

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, 11th Floor
Nashville, TN 37243-1102

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 DEPLAYE CONTACT					
OFFICIAL PERMIT CONTACT:		£C: _: _1\			
The permit signatory authority, e.g. responsible corporate officer, principle exe	cutive officer or ranking elected o	iliciai)			
Official Contact:	Title or Position:				
Mailing Address:	City:	City: State: Zip		Zip:	
Phone number(s):	E-mail:				
PERMIT BILLING ADDRESS (where invoices should be sent):					
Billing Contact:	Title or Position:	Title or Position:			
-					
Mailing Address:	City:	State:	Zi	p:	
Phone number(s):	E-mail:		<u>i</u>		
FACILITY LOCATION (actual location of permit site and local con	tact for site activity):				
Facility Location Contact:	Title or Position:	Title or Position:			
Facility Location (physical street address):	City:	State:	Z	ip:	
Phone number(s):	E-mail:				
rnone number(s).	E-man.				
Alternate Contact (if desired):	Title or Position:	Title or Position:			
Mailing Address:	City:	State: Zip:		p:	
Phone number(s):	E-mail:		<u>i</u>		
FACILITY REPORTING (Discharge Monitoring Report (DMR) or o					
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	Does the facility have interest in starting electronic DMR reporting? Yes No			

CN-1090 (Rev. 11-14)