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| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | Permit change request formNPDES/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 or transfer of ownership.

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

## 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.

Permit termination requests are available via the MPCA’s [e-Services](https://rsp.pca.state.mn.us/TEMPO_RSP/Orchestrate.do?initiate=true) (found on the MPCA website at <https://rsp.pca.state.mn.us/TEMPO_RSP/Orchestrate.do?initiate=true>). Wastewater discharge permit holders are able to create/log into their accounts to apply for a permit termination. Additional instructions can be found on the MPCA’s Wastewater Permitting website at: <https://www.pca.state.mn.us/water/wastewater-permit-forms>. The permit terminations will not be automatic. Following submittal, the agency will review the request; and the assigned permit writer will send a confirmation letter.

**Applications that are submitted without an authorized signature** **will be returned**. Please make a copy for your records.
Send the completed form to:

**Water Quality Document Coordinator**

Minnesota Pollution Control Agency

520 Lafayette Road North

St. Paul, MN 55155-4194

## Permittee information

|  |  |  |  |
| --- | --- | --- | --- |
| Permittee name: |       | Permit number: | MN       |
| Mailing address: |       |
| City: |       | State: |       | Zip: |       |
| Telephone: |       | Fax: |       | Email: |       |
| Authorized agent: |       | Title: |       |

## Facility information

|  |  |
| --- | --- |
| Facility name: |       |
| Street address: |       |
| City/Township: |       | State: |       | Zip: |       |
| County: |       |  |

**[ ]  Name change** **[ ]  Permit transfer**

(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: |       | Email: |       |
| 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: |       | Email: |       |
| Authorized agent: |       | Title: |       |

**Main contact** (Operator/Plant Manager)

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | Title: |       |
| Mailing address: |       |
| City: |       | State: |       | Zip: |       |
| Telephone: |       | Fax: |       | Email: |       |
| 24-Hour emergency contact backup name: |       | Telephone: |       |

**Discharge Monitoring Report contact**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | Title: |       |
| Mailing address: |       |
| City: |       | State: |       | Zip: |       |
| Telephone: |       | Fax: |       | Email: |       |

**Billing contact**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | Title: |       |
| Mailing address: |       |
| City: |       | State: |       | Zip: |       |
| Telephone: |       | Fax: |       | Email: |       |

**Engineer or Consultant**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | Title: |       |
| Mailing address: |       |
| City: |       | State: |       | Zip: |       |
| Telephone: |       | Fax: |       | Email: |       |

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:

1. For corporation, a principal executive officer of at least the level of vice president
2. For a partnership or sole proprietorship, a general partner or the proprietor, respectively
3. For a municipality, state, federal, or other public facility, either a principal executive officer or ranking executive official
4. 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 (mm/dd/yyyy): |  |

## **Permit transfer**

|  |  |  |  |
| --- | --- | --- | --- |
| Printed name: |       | Title: |       |
|  | *New owner* |  |  |
| Authorized signature: |  | Date (mm/dd/yyyy): |  |