

AGENCY USE ONLY

PERMIT NO.:	Date Rec'd.:	Amount Rec'd.:	Check No.:	Rec'd By:
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**WATER PROTECTION BUREAU**

FORM NOT	<p><b>Notice of Termination (NOT)</b>  <b>Storm Water Discharges Associated With Industrial Activity</b>  <b>MTR000000</b></p>
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This form is used to notify the Department of Environmental Quality (DEQ) the owner /operator is requesting permit coverage under DEQ's *Multi-Sector General Permit for Storm Water Discharges Associated with Industrial Activity* (MTR000000) be terminated. The Notice of Termination (NOT) requirements are specified on page 10 in Part 1.3. of the General Permit.

The request for termination must be submitted in writing. You must type or print legibly, forms that are not legible or are unsigned will be returned. Do not leave blank spaces. You are encouraged to maintain a copy of the completed form for your records. The permittee is responsible for complying with the terms of this permit until notified by the Department the authorization is terminated.

**Section A - Facility or Site Information:**

Permit Authorization or NOI Number (as stated in Confirmation of Receipt Letter): MTR000 \_\_\_ \_\_\_ \_\_\_

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

Facility or Site Location \_\_\_\_\_

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

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

Site Latitude \_\_\_\_\_ Site Longitude \_\_\_\_\_

**Section B – Owner/Operator Information: as identified on the application or NOI form**

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

Owner/Operator Address \_\_\_\_\_

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

**Section C – Reason for Termination:**

Indicate the reason for the termination of this permit authorization by checking the appropriate box below:

- You have obtained coverage under an individual or alternative general permit for all storm water discharges required to be covered by an MPDES permit; or
- You are an industrial facility in Industrial Sector G, H, or J and have met the applicable termination

requirements in Part 3.4. of the MTR000000 General Permit; or

- Through ceased operations of the facility or otherwise, you have ceased any and all regulated storm water discharges to state surface waters , and demonstrate to DEQ there is no probability of further uncontrolled discharge(s) which may effect state surface waters, and you have already implemented necessary sediment and erosion controls as required in Part 2.2.5. of the MTR000000 General Permit. In the space below, provide a summary of the above demonstration.

If pertinent as a reason for termination; a detailed explanation and/or documentation which demonstrates and confirms the determination that the regulated storm water discharge has been eliminated:

**Section D – Fees:**

There are no fees associated with terminating permit coverage. The owner/operator is responsible for payment of annual fees for each calendar year in which the source is covered under the General Permit. You may contact DEQ to receive an invoice or determine the outstanding fee.

**Section E - CERTIFICATION**

**Signature Requirements:** : This NOT must be completed, signed, and certified as required in Part 4.15 of the General Permit and in accordance with ARM 17.30.1323:

- 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, & 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

*The Department will not process this Notice of Termination form until all of the requested information is supplied and it is complete, and the appropriate fees are paid. Return this form (Form NOT), and the applicable fee to:*

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