|   |  | AGENCY USE ONLY |                          |           |  |
|---|--|-----------------|--------------------------|-----------|--|
| PERMIT NO.:   | Date Rec'd.:   | Amount Rec'd.:  | Check No.:               | Rec'd By: |  |
| Montana Depa  |  | Р               | WATEF<br>ROTECT<br>BUREA | ION       |  |
| of Environmental Quality  |  |                 |                          |           |  |
| FORM<br>NOT-SWC   | Notice of Termination (NOT)<br>Storm Water Discharges Associated With Construction Activity<br>MTR100000 |                 |                          |           |  |
| This form is used to notify the Department that a facility or site has achieved final stabilization and the permittee requests termination of coverage under the Department's General Permit for Storm Water Discharges Associated with Construction Activity (MTR100000). The Notice of Termination (NOT-SWC) process is addressed in Part 1 of the General Permit. Final stabilization means the time at which all soil-disturbing activities at a site have been completed and a vegetative cover has been established with a density of at least 70% of the predisturbance levels, or equivalent permanent, physical erosion reduction methods have been employed. Final stabilization is defined in Part 5 of the General Permit. You must type or print legibly; forms that are not legible or are unsigned will be returned. Do not leave blank spaces. You must maintain a copy of the completed NOI-SWC form for your records. |  |                 |                          |           |  |
| Section A - Site Information or Facility Information  |  |                 |                          |           |  |
| Permit Authorization or NOI Number: MTR10   |  |                 |                          |           |  |
| Facility or Site Name:  |  |                 |                          |           |  |
| Site Location:  |  |                 |                          |           |  |
| Nearest City or Town:   |  |                 |                          |           |  |
| Section B - Owner/Operator Information  |  |                 |                          |           |  |
| Owner or Operator Name:   |  |                 |                          |           |  |
| Mailing Address:  |  |                 |                          |           |  |
| City, State, Zip Code:  |  |                 |                          |           |  |
| Phone:  | E  | Email:          |                          |           |  |
| Section C - Annual Fees   |  |                 |                          |           |  |
| There are no fees associated with terminating permit coverage. You may contact the Department to receive an invoice or determine outstanding fees.  |  |                 |                          |           |  |

## **Section D - Certification**

I certify that the site or facility identified in Section A of this NOT-SWC form has:

- Achieved final stabilization;
- Removed temporary storm water conveyances/channels and other temporary storm water control measures;
- Removed construction equipment and vehicles; and
- Ceased all potential pollutant-generating activities as required in the Department's General Permit for Storm Discharges Associated with Construction Activity (MTR100000).

Final stabilization means the time at which all soil-disturbing activities at the site have been completed and a vegetative cover has been established with a density of at least 70% of the pre-disturbance levels, or equivalent permanent, physical erosion reduction methods has been employed. I understand that sediment is defined as a waste under the Montana Water Quality Act. Discharge of wastes to state waters without a current permit is a violation of 75-5-605(2), MCA.

Applicant 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 person(s) 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.

## **Owner/Operator**

A. Name (Type or Print)

| B. Title (Type or Print)  | C. Phone No.   |  |  |  |
|---|----------------|--|--|--|
|   |                |  |  |  |
|   |                |  |  |  |
| D. Signature  | E. Date Signed |  |  |  |
|   |                |  |  |  |
|   |                |  |  |  |
| The Department will not process the NOT-SWC form until all of the requested information is supplied and the |                |  |  |  |
| form is complete. Return the NOT-SWC form to:   |                |  |  |  |
| Department of Environmental Quality   |                |  |  |  |
| Water Protection Bureau   |                |  |  |  |
| P.O. Box 200901   |                |  |  |  |
| Helena, MT 59620-0901   |                |  |  |  |
| (406) 444-3080  |                |  |  |  |