

AGENCY USE ONLY

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

FORM RFT	Request for Termination Individual MPDES Permits and Non-Storm Water General Permit Authorizations
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This form is 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 current permit requirements. The Department will notify the permittee in writing of the date termination is effective. The permittee is required to comply with all permit provisions and reporting requirements until the termination is granted. This form may not be used to request termination of coverage for 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: MT _____

Facility or Site Name: _____

Facility or Site Location (physical address or TRS): _____

Facility or Site Mailing Address (if available) _____

Nearest City or Town _____ State _____ Zip Code _____ County _____

Latitude: _____ Longitude: _____

Section B - Owner/Operator Information

Owner/Operator Name: _____

Position Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Section C - Explanation

Indicate the reason for the termination of above reference permit by checking the most appropriate box below and detailed description:

- Discharge has been permanently terminated by elimination of flow and removal of outfall structure;
- Date discharge terminated or will be terminated:
- Discharge permanently terminated by connection to a POTW (wastewater treatment plant);
- Date discharge connected or will connect to POTW:

Provide name and MPDES permit number of POTW: _____

Please provide a detailed explanation (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 D - Annual Fees

The permittee is responsible for payment of annual fees for each calendar year in which the discharge is authorized. The permittee is required to comply with all conditions and reporting requirements until notified by the Department the authorization or individual permit is terminated. There are no fees associated with terminating permit coverage. You may contact the Department at (406) 444-3080 to receive an invoice for the fees associated with permit coverage.

Section E – Required Reports

You must continue to submit all reports required by your permit, including Discharge Monitoring Reports, until you receive written confirmation from the Department that permit coverage has been terminated.

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

The Department will not process this form until all of the requested information is supplied, and the appropriate fees are paid. Return this form (RFT) and the applicable fee to:

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