

## DEPARTMENT OF AGRICULTURE AND NATURAL RESOURCES NOTICE OF INTENT (NOI)

to Obtain Coverage Under the SWD Pesticide General Permit for Invasive and Nuisance Animal Pests

This form is required to be submitted when coverage under the general permit is no longer required or necessary. Submission of this form shall in no way relieve the permittee of permit obligations required prior to submission of this form. Please submit this form to the following address:

Submit form to: SD Department of Agriculture and Natural Resources

Surface Water Quality Program

523 East Capitol Avenue

Pierre, SD 57501

Telephone: (605) 773-3351

1)	Permit In	formation
	a.	NPDES Permit Number:
	b.	Reason for termination (check one only):
		You have ceased all discharges from the application of pesticides for which you obtained permit coverage and you do not expect to discharge during the remainder of the permit term.
		You have obtained permit coverage under an NPDES individual permit or alternative NPDES general permit for all pesticide discharges requiring NPDES permit coverage.
		A new Operator has taken over decision-making responsibility for the pest control activities covered under an existing NOI. Provide the transfer date and the new Operator information  Date of transfer:
		New Operator Name:
		Street:
		City:State:State:State:
		Telephone:
		E-mail:
2)	a.	Information  Company Name: Mailing Address: Street: City:State: ZIP Code: Telephone:
		E-mail:
	C	Contact Name:

d. E-mail:

## 3) Certification

I certify under penalty of law that I have met at least one of the reasons for terminating permit coverage listed in Section 1 above. I understand that by submitting this Notice of Termination, I am no longer authorized to discharge pesticides to waters of the United States. This document and all attachments were prepared under my direction and supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. On the basis of 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 or imprisonment. Additionally, I understand that the submittal of this Notice of Termination does not release a pesticide Operator from liability for any violations of the Clean Water Act.

Printed Name:	
Title:	
E-mail:	
Signature/Responsible Official:	Date:
NOT Preparer (Complete if NOT was prepared by some	one other than the certifier)
Preparer Name:	one other than the certifier)
	one other than the certifier)