

Ownership or Permit Name Change

NMP Signature Page

Facility Name: _____

Previous Facility Name: _____

Owner/Operator _____

Address: _____

Phone: _____

Facility Legal Description: _____

KS Permit No. _____

NPDES Permit No. _____

KDHE Approval Date of NMP _____

Owner / Operator

As the Owner/Operator, I certify that I, as the decision maker, have read the current Nutrient Management Plan (NMP) for the above facility and understand that I am responsible for following all of the outlined requirements within that NMP. I also understand that I will be responsible for maintaining all necessary records associated with the implementation of the NMP. If at any time I anticipate changes to the current NMP, I will need prior approval from KDHE and may be required to submit an updated NMP before those changes can be implemented.

Signature _____ Date _____

Kansas Department of Health and Environment (KDHE) Approval

Signature _____ Date _____