



## Submitter Change Request Form – (Add/update users) North Carolina Electronic Discharge Monitoring Report System

EDMR registered Owners may use this form to add or update eDMR users to the NCDWR’s Electronic Discharge Monitoring Report system. If the Organization is not currently registered for eDMR, then the Owner or designated Responsible Official will need to complete the required eDMR Registration Form (available from the eDMR website) and submit it to the NCDWR eDMR Administrator at the address below.

### Type of Request (please select):

- Add Submitter Permissions: (See Section B)
- Update Submitter Permissions: (See Section B)

To add or update eDMR user permissions, please provide the following information:

### Section A: Owner Information

<b>NPDES Permit Number:</b>	
<b>Owner / Organization Name:</b>	
<b>Responsible Official</b> <i>(as identified in accordance with <a href="#">40 CFR 122.22</a>)</i>	
<b>Street Address:</b>	
<b>City:</b>	
<b>State / Zip Code:</b>	
<b>Telephone number:</b>	(     )
<b>E-mail address:</b>	

### Section B: Activate New Submitter or Update Existing User

Please complete the Submitter User Details on page 2 for the individuals who will need Submitter permissions or to update Submitter details, such as adding additional permits, to an existing user. Submitter permissions can only be assigned by the NCDWR eDMR Administrator. **Note: The Owner and Facility Administrator can deactivate or delete eDMR user permissions for any individual within its organization, including Submitter permissions.**

*The Submitter is equivalent to the individual who signs the certification statement on the back of the Discharge Monitoring Report. The Submitter must be an individual with delegated signatory authority for the Owner/Organization. If individuals other than the Responsible Official for the Owner have been delegated signatory authority, the Division of Water Resources must be notified in writing of such delegations. A delegation of authority form is available from the eDMR website.*

In addition to the User Details, please specify the NPDES permit(s) that each user will be associated with for eDMR submittal. Should additional space be needed for users and/or permits, please make additional copies of the Submitter User Details page and complete as needed.

Submitter User Details					
Permit No. (s):					
First Name:					
Middle Name:					
Last Name:					
Phone Number:	(     )				
Email:		User ID:	<i>(Assigned by NCDWR eDMR Administrator)</i>		
Select Request Type:	<input type="checkbox"/> Add User Permission		Add/Update User Permission as of (Date):		
	<input type="checkbox"/> Update User Permission				

Submitter User Details					
Permit No. (s):					
First Name:					
Middle Name:					
Last Name:					
Phone Number:	(     )				
Email:		User ID:	<i>(Assigned by NCDWR eDMR Administrator)</i>		
Select Request Type:	<input type="checkbox"/> Add User Permission		Add/Update User Permission as of (Date):		
	<input type="checkbox"/> Update User Permission				

Submitter User Details					
Permit No. (s):					
First Name:					
Middle Name:					
Last Name:					
Phone Number:	(     )				
Email:		User ID:	<i>(Assigned by NCDWR eDMR Administrator)</i>		
Select Request Type:	<input type="checkbox"/> Add User Permission		Add/Update User Permission as of (Date):		
	<input type="checkbox"/> Update User Permission				

## Responsible Official Authorization

The Responsible Official, as identified in accordance with [40 CFR 122.22](#), is the appropriate individual with the authority to sign reports for the organization.

I, \_\_\_\_\_ (*printed name*), have the authority to make this request for  
\_\_\_\_\_ (*Owner/Organization Name*).

I request the NCDWR add or update the eDMR Submitter user permission(s) as indicated above on the Submitter User Details page.

\_\_\_\_\_  
Owner/Responsible Official Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Please return the completed form to the NCDWR eDMR Administrator via:**

Fax:            or  
(919) 807-6498

E-mail:            or  
[eDMRadmin@ncdenr.gov](mailto:eDMRadmin@ncdenr.gov)

Mail to:  
Information Processing Unit  
Attn: eDMR Registration  
1617 Mail Service Center  
Raleigh, NC 27699-1617