

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES

NOTICE OF TERMINATION (NOT)

of Coverage Under the SWD General Permit for Storm Water Discharges Associated with Industrial or Construction 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 Environment and Natural Resources

Surface Water Quality Program 523 East Capitol Avenue

Pierre, South Dakota 57501-3181

Telephone: (605) 773-3351 or 1-800-SDSTORM

PLEASE PRINT OR TYPE

Permit Number:

I.		Applicant/Owner Information			
1.	Name		on	Phone	
	Street				
	City			Zip Code	
II.	•	Site Information			
	•			Phone	
	Responsible Contact Person				
	Street				
	City				
	•			Zip Code	
III.	Permit N	Number:	Site/Project Na	ame:	
	You are no longer the operator of the facility/site. Please explain:				
facili const assoc assoc disch opera	ty that are ruction site iated with iated with arge is not ator from li	authorized by a SW e. I understand that industrial or construindustrial or construindustrial or construindustrial by a SWI ability for any violati	D general permit have been eliminally submitting the Notice of Terminal uction activity under this general petion activity to waters of the state is permit. I also understand that the sons of this permit or the South Dakot	with industrial or construction activity from the identified ted or that I am no longer the operator of the facility or tion, I am no longer authorized to discharge storm water permit, and that discharging pollutants in storm water s unlawful under the federal Clean Water Act, where the submittal of this Notice of Termination does not release an a Water Pollution Control Act. I am aware that there are lity of fine and imprisonment for knowing violations.	
	OTE: NO dividual.	T must be signed by	the authorized chief elective or exe	ecutive officer of the applicant, or by the applicant, if an	
Nam	e (print)			Title	
Signa	ature _			Date	
			FOR DENR USE ON	ILY	

Date Terminated:

Postmark Date: