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| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | Notice of Withdrawal formNPDES/SDS Permit ProgramNational Pollutant Discharge Elimination System (NPDES)/State Disposal System (SDS) Permit Program*Doc Type: Withdrawal request* |

**Instructions:** Please print or type all information. All items must be filled out completely and correctly. If the form is incomplete, it will be returned. All withdrawal dates are effective on the date received by the Minnesota Pollution Control Agency (MPCA).

This form must be submitted by email to wq.submittals.mpca@state.mn.us along with the [Water Quality Submittals form](https://www.pca.state.mn.us/sites/default/files/wq-wwprm7-71.docx) found on the 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.

Part A: Identification of document to be withdrawn

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| Permit number: |       |  |
| [ ]  Water Quality Standard Variance Request | Parameter for which the Variance was requested: |       |
| [ ]  Reevaluation of the highest attainable condition, water quality standard variance interim limit(s) |  |

Part B: Permittee information

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| Permittee name: |       |
| Mailing address: |       |
| City: |       | State: |       | Zip code: |       |
| Legal contact name: |       | Title: |       |
| Phone number: |       | Email: |       |

Part C: Facility/Project information

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| Facility/Project name: |       |
| Location (address): |       |
| City: |       | County: |       |  |
| Local contact name: |       | Title: |       |
| Phone number: |       | Email: |       |

Part D: Reason for withdrawal request

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| [ ]  The relevant WQBEL can be met without a variance. |  |  |
| [ ]  Duplicate application submitted |  |
| [ ]  Other (list): |       |

Part E: Certification signature required for all withdrawal of application requests

*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.*

**Legally responsible party**

|  |  |  |  |
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| Signature: |       | Title: |       |
|  | *(This document has been electronically signed.)* | Date (mm/dd/yyyy): |       |

**\***This withdrawal of permit application request shall be signed, dated, and certified for accuracy by the permittee or an appropriate official/representative of the permittee.

In all cases, it shall be signed as follows:

1. for a corporation, by a principal executive officer of at least the level of vice-president or the duly authorized representative or agent of the executive officer if the representative or agent is responsible for the overall operation of the facility that is the subject of the permit application;
2. for a partnership or sole proprietorship, by a general partner or the proprietor, respectively;
3. for a municipality, state, federal, or other public agency, by either a principal executive officer or ranking elected official;.
4. if the operator of the facility for which the application is submitted is different from the owner, by both the owner and the operator according to items 1 to 3. Except in the case of a hazardous waste facility or a solid waste management facility permit application, if the commissioner finds that this requirement is impracticable under the circumstances, the commissioner shall require the operator to sign the application according to items 1 to 3.