



DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES

NOTICE OF TERMINATION OF COVERAGE
UNDER THE GENERAL WATER POLLUTION CONTROL PERMIT
FOR CONCENTRATED ANIMAL FEEDING OPERATIONS

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 producer 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
Feedlot Permit Program
Joe Foss Building
523 East Capitol Avenue
Pierre, SD 57501-3182
Telephone: (605) 773-3351 FAX: (605) 773-5286

PLEASE PRINT OR TYPE

1. **Name of animal feeding operation:** _____

2. **Mailing Address of Producer:**

Name: _____ Phone: _____
Street: _____ Fax: _____
City: _____ State: _____ County: _____ Zip Code: _____

3. **Mailing address of the animal feeding operation (if different from producer):**

Name: _____ Phone: _____
Street: _____ Fax: _____
City: _____ State: _____ County: _____ Zip Code: _____

4. **Check the reason for termination of permit coverage:**

- You are no longer the operator of the facility
- Concentrated Animal Feeding Operation is no longer in operation
- Other reason(s): _____

I certify under penalty of law that all concentrated animal feeding operations at the above facility that are authorized by a Surface Water Discharge 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 covered under the General Water Pollution Control Permit for Concentrated Animal Feeding Operations. I also understand that the submittal of this Notice of Termination does not release me 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 shall be signed by the authorized chief executive officer of the applicant, or by the applicant, if an individual.

Name (*print*)

Title

Signature

Date

Permit Number: _____ Date Received: _____ Date Terminated: _____ PCS: _____