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| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | e-Services request to remove wastewater account holder authorization  MPCA e-Services  Doc Type: Tempo\_Submittal |

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| **Purpose of this form:**   * This form is only for Minnesota Pollution Control Agency (MPCA)  e-Services which require facility selection and role authorization. * Allows a facility’s Responsible Official to remove an e-Services account holder’s authorized access to that facility. Allows an e-Services account holder to remove their authorized access for a specific facility. | **MPCA Use Only** |
|  |
| *Authorization removal date (mm/dd/yyyy)* |
|  |
| *Authorizing MPCA staff signature* |

**Instructions:** This form must be submitted to request removal of an MPCA e-Services account holder’s access to a specific wastewater facility.

* For an account holder requesting removal of their authorization, complete all areas listed below
* For responsible officials requesting revocation of authorizations of employees or former employees, complete all areas below if known. At a minimum, you must provide the name of the account holder and all facility ID numbers and names to be removed.
* A separate form must be completed for each account holder.
* This form must be submitted by email to [wq.submittals.mpca@state.mn.us](mailto:NPDES.PCA@state.mn.us?subject=Contact%20change%20form) along with the [Water Quality Submittals form](https://www.pca.state.mn.us/sites/default/files/wq-wwprm7-71.docx) found on the Minnesota Pollution Control Agency’s (MPCA) website at [https://www.pca.state.mn.us/water/discharge-monitoring-reports](https://www.pca.state.mn.us/water/discharge-monitoring). The email subject should be “WQ Submittal – [insert your Permit No.]”. Save the completed form to your computer in a location where you can easily find it.

Permit contact change form instructions: To update a general facility contact, use the [Permit contact change form](https://www.pca.state.mn.us/sites/default/files/wq-wwprm7-72.docx).

Account holder access to be removed information

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| --- | --- | --- | --- | --- | --- |
| Account holder user ID: | |  | Account holder name: | |  |
| Phone number: |  | | Email address: |  | |

Please check A or B below (whichever is applicable):

**A** I am the account holder of the MPCA e-Services account listed above. By my signature on this document, I request my authorization be removed for the facilities listed below.

**B** I am the responsible official for the facilities listed below. By my signature on this document, I request the authorization of the above-named account holder be removed for the facilities listed below.

**Facility information (attach additional sheets if necessary)**

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| --- | --- | --- | --- |
| 1a) Permit number: |  | 1b) Agency Interest ID No.: |  |
| 1c) Facility name: |  | | |
| 2a) Permit number: |  | 2b) Agency Interest ID No.: |  |
| 2c) Facility name: |  | | |
| 3a) Permit number: |  | 3b) Agency Interest ID No.: |  |
| 3c) Facility name: |  | | |

**Account holder or responsible official signature (Required)**

I understand that in order to reinstate this authorization a new *Electronic Signature Submittal Agreement* will need to be submitted.

***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.*

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| --- | --- | --- | --- | --- | --- | --- |
| Signature: | |  | | | Title: |  |
|  | | *(This document has been electronically signed.)* | | | Date (mm/dd/yyyy): |  |
| Phone number: | | |  | Email address: | |  |
| Address: |  | | | City, State, Zip code: | |  |