

**AGENCY USE ONLY**

|             |              |                |            |           |
|-------------|--------------|----------------|------------|-----------|
| PERMIT NO.: | Date Rec'd.: | Amount Rec'd.: | Check No.: | Rec'd By: |
|-------------|--------------|----------------|------------|-----------|



# WATER PROTECTION BUREAU

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| FORM<br><br><b>NOT</b> | <h2>Notice of Termination</h2> <h3>Non-Storm Water General Permit Authorizations</h3> |
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This form is to be submitted when a discharge permit is no longer required or necessary. The Montana Department of Environmental Quality (DEQ) will notify the permittee in writing of the date termination is effective. This form may not be used to request termination of coverage under any storm water general permit. You must type or print legibly; forms that are not legible or are unsigned will be returned. Do not leave blank spaces. It is recommended that you maintain a copy of the completed form for your records.

**Section A - Site Information**

Permit/Authorization Number: MTG \_\_\_\_\_

Facility or Site Name: \_\_\_\_\_

Facility or Site Location (physical address or Township/Range/Section): \_\_\_\_\_

Facility or Site Mailing Address (if available) \_\_\_\_\_

Nearest City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

**Section B - Owner/Operator (Regulated Entity) Information**

Owner/Operator Name: \_\_\_\_\_

Signatory Name and Position Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Section C - Annual Fees**

There are no fees associated with terminating permit coverage. However, the permittee is responsible for payment of annual fees for each calendar year in which the discharge is authorized, and annual fees are billed in arrears. You may contact DEQ at (406) 444-3080 to receive an invoice for the outstanding annual fees associated with your effective permit coverage, or one will be mailed to you.

**Section D - Required Reports**

You are required to comply with all conditions and reporting requirements until notified by DEQ that your general permit authorization is terminated, including submission of Discharge Monitoring Reports.

### Section E - Explanation

Indicate the reason for the termination of above referenced permit by checking the most appropriate box, and provide a detailed description in the space provided below:

- Discharge terminated or will be terminated by DATE \_\_\_\_\_;
- Discharge permanently terminated by connection to a wastewater treatment plant (WWTP);  
Date discharge connected or will connect to WWTP: \_\_\_\_\_  
Provide name and MPDES permit number of WWTP: \_\_\_\_\_
- Other \_\_\_\_\_

Please provide a detailed explanation in the space below (attach additional pages if needed) of why the permit/authorization is no longer needed. Please refer to the Standard Conditions section of your permit and include any information specified in your permit required for permit termination.

### Section F - CERTIFICATION

**Permittee Information:** This form must be completed, signed, and certified as follows:

- For a corporation, by a principal officer of at least the level of vice president;
- For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or
- For a municipality, state, federal, or other public facility, by either a principal executive officer or ranking elected official.

### All Applicants Must Complete the Following Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information; including the possibility of fine and imprisonment for knowing violations. [75-5-633, MCA]

A. Name (Type or Print)

B. Title (Type or Print)

C. Phone No.

D. Signature

E. Date Signed

Return this form (NOT) to:

Department of Environmental Quality  
Water Protection Bureau  
P.O. Box 200901  
Helena, MT 59620-0901  
(406) 444-3080