

## STATE OF TENNESSEE **DEPARTMENT OF ENVIRONMENT AND CONSERVATION DIVISION OF WATER RESOURCES**

Water-Based Systems
William R. Snodgrass - Tennessee Tower
312 Rosa L. Parks Avenue, 11<sup>th</sup> Floor
Nashville, TN 37243-1102

## PERMIT CONTACT INFORMATION

Please complete all sections. If one person serves multiple fu	unctions, please repeat this in	formation in e	ach section	n.		
PERMIT NUMBER:	DATE:	DATE: COUNTY:				
PERMITTED FACILITY:	COUNTY:					
OFFICIAL PERMIT CONTACT:						
(The permit signatory authority, e.g. responsible corporate officer, prin	ciple executive officer or ranking	elected official)				
Official Contact:	Title or Position:	Title or Position:				
Mailing Address:	City:	City: State: Zip:				
Phone number(s):	E-mail:	E-mail:				
PERMIT BILLING ADDRESS (where invoices should be ser	nt):					
Billing Contact:	Title or Position:	Title or Position:				
Mailing Address:	City:	State: Zi		Zip:	p:	
Phone number(s):	E-mail:	E-mail:				
FACILITY LOCATION (actual location of permit site and lo	ocal contact for site activity)					
Facility Location Contact:	Title or Position:					
•						
Facility Location (physical street address):	City:	State	e:	Zip:		
Phone number(s):	E-mail:		l			
Alternate Contact (if desired):	Title or Position:					
Mailing Address:	City:	State:	2	Zip:		
Phone number(s):	E-mail:	<u> </u>				
FACILITY REPORTING (Discharge Monitoring Report (DM						
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 in	Does the facility have interest in starting electronic DMR reporting? Yes No				

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