



DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES

NOTICE OF TERMINATION
OF COVERAGE UNDER THE
GENERAL PERMIT FOR TEMPORARY DISCHARGES

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 addresses:

original to: South Dakota Department of Environment
and Natural Resources
Surface Water Quality Program
Joe Foss Building
523 East Capitol Avenue
Pierre, South Dakota 57501-3181
Telephone: (605) 773-3351 FAX: (605) 773-5286

PLEASE PRINT OR TYPE

I. Permittee Information

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

II. Mailing Address of Facility/Site Location

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

III. Permit Number: _____

IV. Check the reason for termination of permit coverage:

Temporary discharge is no longer occurring You are no longer the operator of the facility
 Other reason(s): _____

NOTE: Attach any Discharge Monitoring Reports (DMRs) which indicate pollutants in exceedance of permit limits.

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 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 from temporary discharge activities under this general permit, and that discharging pollutants from temporary discharge activities is unlawful under the South Dakota Water Pollution Control 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 _____