

DEPARTMENT OF AGRICULTURE AND NATURAL RESOURCES

NOTICE OF TERMINATION (NOT)

to Terminate Coverage Under the General Permit for
Wastewater Treatment Facilities Discharging to Waterbodies with Only a (9) or (9), (10) Beneficial Use

Submit form to: SD Department of Agriculture and Natural Resources
Surface Water Quality Program
523 East Capitol Avenue
Pierre, SD 57501

This form is required to be submitted when a discharge permit is no longer required or necessary. Submission of this form shall not in no way relieve the permittee of permit obligations required prior to submission of this form.

1. Facility Information:

Permit Number: SDG92

Name of the Facility: _____

Facility Contact Person: _____ Facility Contact Title: _____

Facility Contact Phone: _____ Facility Contact Email: _____

Facility Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Facility Physical Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Facility Phone Number: _____

Latitude: _____ Longitude: _____ Source (GPS, Google, etc.): _____

Legal: Quarter(s): _____ Section(s): _____ Township(s): _____ Range(s): _____

2. Owner Information:

Name of the Owner: _____

Owner Contact Person: _____

Owner Contact Phone: _____ Owner Contact Email: _____

Owner Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Type of Ownership: ☐ Private ☐ Federal ☐ State ☐ Municipal ☐ Other (state type): _____

3. NOT Certification (NOT must be signed by the authorized chief elected official or executive officer of the facility)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Authorized Representative Name:	
Authorized Representative Signature:	
Authorized Representative Title:	
Date:	

For Office Use Only			
NOT Reviewer comments:			
Facility Eligible for General Permit Termination? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date NOT Received:		Date Termination is Effective:	
NOT Reviewer:		Review Date:	