



Illinois Environmental Protection Agency

2520 West Iles Avenue • P.O. Box 19276 • Springfield • Illinois • 62794-9276 • (217) 782-3397

Bureau of Water Address Correction Form

Ownership Address Correction: NPDES Permit* Other Permit (State Operating/Construction Permits)

If the address on your current permit is incorrect, please indicate the changes here.

NPDES Permit Number _____ Other Permit Number _____

Owner's Name _____

Address _____

City _____ State ____ Zip _____

Phone Number _____ Contact Person _____

Facility Address Correction: NPDES Permit* Other Permit (State Operating/Construction Permits)

If the address for your facility on your current permit is incorrect, please indicate the changes here.

NPDES Permit Number _____ Other Permit Number _____

Facility Name _____

Address _____

City _____ State ____ Zip _____

Phone Number _____ Contact Person _____

Billing Address Change/Correction: NPDES CWSTP Lab Fees

If all billing invoices should be sent to an address other than the **owner's address** on the original permit application, please indicate that address here. Please attach a separate sheet if more than one facility is affected by this changed.

NPDES Permit Number _____ CWSTP Facility Number _____

Billing Name _____

Address _____

City _____ State ____ Zip _____

Contact Person _____

* For a transfer or modification of an NPDES permit, please [see CFR 40, 122.61 and 122.62](#), respectively, for the required documents.

Compliance Contact Change (Administrative Contact or Sample Collector)

Drinking Water Facility Waste Water Facility

If the address for your facility contact or administrative contact has changed, please indicate the correct address here. Please attach a separate sheet if more than one facility is affected by this change.

Facility Number _____

Administrative Contact

Facility Name _____

Sample Collector

Address _____

City _____ State ____ Zip _____

Phone Number _____

Contact Person _____

Fax Number _____

Email Address _____

This form must be signed by an authorized person from your organization before the above change(s) will be completed.

Authorized Signature _____

Printed Name _____ Date _____

Check box if additional sheets are attached.

Please complete this form, then print it, sign it, and mail it to:

Illinois Environmental Protection Agency
P.O. Box 19276
Mail Code #15
Springfield, IL 62794-9276