



Tennessee Department of Environment and Conservation
 Division of Water Pollution Control
 401 Church Street, 6th Floor L & C Annex
 Nashville, TN 37243-1534
 Phone:(615) 532-0625

PERMIT CONTACT INFORMATION

Please complete all sections. If one person serves multiple functions, please repeat this information in each section.

PERMIT NUMBER: _____ **DATE:** _____

PERMITTED FACILITY: _____ **COUNTY:** _____

OFFICIAL PERMIT CONTACT:

(The permit signatory authority, e.g. responsible corporate officer, principle executive officer or ranking elected official)

Official Contact:	Title or Position:		
Mailing Address:	City:	State:	Zip:
Phone number(s):	E-mail:		

PERMIT BILLING ADDRESS (where invoices should be sent):

Billing Contact:	Title or Position:		
Mailing Address:	City:	State:	Zip:
Phone number(s):	E-mail:		

FACILITY LOCATION (actual location of permit site and local contact for site activity):

Facility Location Contact:	Title or Position:		
Facility Location (physical street address):	City:	State:	Zip:
Phone number(s):	E-mail:		

Alternate Contact (if desired):	Title or Position:		
Mailing Address:	City:	State:	Zip:
Phone number(s):	E-mail:		

FACILITY REPORTING (Discharge Monitoring Report (DMR) or other reporting):

Cognizant Official authorized for permit reporting:	Title or Position:		
Mailing Address:	City:	State:	Zip:
Phone number(s):	E-mail:		
Fax number for reporting:	Does the facility have interest in starting electronic DMR reporting? Yes No		