| *Ex: Remove* | *Ex: St. Croix River* | *Ex: River* | *Yes*  *No* | *Yes  No* | *Yes  No* |
| *Ex: Add* | *Ex: Unnamed ditch* | *Ex: Ditch* | *Yes  No* | *Yes  No* | *Yes  No* |
|  |  |  | Yes  No | Yes  No | Yes  No |
|  |  |  | Yes  No | Yes  No | Yes  No |
|  |  |  | Yes  No | Yes  No | Yes  No |
|  |  |  | Yes  No | Yes  No | Yes  No |
|  |  |  | Yes  No | Yes  No | Yes  No |
|  |  |  | Yes  No | Yes  No | Yes  No |
|  |  |  | Yes  No | Yes  No | Yes  No |

1. **Dates of construction**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Start date (mm/dd/yyyy): |  | |  | |
| 1. Estimated completion date (mm/dd/yyyy): | |  | |  |

Certification

*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. I certify that based on my inquiry of the person, or persons, who manage the system, or those persons directly responsible for gathering the information, 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 civil and criminal penalties.*

*By signing my name below, I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing this form.*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Owner authorized signature (required)** | | | | |  | **Contractor authorized representative  *(required if different than owner)*** | | | | |
| Name: |  | | | |  | Name: |  | | | |
| Company name: | | |  | |  | Company name: | | |  | |
| Signature: | |  | | |  | Signature: | |  | | |
| Date (mm/dd/yyyy): | | | |  |  | Date (mm/dd/yyyy): | | | |  |