



DEPARTMENT OF AGRICULTURE AND NATURAL RESOURCES
NOTICE OF TERMINATION FORM
of Coverage Under the SWD General Permit
for Temporary Discharge Activities

This form is required to be submitted when a discharge 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:

Original to: SD Department of Agriculture and Natural Resources
Surface Water Quality Program
523 East Capitol Avenue
Pierre, South Dakota 57501
Telephone: 1-800-SDSTORM

I. Permit Number: _____

II. Primary Contact Information:

Contact Person: _____
Company Name: _____
Mailing Address: _____
City: _____ County: _____ State: _____ Zip Code: _____
Phone Number: _____ Email Address: _____

III. Project Information:

Project/Facility Name: _____
On-Site Contact Person: _____ Phone Number: _____
Physical Project Address or Description of Construction Site Location: _____

City: _____ County: _____ State: _____ Zip Code: _____

I certify under penalty of law that all temporary discharge activities from the identified facility that are authorized by a SWD general permit have been eliminated. I understand that by submitting the Notice of Termination, I am no longer authorized to discharge from temporary discharge activities under this general permit, and that discharging pollutants from temporary discharge activities is unlawful under the federal Clean Water Act and the South Dakota Water Pollution Control Act if the discharge is not authorized by a SWD permit. I also understand that the submittal of this Notice of Termination does not release an operator from liability for any violations of this permit or the South Dakota Water Pollution Control Act. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NOTE: Notice of Termination must be signed by the authorized chief elective or executive officer of the applicant, or by the applicant, if an individual.

Name: _____ Title: _____

Signature: _____ Date: _____

FOR DANR USE ONLY

Permit Number: _____ Date Approved: _____ Letter Date: _____ Approved by: _____