

**DEPARTMENT OF AGRICULTURE AND NATURAL RESOURCES  
NOTICE OF TERMINATION (NOT)**

to Terminate Coverage Under the General Permit for  
Minor Non-Discharging Domestic Wastewater Treatment Facilities

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: SDG82

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:	