
DEPARTMENT OF AGRICULTURE AND NATURAL RESOURCES

NOTICE OF TERMINATION (NOT)

of Coverage Under the SWD General permit to discharge under the South Dakota Surface Water Discharge System
for Water Treatment and Distribution 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, SD 57501
Telephone: (605) 773-3351

PLEASE PRINT OR TYPE

I. Applicant/Owner Information

Name _____ Phone _____
Street _____
City _____ State _____ Zip Code _____

II. Facility/Site Information

Name _____ Phone _____
Responsible Contact Person _____
Street _____
City _____
State _____ County _____ Zip Code _____

III. Permit Number: _____ **Facility Name:** _____

I certify under penalty of law that all discharges associated with Water Treatment and Distribution Activities from the identified facility that are authorized by a SWD general permit have been eliminated or that I am no longer the operator of the facility. I understand that by submitting the Notice of Termination, I am no longer authorized to discharge water associated with Water Treatment and Distribution Activities under this general permit, and that discharging pollutants in water associated with Water Treatment and Distribution Activities to waters of the state is unlawful under the federal Clean Water Act, where 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: NOT must be signed by the authorized chief elective or executive officer of the applicant, or by the applicant, if an individual.

Name (print) _____ Title _____

Signature _____ Date _____

FOR DANR USE ONLY		
Permit Number:	Postmark Date:	Date Terminated: