



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
eDMR DEACTIVATION REQUEST FORM

Complete this form if a permit holder is no longer able or does not desire to continue to operate as a permit holder in the eDMR system.

PERMIT HOLDER INFORMATION

PERMIT NUMBER	FACILITY NAME		
ADDRESS	CITY	STATE	ZIP CODE

E-MAIL ADDRESS

PERMIT HOLDER ACCOUNT ACTION

New Application Revised Permit Holder or Account Information Request for Reactivation

REQUESTED DEACTIVATION DATE

If not pre-arranged with the eDMR system coordinator, allow at least 30 days for processing.

I request that the above identified permit holder be deactivated for electronic reporting and request any department initiated minor permit revisions (no fee required) allow this reporting change.

I understand I am obligated to continue to use the eDMR system to conclude any unfinished business that involves reporting requirements during the time the permit holder was an active eDMR system participant.

This request in no way changes the reporting requirements of this permit holder, all DMRs must continue to be submitted. This request is only an indication the permit holder will no longer use eDMR system.

PERMIT HOLDER'S NAME (TYPE OR PRINT)	PERMIT HOLDER'S SIGNATURE	DATE
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OFFICIAL TITLE (TYPE OR PRINT)

Mail completed copy to: MISSOURI DEPARTMENT OF NATURAL RESOURCES, WATER PROTECTION PROGRAM,
OPERATING PERMIT UNIT, P.O. BOX 176, JEFFERSON CITY, MO 65102-0176

FOR OFFICE USE ONLY

RECEIVED BY	DATE
APPROVED BY	DATE
MOCWIS UPDATED BY	DATE
EDMR UDATED BY	DATE